

2021 National Healthcare Quality and Disparities Report Measure Specifications

**U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES**

Agency for Healthcare Research and Quality

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Introduction

This document briefly describes the definitions of the 2021 *National Healthcare Quality and Disparities Report (NHQDR)* measures which are posted on the NHQDR website at <https://nhqrnet.ahrq.gov/inhqrdr>. The descriptions for each measure include a measure title, a measure source, data source, data tables supporting the measure, definitions of numerator and denominator, and other comments. The measures are organized by the chapters, followed by sections and subsections based on the NHQDR Measure List. In addition, each measure available from the Data Query page on the website links to the measure specification.

The specifications are based on information from the source data system websites or from the NHQDR source data contributing agencies and organizations.

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Chapter 2. Access to Care

2.1 Getting Appointments for Care

Measure ID: 20101011

Measure Title: Adults who had an appointment for routine health care in the last 12 months who sometimes or never got an appointment for routine care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born.

Data Sources: National: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who made an appointment for regular or routine health care in the past 12 months and had a valid response to the question, "In the last 12 months, how often did you get an appointment for regular or routine health care as soon as you wanted?"

Numerator: Subset of the denominator who answered "Sometimes" or "Never"

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Measure ID: 20101021

Measure Title: Children who had an appointment for routine health care in the last 12 months who sometimes or never got an appointment for routine care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18 who had an appointment for regular or routine health care in the past 12 months and with a valid response to the question "In the last 12 months, how often did [the person] get an appointment for regular or routine health care as soon as you wanted?"

Numerator: Subset of the denominator who, according to their parents or guardians, answered the above question "Sometimes" or "Never"

Comments: Data are from the MEPS Child Health section. Since the 2018 MEPS redesign, data for this measure were not collected in 2018 and will be collected in odd years from 2019. The MEPS entry in the Data Sources appendix -- <http://www.ahrq.gov/research/data/dataresources/index.html> -- has more information. Non-respondents and "Don't Know" responses were excluded.

Measure ID: 20101031

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born.

Data Sources: National: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who in the past 12 months had an illness or injury who needed care right away and had a valid response to the question, "In the last 12 months, when you needed care right away for an illness or injury, how often did you get care as soon as you wanted?"

Numerator: Subset of the denominator who responded "Sometimes" or "Never" to the above question

Comments: Non-respondents and "Don't Know" responses were excluded. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

2.2 Waiting Time

Measure ID: 20201021

Measure Title: Adults who reported getting the help or advice they needed the same day they contacted their home health provider

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "When you contacted this agency's office, how long did it take for you to get the help or advice you needed?" Non-respondents and respondents indicating "did not contact this agency" were excluded.

Numerator: Subset of the denominator who responded "same day" to the above question

Measure ID: 20201031

Measure Title: Emergency department visits triaged as immediate or emergent at which patients waited to see a physician for one hour or more per 10,000 population

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Description:

Geographic representation: National

Years available: 2006-2007 to 2016-2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, NHAMCS

Denominator: Number of visits to emergency departments where the patient disposition status was triaged as immediate or emergent

Numerator: Number of visits which patients waited to see a physician for one hour or more among the population represented by the denominator

Comments: Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation,"

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc07.pdf.

Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf

Measure ID: 20201041

Measure Title: Emergency department visits triaged as urgent at which patients waited to see a physician for one hour or more per 10.000 population

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Descriptions:

Geographic representation: National

Years available: 2006-2007 to 2016-2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, NHAMCS

Denominator: Number of visits to emergency departments where the patient disposition status was triaged as urgent

Numerator: Number of visits which patients waited to see a physician for one hour or more among the population represented by the denominator

Comments: Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation,"

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc07.pdf.

Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

Measure ID: 20201051

Measure Title: Emergency department visits where the patient was transferred or admitted to the hospital and length of visit was six hours or more per 10,000 population

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Descriptions:

Geographic representation: National

Years available: 2006-2007 to 2016 – 2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, NHAMCS

Denominator: Number of visits to emergency departments where the patient disposition status was listed as transferred or admitted

Numerator: Number of visits for which the length of visit was six hours or more among the population represented by the denominator

Comments: Rates were computed using 2000-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Patient wait defined as time from arrival to time seen by a physician. Excludes patients not seen by a physician, who leave before being seen, or are dead on arrival. A proportion of race data were missing in each year. In 2006, 2007, and 2008, race data were imputed consistent with the guidance in "2007 NHAMCS Microdata File Documentation,"

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc07.pdf.

Starting with 2009 data, NCHS has adopted the technique of model-based single imputation for NHAMCS race and ethnicity data. The race imputation is restricted to three categories (white, black, and other) based on research by an internal work group and on quality concerns with imputed estimates for race categories other than white and black. The imputation technique is described in more detail in the 2009 NHAMCS Public Use Data File documentation, available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

Measure ID: 20201061

Measure Title: Median time in minutes spent in the emergency department (ED) from ED arrival to ED departure for admitted patients

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HIQR Program

Denominator: The sample includes all emergency department (ED) visits where the patients were then admitted to the facility, excluding patients with missing values of ED arrival date and time, or ED departure date and time

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure for patients admitted to the facility

Comments: This is CMS measure “OP-1B” as described in “Emergency Department (ED) National Hospital Inpatient Quality Measures.” Further information on this measure and other measures can be found from <https://qualitynet.cms.gov/outpatient/>.

Measure ID: 20201071

Measure Title: Median time in minutes spent in the emergency department (ED) from admission decision to ED departure for admitted patients

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital IQR Program

Denominator: The sample includes all emergency department (ED) visits where the patients were then admitted to the facility, excluding patients with missing values of admission decision date and time, or ED departure date and time

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from the time the admission decision was made to the time of ED departure for patients admitted to the facility

Comments: This is CMS measure “ED-2B” as described in “Emergency Department (ED) National Hospital Inpatient Quality Measures.” Further information on this measure and other measures can be found from <https://qualitynet.cms.gov/inpatient/>.

Measure ID: 20201081

Measure Title: Median time in minutes patients spent at emergency department (ED) from ED arrival to ED departure

Measure Source: Centers for Medicare & Medicaid Services (CMS) Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: The sample includes all emergency department (ED) visits, excluding patients with missing values of ED arrival date and time, or ED departure date and time

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure for patients discharged from the emergency department

Comments: This measure is referred as OP-18B by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 20201091

Measure Title: Median time in minutes patients spent in the emergency department before they were seen by a healthcare professional

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: The sample includes all emergency department (ED) visits, excluding patients with missing values of ED arrival date and time, or the time they were seen by a healthcare professional

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the patients were seen by a healthcare professional

Comments: This measure is referred as OP-20 by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 20201101

Measure Title: Median time in minutes patients who came to the emergency department with broken bones had to wait before getting pain medication

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: The sample includes emergency department (ED) visits where patients with broken bone, excluding patients with missing values of ED arrival date and time, or the time they received pain medication

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the patients received pain medication

Comments: This measure is referred as OP-21 by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 20201111

Measure Title: Median time in minutes patients with psychiatric or mental health conditions spent at emergency department (ED) from ED arrival to ED departure

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: The sample includes emergency department (ED) visits where patients with patients with psychiatric or mental health conditions, excluding patients with missing values of ED arrival time, or ED departure time

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to ED departure

Comments: This measure is referred as OP-18C by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

2.3 Health Insurance

Measure ID: 20501031

Measure Title: People under age 65 with health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported coverage by any type of public or private health insurance

Comments: This measure is referred to as measure AHS-1.1 in Healthy People 2020 documentation. People with Indian Health Service coverage only are considered to have no coverage. Estimates are not age adjusted.

Measure ID: 20501051

Measure Title: People under age 65 with any private health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported coverage by private health insurance only

Comments: Estimates are not age adjusted.

Measure ID: 20501061

Measure Title: Adults ages 65 and over with any private health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population ages 65 and over

Numerator: Subset of the denominator who reported coverage by any private health insurance

Comments: Estimates are not age adjusted.

Measure ID: 20501071

Measure Title: People under age 65 who were uninsured all year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, perceived health status, language spoken at home, residence location, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported no private or public health insurance coverage at any time during the year

Comments: People who are " full-year uninsured " include those whose number of uninsured months is equal to the number of available months in MEPS.

Measure ID: 20501081

Measure Title: People under age 65 with any period of uninsurance during the year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, perceived health status, language spoken at home, race, residence location, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 6

Numerator: Subset of the denominator who reported they had no public or private health insurance coverage at any month during the year

Measure ID: 20501091

Measure Title: People under age 65 without health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: Number of people under age 65 without health insurance

Numerator: Subset of the denominator who reported they were without insurance

Comments: Estimates are not age adjusted.

Measure ID: 20501101

Measure Title: People under age 65 with public health insurance only

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported only being covered by public health insurance

Comments: Public insurance includes Medicare, Medicaid, and other public programs that provide hospital and/or physician coverage. Estimates are not age adjusted.

Measure ID: 20501111

Measure Title: People under age 65 with any period of public insurance during the year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, perceived health status, language spoken at home, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported they had public health insurance coverage some time during the year

Comments: Public insurance includes Medicare, Medicaid, and other public programs that provide hospital and/or physician coverage.

Measure ID: 20501121

Measure Title: People under age 65 with any period of dental insurance during the year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2006 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, perceived health status, language spoken at home, race, residence location, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator who reported they had dental insurance coverage at any month during the year

Comments: This measure is defined based on insurance variables regardless of sources of payment.

Measure ID: 20501131

Measure Title: Adults age 65 and over with any Medicare advantage health insurance

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who reported being covered by Medicare Advantage/Medicare Plus Choice plans

Comments: Estimates are not age adjusted.

Measure ID: 20501141

Measure Title: Adults age 65 and over with dual eligible health insurance

Measure Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who reported being covered by with dual eligible health insurance

Comments: Some Medicaid enrollees may be enrolled in both Medicaid and Medicare, and are referred to as dual eligible beneficiaries, or simply “dual eligible.” Estimates are not age adjusted.

2.4 Usual Source of Care

Measure ID: 20601011

Measure Title: People with a specific source of ongoing care

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Denominator: U.S. civilian noninstitutionalized population

Numerator: Subset of the denominator who reported having a specific source of primary care

Comments: A specific source of primary care includes urgent care/walk-in clinic, doctor's office, clinic, health center facility, hospital outpatient clinic, health maintenance or preferred provider organization, military or other Veterans Affairs health care facility, or some other place. A hospital emergency room is not included as a specific source of primary care. This measure is referred to as measure AHS-5.1 in Healthy People 2020 documentation. Estimates are not age adjusted.

Measure ID: 20601041

Measure Title: People in fair or poor health with a specific source of ongoing care

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: Number of people who reported being in fair or poor health

Numerator: Subset of the denominator who reported having a specific source of ongoing care

Comments: A specific source of ongoing care includes urgent care/walk-in clinic, doctor's office, clinic, health center facility, hospital outpatient clinic, health maintenance or preferred provider organization, military or other Veterans Affairs health care facilities, or some other place. A hospital emergency room is not included as a specific source of ongoing care. Estimates are not age adjusted.

Measure ID: 20601051

Measure Title: People who identified a hospital, emergency room, or clinic as a source of ongoing care

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population

Numerator: Subset of the denominator who reported a hospital, emergency room, or clinic as their source of primary care

Comments: Estimates are not age adjusted.

2.5 Patient Perceptions of Need

Measure ID: 20701051

Measure Title: People with a usual source of care, excluding hospital emergency rooms, who has office hours at night or on weekends

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2008 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized age 18 and over who reported that, during the previous 12 months, they made or tried to make an appointment for a specialist

Numerator: Subset of the denominator who reported it sometimes or never easy to see a specialist

Comments: Table Descriptions report data from the MEPS Self-Administered Questionnaire (SAQ). The measure title was changed slightly since the 2017 data. It was “Adults who needed to see a specialist in the last 12 months who sometimes or never found it easy to see a specialist” for the 2008-2016 data. The source variable for the adults or their doctors thought they needed to see a specialist was not available in the 2017 MEPS data. The variable which indicates adults made or tried to make an appointment for a specialist was used to subset the denominator. Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Measure ID: 20701061

Measure Title: People with a usual source of care who is somewhat to very difficult to contact during regular business hours over the telephone

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who report having a usual source of care

Numerator: Subset of the denominator who reported that they have somewhat to very difficult contacting their provider over the telephone during regular business hours

Measure ID: 20701071

Measure Title: Adults who tried to make an appointment for seeing a specialist in the last 12 months who sometimes or never found it easy to get the appointment

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2008 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized age 18 and over who reported that, during the previous 12 months, they made or tried to make an appointment for a specialist

Numerator: Subset of the denominator who reported it sometimes or never easy to see a specialist

Comments: Table Descriptions report data from the MEPS Self-Administered Questionnaire (SAQ). The measure title was changed slightly since the 2017 data. It was “Adults who needed to see a specialist in the last 12 months who sometimes or never found it easy to see a specialist” for the 2008-2016 data. The source variable for the adults or their doctors thought they needed to see a specialist was not available in the 2017 MEPS data. The variable which indicates adults made or tried to make an appointment for a specialist was used to subset the denominator. Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Measure ID: 20701081

Measure Title: Children who needed to see a specialist in the last 12 months who sometimes or never found it easy to see a specialist

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2008 to 2017

Population subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 whose parents reported that, during the previous 12 months, they or a doctor thought they needed to see a specialist

Numerator: Subset of the denominator whose parent reported it sometimes or never easy to see a specialist

Comments: Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 20701091

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2008 to 2016

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults (age 18 and over) who needed care, tests, or treatments in the last 12 months

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatments in the last 12 months

Comments: Data were obtained from the MEPS Self-Administered Questionnaire (SAQ). The measure was excluded from the 2021 NHQDR Highlight analysis because 2017 and 2018 data are not available.

Measure ID: 20701101

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2008 to 2017

Population subgroups: Age, gender, ethnicity, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, children with special health care needs, U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who needed care, tests, or treatments in the last 12 months

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatments in the last 12 months

Comments: The measure was excluded from the 2021 NHQDR Highlight analysis because 2018 source variable was dropped from the survey.

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Chapter 3. Patient Safety

3.1 Healthcare-Associated Infections

Measure ID: 030101011

Measure Title: Postoperative sepsis per 1,000 elective-surgery admissions of length 4 or more days, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All elective hospital surgical discharges among people age 18 or over with a length of stay of 4 or more days

Numerator: Subset of the denominator with any secondary diagnosis of sepsis

Comments: The AHRQ PSI software requires that the sepsis be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 30101021

Measure Title: Adult surgery patients with catheter-associated urinary tract infections (CAUTIs)

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program, MPSMS

Denominator: All patients from the MPSMS sample with documented placement of a urinary catheter

Numerator: A subset of the denominator with the diagnosis and treatment of a catheter-associated urinary tract infection

Comments: Beginning with the 2004 MPSMS data, the "Post-operative UTI" measure was discontinued, and the "Catheter-Associated Urinary Tract Infection" measure was implemented in its place. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample.

Measure ID: 030101031

Measure Title: Hospital admissions with central venous catheter-related bloodstream infection per 1,000 medical and surgical discharges of length 2 or more days, age 18 and over or obstetric admissions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All medical and surgical hospital discharges or obstetric admissions, age 18 and over

Numerator: Subset of the denominator with any secondary diagnosis of infection

Comments: The AHRQ PSI software requires that the central venous catheter-related bloodstream infection be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

3.2 Surgical Care

Measure ID: 30201011

Measure Title: Adult surgery patients with postoperative pneumonia or thromboembolic venous event(s)

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who had at least one of the selected major surgical procedures identified as part of the SCIP and did not have pneumonia or venous thromboembolic event(s) prior to the procedure

Numerator: A subset of the denominator who developed postoperative pneumonia or venous thromboembolic event(s)

Comments: MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201021

Measure Title: Adult surgery patients with postoperative pneumonia events

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who had at least one of the selected major surgical procedures identified as part of the SCIP and did not have pneumonia prior to the procedure

Numerator: A subset of the denominator with a diagnosis of and treatment for postoperative pneumonia

Comments: MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201031

Measure Title: Adult surgical patients with postoperative venous thromboembolic event(s)

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who had one or more of certain major surgical procedures identified as part of the Surgical Care Improvement Project (SCIP) during the index hospital stay

Numerator: A subset of the denominator with a diagnosed deep vein thrombosis (DVT) during the index hospital stay

Comments: MPSMS data were abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 030201041

Measure Title: Postoperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 surgical admissions, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Inpatient hospital admissions age 18 and over, excluding obstetric

Numerator: Subset of the denominator with a secondary diagnosis indicating postoperative hemorrhage or postoperative hematoma

Comments: U.S. resident population age 18 and over. The AHRQ PSI software requires that the hemorrhage or hematoma complicating procedure be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030201051

Measure Title: Postoperative pulmonary embolism (PE) or deep vein thrombosis (DVT) per 1,000 surgical admissions, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Inpatient hospital surgical admissions age 18 and over, excluding patients admitted for deep vein thrombosis (DVT) or pulmonary embolism (PE), obstetric admissions, and patients with secondary procedures for interruption of vena cava before or after surgery or as the only procedure

Numerator: Subset of the denominator with any secondary diagnosis of PE or DVT

Comments: The AHRQ PSI software requires that the PE or DVT be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred

in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030201061

Measure Title: Postoperative respiratory failure, prolonged mechanical ventilation, or reintubation per 1,000 elective surgical admissions, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All elective hospital surgical admissions (age 18 and over), excluding patients with respiratory disease, circulatory disease, neuromuscular disorders, obstetric conditions, and secondary procedure of tracheostomy before or after surgery or as the only procedure

Numerator: Subset of the denominator with any secondary diagnosis of acute respiratory failure or reintubation procedure at specific postoperative intervals

Comments: The AHRQ PSI software requires that respiratory failure be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030201081

Measure Title: Postoperative acute kidney injury requiring dialysis per 1,000 elective surgical admissions, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving

hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All elective hospital surgical admissions for people age 18 and over, excluding those with selected serious diseases and obstetric admissions

Numerator: Subset of the denominator with any secondary diagnosis indicating postoperative acute kidney injury; discharges with acute renal failure must be accompanied by a procedure code for dialysis

Comments: The AHRQ PSI software requires that the postoperative acute kidney injury be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030201091

Measure Title: Postoperative hip fractures per 1,000 surgical admissions who were not susceptible to falling, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Inpatient hospital surgical admissions, age 18 and over, who were not susceptible to falling

Numerator: Subset of the denominator with any secondary diagnosis indicating hip fracture

Comments: The AHRQ PSI software requires that the hip fracture be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to

community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030201101

Measure Title: Reclosure of postoperative abdominal wound dehiscence per 1,000 abdominopelvic-surgery admissions of length 2 or more days, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Inpatient hospital surgical (abdominopelvic surgery with a length of stay of 2 or more days) admissions age 18 and over, excluding obstetric admissions

Numerator: Subset of the denominator with a secondary procedure indicating reclosure of postoperative disruption of abdominal wall

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 30201111

Measure Title: Inpatient adverse events in adults receiving hip joint replacement due to degenerative conditions

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic Representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients in the MPSMS sample who had a surgical procedure performed (defined by procedure code 81.51 in ICD9 or corresponding ICD10 codes) to replace a hip joint due to degenerative conditions

Numerator: A subset of the denominator who experienced at least one of the following:

- Postoperative infection (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia
- Return to operating room after procedure (excludes same side revision)
- Revision during the index hospital stay (same side as index procedure)
- Periprosthetic fracture
- Postoperative venous thromboembolic event during hospital stay

Comments: Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep hip infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201121

Measure Title: Inpatient adverse events in adults receiving hip joint replacement due to fracture

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: Patients in the MPSMS sample who had a surgical procedure performed (defined by procedure code 81.52 in ICD9 or corresponding ICD 10 codes) to replace a fractured hip joint

Numerator: Subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia
- Return to operating room after procedure (excludes same side revision)
- Revision during the index hospital stay (same side as index procedure)
- Periprosthetic fracture
- Postoperative venous thromboembolic event during hospital stay

Comments: Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep hip infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201131

Measure Title: Inpatient adverse events in adults receiving hip joint replacement due to fracture or degenerative conditions

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic Representation: National

Years Available: 2014 to 2017 and 2018 to 2019

Population Subgroups: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients in the MPSMS sample who had a surgical procedure performed to replace a hip joint due to degenerative conditions (defined by procedure code 81.51 in ICD9 or corresponding codes in ICD10) or a fractured hip (defined by procedure code 81.52 in ICD9 or corresponding codes in ICD10)

Numerator: A subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia
- Return to operating room after procedure (excludes same side revision)
- Revision during the index hospital stay (same side as index procedure)
- Periprosthetic fracture
- Postoperative venous thromboembolic event during hospital stay

Comments: Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep hip infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201141

Measure Title: Inpatient adverse events in adults receiving knee replacement

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients in the MPSMS sample who undergo a knee joint replacement (defined by procedure code 81.54 in ICD9 or corresponding codes in ICD10)

Numerator: A subset of the denominator who experienced at least one of the following:

- Postoperative infections (acute or early deep), dehiscence, necrosis, hematoma, nerve injury, major bleeding, dislocation, cardiovascular complications, catheter-associated urinary tract infection or pneumonia
 - Periprosthetic fracture
 - Return to operating room after procedure (excludes same side revision)
 - Revision during the index hospital stay (same side as index procedure)
- Postoperative venous thromboembolic event during hospital stay

Comments: Postoperative infections are determined by documentation of early prosthetic joint or wound infection or acute and early deep knee infection, excluding superficial infection. Wound complications other than infection include dehiscence, hematoma, and necrosis. Cardiovascular complications include myocardial infarction, congestive heart failure, and arrhythmia requiring treatment. MPSMS data are abstracted from the medical record for the index hospital stay. Beginning with the 2009 MPSMS data, Medicare Eligibility and National Claims History databases were no longer applicable or available for the MPSMS sample.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30201151

Measure Title: Home health care patients whose surgical wound was improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding patients did not have any surgical wounds or had only a surgical wound that was unobservable or fully epithelialized at start or resumption of care, episodes that end with inpatient facility transfer or death

Numerator: Number of home health quality episodes where the patient has a better status of surgical wounds at discharge compared to start (resumption) of care

Comments: The OASIS instrument defines the most problematic status for surgical wounds using 4 definitions. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

3.3 Other Complications of Hospital Care

Measure ID: 30301011

Measure Title: Bloodstream infections or mechanical adverse events in adult hospital patients receiving central venous catheter placement per 1,000 patients

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample with documentation of placement of at least one vascular access device terminating at, or close to, the heart in one of the central vessels, who do not have an infection on admission. The following are considered central vessels for this measure: aorta; vena cava; brachiocephalic veins; iliac vein; internal jugular veins; and subclavian veins. Pulmonary artery catheters (Swan-Ganz catheters) are included in this measure

Numerator: Subset of the denominator who develop a central line-associated bloodstream infection (CLABSI), or experience a central line-associated mechanical adverse event

Comments: For a blood stream infection (BSI) to be associated with a central line, the patient did not have an infection on admission, had no other source of infection, and had the first central line in place for at least two days prior to a positive blood culture for a BSI pathogen* (as determined by expert review).

*Note: At least two positive cultures are required to count “coagulase negative Staphylococcus,” “Staphylococcus epidermidis,” “Staphylococcus not otherwise specified,” and “Staphylococcus other” as a BSI.

Central line-associated mechanical adverse event is determined by documentation of:

- An allergic reaction (only when CPR is administered within 15 minutes of catheter insertion)
- Arrhythmia
- Perforation
- Pneumothorax
- Hematoma/bleeding
- Shearing off catheter
- Air embolism.
- Misplaced catheter
- Thrombosis/embolism
- Knotting of pulmonary artery catheter
- Catheter occlusion
- Leaking
- Others as determined by review of clinical expert
- MPSMS data are abstracted from the medical record for the index hospital stay

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30301021

Measure Title: Bloodstream infection in adult hospital patients receiving central venous catheter placement

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample with documentation of placement of at least one vascular access device terminating at, or close to, the heart in one of the central vessels, who do not have an infection on admission. The following are considered central vessels for this measure: aorta; vena cava; brachiocephalic veins; iliac vein; internal jugular veins; subclavian veins. Pulmonary artery catheters (Swan-Ganz catheters) are included in this measure.

Numerator: A subset of the denominator with a central-line associated bloodstream infection (CLABSI)

Comments: For a blood stream infection (BSI) to be associated with a central line, the patient did not have an infection on admission, had no other source of infection, and had the first central line in place for at least two days prior to a positive blood culture for a BSI pathogen* (as determined by expert review). * At least two positive cultures are required for Coagulase-negative staphylococci, *Staphylococcus epidermis*, *Staphylococcus* not otherwise specified, *Staphylococcus* other. MPSMS data are abstracted from the medical record for the index hospital stay. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30301031

Measure Title: Mechanical adverse events in adult patients receiving central venous catheter placement

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All Medicare fee-for-service (FFS) discharges from the MPSMS sample with placement of at least one vascular access device terminating at, or close to, the heart or in one of the great vessels. The following are considered great vessels for this measure: aorta, vena cava, brachiocephalic vein, iliac vein, internal jugular vein, and subclavian vein. Pulmonary artery catheters (Swan-Ganz catheters) are included in this measure

Numerator: Subset of the denominator with central line associated mechanical adverse events. A central-line -associated mechanical adverse event is defined as the presence in the medical record of at least one of the following:

- Allergic reaction (only when CPR is performed within 15 minutes)
- Perforation
- Pneumothorax.
- Hematoma
- Shearing off the catheter
- Air embolism
- Misplaced catheter
- Thrombosis/embolism
- Knotting of the pulmonary artery catheter
- Bleeding
- Catheter occlusion
- Leaking

Other

Comments: MPSMS is a nationwide surveillance system designed to identify rates of specific adverse events within the hospitalized Medicare FFS population.

An adverse event is defined as an unintended patient harm, injury, or loss more likely associated with the patient's interaction with the health care delivery system than from diseases the patient may have.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 030301041

Measure Title: Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital medical and surgical admissions among adults age 18 and over, excluding obstetric admissions

Numerator: Subset of the denominator with secondary diagnosis denoting accidental cut, puncture, perforation, or laceration during a procedure

Comments: The AHRQ PSI software requires that the accidental puncture or laceration be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to

community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030301051

Measure Title: Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, children

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital medical and surgical discharges among children age less than 18 years, excluding obstetric admissions

Numerator: Subset of the denominator with secondary diagnosis denoting accidental cut, puncture, perforation, or laceration during a procedure

Comments: The AHRQ PDI software requires that the accidental puncture or laceration be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030301061

Measure Title: Hospital admissions with iatrogenic pneumothorax per 1,000 medical and surgical admissions, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All medical and surgical hospital discharges, age 18 and over, excluding patients with chest trauma or pleural effusion, thoracic surgery, lung or pleural biopsy, cardiac surgery, diaphragmatic surgery, or obstetric admissions

Numerator: Subset of the denominator with any secondary diagnosis of iatrogenic pneumothorax

Comments: The AHRQ PSI software requires that the iatrogenic pneumothorax be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All

remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030301071

Measure Title: Deaths per 1,000 elective-surgery admissions having developed serious treatable complications of care during hospitalization, ages 18-89 or obstetric admissions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital inpatient discharges, ages 18-89 years or obstetric admission, with potential complications of care, excluding patients transferred in or out or patients admitted from long-term-care facilities

Numerator: Subset of the denominator with discharge disposition indicating death

Comments: The AHRQ PSI software requires that the complication of care be reported as a secondary diagnosis (rather than the principal diagnosis). Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of

uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030301081

Measure Title: Deaths per 1,000 hospital admissions with expected low-mortality

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital admissions among people age 18 and over or obstetric conditions, in low-mortality DRGs (defined as DRGs with less than a 05% mortality rate), excluding patients with trauma, immunocompromised state, or cancer

Numerator: Subset of the denominator with discharge disposition indicating death

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030301091

Measure Title: In-hospital deaths per 100,000 delivery hospitalizations, women ages 12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: U.S. females age 12-55 with a delivery diagnosis, procedure, or DRG

Numerator: Number of deaths

Comments: Deliveries are defined using the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS) and diagnosis related groups: diagnoses (Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379, O80, O82, O7582), procedure (10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ), or DRG (765-768 or 774-775) and without abortion diagnosis (O00, O01, O02, O03, O04, O07, O08) or procedure (10A00ZZ, 10A03ZZ, 10A04ZZ, 10A07Z6, 10A07ZW, 10A07ZX, 10A07ZZ, 10A08ZZ, 10D17ZZ, 10D18ZZ). Observed (unadjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 30301101

Measure Title: Patients who developed a blood clot while in the hospital who did not get treatment that could have prevented it

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital IQR Program

Denominator: Patients diagnosed with confirmed Deep Vein Thrombosis (VTE) or Pulmonary Emboli (PE) during hospitalization

Numerator: Subset of the denominator who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date

Comments: This measure is referred as VET-6 by the HIQR program. This measure assesses the number of patients diagnosed with confirmed VTE during hospitalization (not present at admission) who did not receive VTE prophylaxis between hospital admission and the day before the VTE diagnostic testing order date. Information and resources regarding this measure can be accessed on *QualityNet* at <http://www.qualitynet.org/>, by selecting the “Specifications Manual” link under the “Hospital-Inpatient” tab in the left navigation bar and then the latest version and the measure.

3.4 Complications of Medication

Measure ID: 30401011

Measure Title: Adult with an anticoagulant-related adverse drug event to warfarin

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who received warfarin during hospitalization and had a documented international normalized ratio (INR) result during the index hospital stay

Numerator: A subset of the denominator who during the hospital-stay experienced:

- INR ≥ 4.0 with one or more of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of 3 or more points more than 48 hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding
- INR >1.5 and an abrupt cessation/hold of warfarin with one or more of the above symptoms
- INR >1.5 and administration of vitamin K or fresh frozen plasma with one or more of the above symptoms
- INR >1.5 and a blood transfusion absent a surgical procedure with one or more of the above symptoms

Comments: The above symptoms are counted as adverse events only when they occur within two days prior to two days after the INR > 4.0 , abrupt cessation/hold of warfarin, administration of vitamin K or fresh frozen plasma or blood transfusion absent a surgical procedure.

MPSMS data are abstracted from the medical record for the index hospital stays.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30401021

Measure Title: Adult inpatients who received an anticoagulant who had an adverse event with intravenous (IV) heparin

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic Representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Source: CMS Inpatient Quality Reporting (IQR) Program formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who received IV heparin during hospitalization and had a documented partial thromboplastin time (PTT) result during the hospital stay

Numerator: A subset of the denominator who experienced: PTT ≥ 100 with one or more of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of 3 or more points more than 48 hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding. PTT >45 and an abrupt cessation/hold of IV heparin with one or more of the above symptoms. PTT >45 and administration of protamine or fresh frozen plasma with one or more of the above symptoms. PTT >45 and a blood transfusion (absent a surgical procedure) with one or more of the above symptoms

Comments: Not included are PTTs ≥ 100 , PTTs >45 , and an abrupt cessation/hold of IV heparin, PTTs >45 and administration of Vitamin K or fresh frozen plasma, and PTTs >45 and a blood transfusion (absent a surgical procedure) that occur the date of arrival. MPSMS data are abstracted from the medical record for the index hospital stays. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30401031

Measure Title: Adult inpatients with an anticoagulant-related adverse drug event to low-molecular-weight heparin (LMWH) or factor Xa

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Source: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who received LMWH or factor Xa inhibitor during the index hospital stay

Numerator: A subset of the denominator who experienced:

- Abrupt cessation/hold of LMWH or factor Xa with one of the following: cardiac arrest/emergency measures to sustain life, death, gastrointestinal bleeding, genitourinary bleeding, hematocrit drop of three or more points more than forty-eight hours after admission, intracranial bleeding (subdural hematoma), new hematoma, other types of bleeding, or pulmonary bleeding or death
- Administration of protamine or fresh frozen plasma (FFP) with one or more of the above symptoms
- Blood transfusion (absent a surgical procedure) with one or more of the above symptoms

Comments: Not counted in this measure are abrupt cessation/holds of LMWH or factor Xa, administration of Vitamin K or FFP, and blood transfusions (absent a surgical procedure) that occur on the date of arrival. MPSMS data are abstracted from the medical record for the index hospital stays. In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30401041

Measure Title: Hospital patients who received a hypoglycemic agent who had an adverse drug event associated with hypoglycemic agents

Measure Source: The Medicare Patient Safety Monitoring System (MPSMS)

Table Descriptions:

Geographic representation: National

Years available: 2014 to 2017 and 2018 to 2019

Population characteristics: Age, CHF/pulmonary edema, COPD, cerebrovascular disease, coronary artery disease, corticosteroids, diabetes, gender, obesity, race/ethnicity, renal disease, smoking

Data Sources: CMS Inpatient Quality Reporting (IQR) Program, formerly referred to as the CMS Reporting Hospital Quality Data for Annual Payment Update Program (RHQDAPU), MPSMS

Denominator: All patients from the MPSMS sample who received insulin, oral hypoglycemics, or both, and had glucose result during the hospital stay

Numerator: A subset of the denominator who experienced: a glucose level ≤ 70 with one or more of the following adverse events documented on the day of the serum glucose: administration of D50, administration of glucagon, administration of juice or sugar, anxiety, code blue (CPR), confusion, death, drowsiness, sweating, weakness, trembling, increased heart rate, irritability, seizure, stroke, transient ischemic attack, myocardial infarction, and coma/loss of consciousness or death

Comments: MPSMS data are abstracted from the medical record for the index hospital stays.

In 2009, the lead agency for MPSMS transitioned from the Centers for Medicare & Medicaid Services (CMS) to the Agency for Healthcare Research and Quality (AHRQ).

Measure ID: 30401051

Measure Title: Home health care patients whose management of oral medications improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was able to take oral medications correctly without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive, or patient has no oral medications prescribed

Numerator: Subset of the denominator in which a person showed improvement in ability to manage oral medications compared with a prior assessment in the episode

Comments: The OASIS instrument measures management of oral medications on a 4-level scale from 0 (fully independent) to 3 (entirely dependent) and refers to ability, not medication compliance. Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>.

The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

3.5 Birth-Related Complications

Measure ID: 30501011

Measure Title: Birth trauma - injury to neonate per 1,000 selected live births

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All newborns

Numerator: Subset of the denominator with any diagnosis of birth trauma, excluding preterm infants with a birth weight less than 2,000 grams, infants with any diagnosis of injury to brachial plexus, and infants with any diagnosis code of osteogenesis imperfecta

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All

remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Estimates for this measure are observed rates, not risk adjusted.

Measure ID: 30501021

Measure Title: Obstetric trauma per 1,000 vaginal deliveries without instrument assistance

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All hospital discharges with a diagnosis of vaginal delivery without instrument assistance

Numerator: Subset of the denominator with any diagnosis or procedure indicating obstetric trauma with 3rd or 4th degree lacerations

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Estimates for this measure are observed rates, not risk adjusted.

Measure ID: 30501031

Measure Title: Obstetric trauma per 1,000 instrument-assisted deliveries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All instrument-assisted vaginal deliveries discharged from hospital

Numerator: Subset of the denominator with any diagnosis or procedure indicating obstetric trauma with 3rd or 4th degree lacerations

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Estimates for this measure are observed rates, not risk adjusted.

Measure ID: 030501041

Measure Title: Venous thromboembolism or pulmonary embolism per 1,000 delivery discharges, women ages 12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
Abortions
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

Numerator: Subset of the denominator with any diagnosis of venous thromboembolism or pulmonary embolism

Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes
I2602 =Saddle embolus of pulmonary artery with acute corpulmonale
I2609 =Other pulmonary embolism with acute corpulmonale
I2692 =Saddle embolus of pulmonary artery without acute corpulmonale
I2699 =Other pulmonary embolism without acute corpulmonale

Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes
I8010 =Phlebitis and thrombophlebitis of unspecified femoral vein
I8011 =Phlebitis and thrombophlebitis of right femoral vein
I8012 =Phlebitis and thrombophlebitis of left femoral vein
I8013 =Phlebitis and thrombophlebitis of femoral vein, bilateral
I80201 =Phlebitis and thrombophlebitis of unspecified deep vessels of right lower extremity
I80202 =Phlebitis and thrombophlebitis of unspecified deep vessels of left lower extremity
I80203 =Phlebitis and thrombophlebitis of unspecified deep vessels of lower extremities, bilateral
I80209 =Phlebitis and thrombophlebitis of unspecified deep vessels of unspecified lower extremity
I80211 =Phlebitis and thrombophlebitis of right iliac vein
I80212 =Phlebitis and thrombophlebitis of left iliac vein
I80213 =Phlebitis and thrombophlebitis of iliac vein, bilateral
I80219 =Phlebitis and thrombophlebitis of unspecified iliac vein
I80221 =Phlebitis and thrombophlebitis of right popliteal vein
I80222 =Phlebitis and thrombophlebitis of left popliteal vein
I80223 =Phlebitis and thrombophlebitis of popliteal vein, bilateral
I80229 =Phlebitis and thrombophlebitis of unspecified popliteal vein
I80231 =Phlebitis and thrombophlebitis of right tibial vein
I80232 =Phlebitis and thrombophlebitis of left tibial vein
I80233 =Phlebitis and thrombophlebitis of tibial vein, bilateral
I80239 =Phlebitis and thrombophlebitis of unspecified tibial vein
I80291 =Phlebitis and thrombophlebitis of other deep vessels of right lower extremity
I80292 =Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80293 =Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral

Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes
I80299 =Phlebitis and thrombophlebitis of other deep vessels of unspecified lower extremity
I82401 =Acute embolism and thrombosis of unspecified deep veins of right lower extremity
I82402 =Acute embolism and thrombosis of unspecified deep veins of left lower extremity
I82403 =Acute embolism and thrombosis of unspecified deep veins of lower extremity, bilateral
I82409 =Acute embolism and thrombosis of unspecified deep veins of unspecified lower extremity
I82411 =Acute embolism and thrombosis of right femoral vein
I82412 =Acute embolism and thrombosis of left femoral vein
I82413 =Acute embolism and thrombosis of femoral vein, bilateral
I82419 =Acute embolism and thrombosis of unspecified femoral vein
I82421 =Acute embolism and thrombosis of right iliac vein
I82422 =Acute embolism and thrombosis of left iliac vein
I82423 =Acute embolism and thrombosis of iliac vein, bilateral
I82429 =Acute embolism and thrombosis of unspecified iliac vein
I82431 =Acute embolism and thrombosis of right popliteal vein
I82432 =Acute embolism and thrombosis of left popliteal vein
I82433 =Acute embolism and thrombosis of popliteal vein, bilateral
I82439 =Acute embolism and thrombosis of unspecified popliteal vein
I824Y1 =Acute embolism and thrombosis of unspecified deep veins of right proximal lower extremity
I824Y2 =Acute embolism and thrombosis of unspecified deep veins of left proximal lower extremity
I824Y3 =Acute embolism and thrombosis of unspecified deep veins of proximal lower extremity, bilateral
I824Y9 =Acute embolism and thrombosis of unspecified deep veins of unspecified proximal lower extremity

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 30501051

Measure Title: Severe maternal morbidity per 1,000 delivery hospitalizations, women ages 12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2017 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379

Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
Abortions
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

Numerator: Subset of the denominator with any diagnosis of severe maternal morbidity. Severe maternal morbidity conditions were defined by the Center for Disease Control and Prevention. Information on the coding criteria is available at <https://www.cdc.gov/reproductivehealth/maternalinfanthealth/smm/severe-morbidity-ICD.htm>

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030501061

Measure Title: Severe postpartum hemorrhage per 1,000 delivery hospitalizations, women ages 12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2017 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: Inpatient stays for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
Abortions
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

Numerator: Subset of the denominator with any diagnosis of postpartum hemorrhage

Postpartum Hemorrhage Diagnosis Codes	
O43.212	Placenta accreta, second trimester
O43.213	Placenta accreta, third trimester
O43.219	Placenta accreta, unspecified trimester
O43.222	Placenta increta, second trimester
O43.223	Placenta increta, third trimester

Postpartum Hemorrhage Diagnosis Codes	
O43.229	Placenta increta, unspecified trimester
O43.232	Placenta percreta, second trimester
O43.233	Placenta percreta, third trimester
O43.239	Placenta percreta, unspecified trimester
O72.0	Third-stage hemorrhage
O72.1	Other immediate postpartum hemorrhage
O72.2	Delayed and secondary postpartum hemorrhage
O72.3	Postpartum coagulation defects

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 030501071

Measure Title: Eclampsia or preeclampsia per 1,000 delivery discharges, women ages 12-55

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2017 to 2018

Population characteristics: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: Inpatient discharges for women aged 12-55 with any delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion

Delivery ICD-10-CM diagnoses, ICD-10-PCS procedures, and DRGs
Any diagnosis of Z37X: Z370, Z371, Z372, Z373, Z374, Z3750, Z3751, Z3752, Z3753, Z3754, Z3759, Z3760, Z3761, Z3762, Z3763, Z3764, Z3769, Z377, Z379
Any diagnosis of O80 (vaginal delivery)
Any diagnosis of O82, O7582 (C-section)
Any procedure code of 10D00Z0-10D00Z2, 10D07Z3-0D07Z8, 10E0XZZ
Any delivery DRG - 765-768 or 774-775
Abortions
Any diagnosis of 'O00', 'O01', 'O02', 'O03', 'O04', 'O07', 'O08'
Any procedure starting with '10A0' ('10A00ZZ', '10A03ZZ', '10A04ZZ', '10A07Z6', '10A07ZW', '10A07ZX', '10A07ZZ', '10A08ZZ')

Numerator: Subset of the denominator with any diagnosis of eclampsia or preeclampsia:

- Any diagnosis starting with 'O14' for pre-eclampsia
- Any diagnosis starting with 'O15' for eclampsia
- Any diagnosis starting with 'O11' for pre-existing hypertension with pre-eclampsia

Comments: The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race. Observed (un-adjusted) rates are reported.

The nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining

discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

3.6 Inappropriate Treatment

Measure ID: 30601011

Measure Title: Adults age 65 and over who received in the calendar year at least 1 of 11 prescription medications that should be avoided in older adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, and U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who received at least 1 of the 11 medications that are potentially inappropriate for older adults

Comments: Prescription medications received include all prescribed medications initially purchased or otherwise obtained during the calendar year, as well as any refills. For additional information concerning potentially inappropriate medications, refer to:

Zhan C, Sangl J, Bierman AS, et al. Potentially inappropriate medication use in the community-dwelling elderly: findings from 1996 Medical Expenditure Panel Survey. *JAMA* 2001; 286(22):2823-29.

Measure ID: 30601021

Measure Title: Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications for older adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, race, residence location, U.S. born.

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 65 and over

Numerator: Subset of the denominator who received who received 1 or more of the 33 potentially inappropriate medications

Comments: Prescription medications received include all prescribed medications initially purchased or otherwise obtained during the calendar year, as well as any refills

For additional information concerning potentially inappropriate medications, refer to:

Zhan C, Sangl J, Bierman AS, et al. Potentially inappropriate medication use in the community-dwelling elderly: findings from 1996 Medical Expenditure Panel Survey. *JAMA* 2001; 286(22):2823-29.

3.7 Supportive and Palliative Care

Measure ID: 30701011

Measure Title: High-risk, long-stay nursing home patients with pressure ulcer

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Nursing Home Assessment files, Minimum Data Set (MDS)

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment and with any of the following conditions: impaired in bed mobility or transfer, comatose, or suffering from malnutrition on the target assessment; excludes admission assessments and residents with certain disqualifying responses

Numerator: Subset of the denominator with stages 2-4 pressure ulcer on target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was latest assessment in the calendar year.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 30701021

Measure Title: Low-risk long-stay nursing home residents with a catheter inserted and left in the bladder

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments or assessments with missing data

Numerator: Subset of the denominator with indwelling catheters on target assessment

Comments Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the episode. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User’s manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 30701031

Measure Title: Long-stay nursing home residents with a urinary tract infection

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments and target assessments with missing values

Numerator: Subset of the denominator where a urinary tract infection is reported on the target assessment within the last 30 days

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User’s manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 30701041

Measure Title: Long-stay nursing home patients experiencing one or more falls with major injury

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment; experiencing one or more falls resulting in major injury; excludes residents who were not assessed for a fall or where the number of falls was not assessed

Numerator: Subset of the denominator who experienced a fall with major injury

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>

Measure ID: 30701052

Measure Title: Short-stay nursing home patients with pressure sores that are new or worsening

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home short-stay residents with valid current and look back assessments, excluding patients with disqualifying responses for previous pressure sores in the look back assessment

Numerator: Subset of the denominator indicating one or more new or worsening Stage 2-4 pressure sores

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

3.8 Home Health Communication

Measure ID: 30801021

Measure Title: Adults who reported a home health provider talking with them about how to set up their home so they can move around safely when they first started getting home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency talk with you about how to set up your home so you can move around safely?" Non-respondents and respondents indicating "do not remember" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question

Measure ID: 30801031

Measure Title: Adults who reported a home health provider talking with them about all the prescription and over-the-counter medicines you were taking when they first started getting home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency talk with you about all the prescription and over-the-counter medicines you were taking?" Non-respondents and respondents indicating "do not remember" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question

Measure ID: 30801041

Measure Title: Adults who reported a home health provider asking to see all the prescription and over-the-counter medicines they were taking, when they first started getting home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "When you first started getting home health care from this agency, did someone from the agency ask to see all the prescription and over-the-counter medicines you are taking?" Non-respondents and respondents indicating "do not remember" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question

Measure ID: 30801071

Measure Title: Adults who reported that home health providers talked with them about the purpose for taking their new or changed prescription medicines in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAPHS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about the purpose for taking your new or changed prescription medicines?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question

Measure ID: 30801081

Measure Title: Adults who reported that home health providers talked with them about when to take medicines in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAPHS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about when to take these medicines?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question

Measure ID: 30801091

Measure Title: Adults who reported that home health providers talked with them about the side effects of medicines in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did home health providers from this agency talk with you about the side effects of these medicines?" Non-respondents and respondents indicating "did not take any new prescription medicines or change and medicines" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question.

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Chapter 4. Person-Centered Care

4.1 Patient Experience Care

Measure ID: 40101011

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure

Numerator: Subset of the denominator who responded "Sometimes" or "Never" to any of the four questions making up this composite measure

Comments: The data are from the MEPS Self-Administered Questionnaire (SAQ). Estimates are weighted and adjusted for nonresponse based on the number of questions (out of four) with a valid response. Since the 2018 MEPS redesign, SAQ data were not collected in 2018 and will be collected in odd years from 2019.

Measure ID: 40101031

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully to them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor's office or clinic to get health care in the past 12 months and had a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?"

Numerator: Subset of the denominator who answered "Sometimes" or "Never" to the above question

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019. Non-respondents and respondents indicating "Don't Know" were excluded.

Measure ID: 40101051

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never explained things in a way they could understand

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who visited a doctor's office or clinic to get health care in the past 12 months and provided a valid response to the question, "In the last 12 months how often did doctors or other health providers explain things in a way you could understand?"

Numerator: Subset of the denominator who responded sometimes or never to the above question

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Non-respondents and respondents indicating "Don't Know" were excluded.

Measure ID: 40101071

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never showed respect for what they had to say

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who reported going to a doctor's office or clinic in the last 12 months and who provided a valid response to the question, "In the last 12 months how often did doctors or other health providers show respect for what you had to say?"

Numerator: Subset of the denominator who responded "Sometimes" or "Never" to the above question

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Non-respondents and respondents indicating "Don't Know" were excluded.

Measure ID: 40101091

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who reported going to a doctor's office or clinic in the last 12 months and who provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

Numerator: Subset of the denominator who responded " Sometimes" or "Never" to the above question

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Non-respondents and "Don't Know" responses were excluded.

Measure ID: 40101111

Measure Title: Adults who rated their healthcare received in the last 12 months as poor (0-6) on a scale of 0-10 (where 0 is the worst and 10 is the best)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over who reported going to a doctor's office or clinic in the last 12 months and who provided a valid response to the question, "We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?"

Numerator: Subset of the denominator who rated their health care as 0-6 on a scale from 0 to 10

Comments: The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Non-respondents and "Don't Know" responses were excluded.

Measure ID: 40101131

Measure Title: Adults with limited English proficiency and usual source of care (USC) and the USC had language assistance

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over with limited English proficiency and a usual source of care

Numerator: Subset of the denominator who received language assistance at their usual source of care

Comments: The survey questions about language were changed from asking at family level to person level since 2018 MEPS redesign so data before 2018 were not comparable with data from 2018 or later.

Measure ID: 40101132

Measure Title: Adults with limited English proficiency who had a usual source of care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 18 and over

Numerator: Subset of the denominator who had a usual source of care

Comments: The survey questions about language were changed from asking at family level to person level since 2018 MEPS redesign so data before 2018 were not comparable with data from 2018 or later.

Measure ID: 40101151

Measure Title: People with a usual source of care who sometimes or never asked person to help make decisions when there was a choice between treatments

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Denominator: Adult US civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator who indicated that their usual source of care "Sometimes" or "Never" discussed decisions with them

Comments: Due to the 2018 MEPS redesign, data from 2018 may not be comparable with the 2002-2007 data.

Measure ID: 40101161

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers always gave them easy-to-understand instructions about what to do for a specific illness or health conditions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2011 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who had a doctor's office or clinic visit in the last 12 months and received instructions about what to do for a specific illness or health condition

Numerator: Number of persons aged 18 years and over who report that in the last 12 months, doctors or other health providers always gave them easy-to-understand instructions about what to do about a specific illness or health condition. Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with Health People 2020 objective HIT-1.1. Data for HIT-1.1 are available at <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives>.

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Measure ID: 40101171

Measure Title: Adults who had a doctor's office or clinic visit in the last 12 months whose health providers always asked them to describe how they will follow the instructions

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2011 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who had a doctor's office or clinic visit in the last 12 months and received instructions about what to do for a specific illness or health conditions

Numerator: Number of persons aged 18 and over whose health care provider always asks how instructions will be followed. Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with CDC's Healthy People 2020 objective HIT-1.2. Data for HIT-1.2 are available at <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives>.

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

Measure ID: 40101181

Measure Title: Adults who had a doctor's office or clinic in the last 12 months whose health providers' office always offered help in filling out forms

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS);

Table Descriptions:

Geographic representation: National

Years available: 2011 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who visited their doctor's office and had to fill out or sign any forms in the last 12 months

Numerator: Number of persons aged 18 years and over who report having someone at their doctor's office always explain the purpose of a form before they signed it (in the last 12 months). Other possible answers include "Usually", "Sometimes", and "Never". For more information, see "Detailed Methods for the Medical Expenditure Panel Survey".

Comments: Missing responses were excluded. This measure is consistent with Healthy People 2020 objective HIT-1.3. Data for HIT-1.3 are available at <https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives>. The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, SAQ instrument will be field in odd years from 2019.

4.2 Hospital Communication

Measure ID: 40201031

Measure Title: Adult hospital patients who sometimes or never had good communication about medications they received in the hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who sometimes or never had good communication about medications they receive in the hospital

4.3 Home Health Communication

Measure ID: 40301011

Measure Title: Adults who reported being told what care and services they would get when they first started getting home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question "When you first started getting home health care from this agency, did someone from the agency tell you what care and services you would get?" Non-respondents and respondents indicating "don't know" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question.

Measure ID: 40301061

Measure Title: Adults who reported that home health providers talk about pain in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did you and a home health provider from this agency talk about pain?"

Numerator: Subset of the denominator who responded "yes" to the above question.

Measure ID: 40301101

Measure Title: Adults who reported that home health providers always kept them informed about when they would arrive at their home in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency keep you informed about when they would arrive at your home?"

Numerator: Subset of the denominator who responded "always" to the above question.

Measure ID: 40301111

Measure Title: Adults who reported that home health providers always treated them as gently as possible in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency treat you as gently as possible?"

Numerator: Subset of the denominator who responded "always" to the above question.

Measure ID: 40301121

Measure Title: Adults who reported that home health providers always explained things in a way that was easy to understand in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency explain things in a way that was easy to understand?"

Numerator: Subset of the denominator who responded "always" to the above question.

Measure ID: 40301131

Measure Title: Adults who reported that home health providers always listen carefully to them, in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency listen carefully to you?"

Numerator: Subset of the denominator who responded "always" to the above question.

Measure ID: 40301141

Measure Title: Adults who reported that home health providers always treated them with courtesy and respect, in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency treat you with courtesy and respect?"

Numerator: Subset of the denominator who responded "always" to the above question.

Measure ID: 40301151

Measure Title: Adults who reported getting the help or advice they needed when they contacted their home health provider in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, when you contacted this agency's office did you get the help or advice you needed?" Non-respondents and respondents indicating "did not contact this agency" were excluded.

Numerator: Subset of the denominator who responded "yes" to the above question.

Measure ID: 40301161

Measure Title: Adults who did not have any problem with the care they received from their home health provider, in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAHPS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, did you have any problems with the care you got through this agency?"

Numerator: Subset of the denominator who responded "No" to the above question.

4.4 Hospice Care

Measure ID: 40401011

Measure Title: Hospice patients whose hospice care team always communicated well with their family caregivers about taking care them

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Always" to the first five questions, or "Never" to the sixth question, below:

1. How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?
2. While your family member was in hospice care, how often did the hospice team listen carefully to you?
3. While your family member was in hospice care, how often did the hospice team explain things in a way that was easy to understand?
4. While your family member was in hospice care, how often did the hospice team keep you informed about when they would arrive to care for your family member?
5. While your family member was in hospice care, how often did the hospice team keep you informed about your family member's condition?
6. While your family member was in hospice care, how often did anyone from the hospice team give you confusing or contradictory information about your family member's condition or care?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include "Always", "Usually", "Sometime " and "Never".

Measure ID: 40401021

Measure Title: Hospice patients and family caregivers who always got help as soon as they need from hospice care team

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Always" to the two questions below:

1. While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?
2. How often did you get the help you needed from the hospice team during evenings, weekends, or holidays?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include "Always", "Usually", "Sometimes", and "Never".

Measure ID: 40401031

Measure Title: Hospice patients whose hospice care team always treated them with dignity and respect, and really cared about them

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Always" to the two questions below:

1. While your family member was in hospice care, how often did the hospice team treat your family member with dignity and respect?
2. While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods

for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include "Always", "Usually", "Sometimes", and "Never".

Measure ID: 40401041

Measure Title: Hospice patients who always received enough help for pain, sadness, breathing, or constipation from hospice care team

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients who indicate that the patient experienced the given symptom

Numerator: Family caregivers of adult hospice patients who answer "Always" to the first three questions or "Yes, definitely" to the last question below:

1. How often did your family member receive the help he or she needed from the hospice team for feelings of anxiety or sadness?
2. How often did your family member get the help he or she needed for trouble with constipation?
3. How often did your family member get the help he or she needed for trouble breathing?
4. Did your family member get as much help with pain as he or she needed?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

For the first three questions, the possible responses include "Never", "Sometimes", "Usually", and "Always". For the final question, the possible responses include "No"; "Yes, somewhat"; and "Yes, definitely".

Measure ID: 40401051

Measure Title: Family members who definitely received trainings about taking care their family member from hospice care team

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients who reported that the patient received hospice care at home or in an assisted living facility

Numerator: Family caregivers of adult hospice patients who answer "Yes, definitely" to the five questions below:

1. Did the hospice team give you the training you needed about how to help your family member if he or she had trouble breathing?
2. Did the hospice team give you enough training about what side effects to watch for from pain medicine?
3. Did the hospice team give you the training you needed about what to do if your family member became restless or agitated?
4. Did the hospice team give you the training you needed about if and when to give more pain medicine to your family member?
5. Side effects of pain medicine include things like sleepiness. Did any member of the hospice team discuss side effects of pain medicine with you or your family member?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include "No"; "Yes, somewhat"; and "Yes, definitely".

Measure ID: 40401061

Measure Title: Family caregivers who received right amount of emotional and spiritual supports from hospice care team

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Right amount" to the three questions below:

1. In the weeks after your family member died, how much emotional support did you get from the hospice team?
2. While your family member was in hospice care, how much emotional support did you get from the hospice team?
3. Support for religious or spiritual beliefs includes talking, praying, quiet time, or other ways of meeting your religious or spiritual needs. While your family member was in hospice care, how much support for your religious and spiritual beliefs did you get from the hospice team?

Comments: This is a composite measure. The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include "Too little", "Right amount", and "Too much".

As noted in the documentation on the web link noted above, prior to Q3 2018, the denominator for this scale included respondents who selected any of these three response options. Beginning with Q3 2018 decedent data, responses of 'too much' were not included in the denominator for scoring.

Measure ID: 40401071

Measure Title: Family caregivers who rated the hospice care for their family member best (9-10) on a scale of 0-10 (where 0 is the worst and 10 is the best)

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey.

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who respond 9 or 10 out of 10, in response to the question below:

1. What number would you use to rate your family member's hospice care?

Comments: The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available at <http://www.hospicecahpsurvey.org/en/scoring-and-analysis>.

The possible responses include numbers from 0 to 10, where 0 is the worst hospice care possible and 10 is the best hospice care possible.

Measure ID: 40401081

Measure Title: Family caregivers who would definitely recommend this hospice to their friends and family

Measure Source: Centers for Medicare & Medicaid Services (CMS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Hospice Survey

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, gender, race, ethnicity, Hispanic origin, language, and education

Data Sources: CMS, CAHPS Hospice Survey

Denominator: Family caregivers of adult hospice patients

Numerator: Family caregivers of adult hospice patients who answer "Definitely yes" to the question below:

1. Would you recommend this hospice to your friends and family?

Comments: The percent estimates are top-box scored and adjusted for mode of survey administration and case mix. More information about the methods for scoring and adjustment, is available <http://www.hospicecahpssurvey.org/en/scoring-and-analysis>.

The possible responses include "Definitely no", "Probably no", "Probably yes", and "Definitely yes".

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Chapter 5. Care Coordination

5.1 Transitions of Care

Measure ID: 50101021

Measure Title: Adult hospital patients who did not receive good communication about discharge information

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who did not receive good communication about discharge information

Measure ID: 50101031

Measure Title: Adult hospital patients who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patient's discharge health care would be

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2014 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who strongly disagree or disagree that staff took their preferences and those of their family and caregiver into account when deciding what the patient's discharge health care would be

5.2 Medication Information

Measure ID: 50201011

Measure Title: People with a usual source of care whose health provider usually asks about prescription medications and treatments from other doctors

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who had a usual source of care and a valid response to the question, "Does [respondent's usual care provider] usually ask about prescription medications and treatments other doctors may give you?"

Numerator: Subset of the denominator who answered "Yes" to the question identified in the denominator

Comments: Usual source of care is defined as a particular doctor's office, clinic, health center, or other health care facility to which an individual usually would go to obtain health care service.

5.3 Preventable Emergency Department Visits

Measure ID: 050301022

Measure Title: Emergency department visits with a principal diagnosis related to mental health only per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, patient location, median household income of the patient's ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis related to mental health disorders (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). Observed (un-adjusted) rates are reported. ICD-10-CM diagnosis codes related to mental health disorders include the following:

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F064'	Anxiety disorder due to known physiological condition
'F4000'	Agoraphobia, unspecified
'F4001'	Agoraphobia with panic disorder
'F4002'	Agoraphobia without panic disorder
'F4010'	Social phobia, unspecified
'F4011'	Social phobia, generalized
'F40210'	Arachnophobia
'F40218'	Other animal type phobia
'F40220'	Fear of thunderstorms
'F40228'	Other natural environment type phobia
'F40230'	Fear of blood
'F40231'	Fear of injections and transfusions
'F40232'	Fear of other medical care

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F40233'	Fear of injury
'F40240'	Claustrophobia
'F40241'	Acrophobia
'F40242'	Fear of bridges
'F40243'	Fear of flying
'F40248'	Other situational type phobia
'F40290'	Androphobia
'F40291'	Gynephobia
'F40298'	Other specified phobia
'F408'	Other phobic anxiety disorders
'F409'	Phobic anxiety disorder, unspecified
'F410'	Panic disorder [episodic paroxysmal anxiety]
'F411'	Generalized anxiety disorder
'F413'	Other mixed anxiety disorders
'F418'	Other specified anxiety disorders
'F419'	Anxiety disorder, unspecified
'F422'	Mixed obsessional thoughts and acts
'F423'	Hoarding disorder
'F424'	Excoriation (skin-picking) disorder
'F428'	Other obsessive-compulsive disorder
'F429'	Obsessive-compulsive disorder, unspecified
'F4311'	Post-traumatic stress disorder, acute
'F4312'	Post-traumatic stress disorder, chronic
'F930'	Separation anxiety disorder of childhood

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F940'	Selective mutism
'R466'	Undue concern and preoccupation with stressful events
'F0633'	Mood disorder due to known physiol cond w manic features
'F0634'	Mood disorder due to known physiol cond w mixed features
'F3010'	Manic episode without psychotic symptoms, unspecified
'F3011'	Manic episode without psychotic symptoms, mild
'F3012'	Manic episode without psychotic symptoms, moderate
'F3013'	Manic episode, severe, without psychotic symptoms
'F302'	Manic episode, severe with psychotic symptoms
'F303'	Manic episode in partial remission
'F308'	Other manic episodes
'F309'	Manic episode, unspecified
'F310'	Bipolar disorder, current episode hypomanic
'F3110'	Bipolar disord, crnt episode manic w/o psych features, unsp
'F3111'	Bipolar disord, crnt episode manic w/o psych features, mild
'F3112'	Bipolar disord, crnt episode manic w/o psych features, mod
'F3113'	Bipolar disord, crnt epsd manic w/o psych features, severe
'F312'	Bipolar disord, crnt episode manic severe w psych features
'F3130'	Bipolar disord, crnt epsd depress, mild or mod severt, unsp
'F3131'	Bipolar disorder, current episode depressed, mild
'F3132'	Bipolar disorder, current episode depressed, moderate
'F314'	Bipolar disord, crnt epsd depress, sev, w/o psych features
'F315'	Bipolar disord, crnt epsd depress, severe, w psych features
'F3160'	Bipolar disorder, current episode mixed, unspecified

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F3161'	Bipolar disorder, current episode mixed, mild
'F3162'	Bipolar disorder, current episode mixed, moderate
'F3163'	Bipolar disord, crnt epsd mixed, severe, w/o psych features
'F3164'	Bipolar disord, crnt episode mixed, severe, w psych features
'F3171'	Bipolar disord, in partial remis, most recent epsd hypomanic
'F3173'	Bipolar disord, in partial remis, most recent episode manic
'F3175'	Bipolar disord, in partial remis, most recent epsd depress
'F3177'	Bipolar disord, in partial remis, most recent episode mixed
'F3181'	Bipolar II disorder
'F3189'	Other bipolar disorder
'F319'	Bipolar disorder, unspecified
'F340'	Cyclothymic disorder
'F0630'	Mood disorder due to known physiological condition, unsp
'F0631'	Mood disorder due to known physiol cond w depressv features
'F0632'	Mood disord d/t physiol cond w major depressive-like epsd
'F320'	Major depressive disorder, single episode, mild
'F321'	Major depressive disorder, single episode, moderate
'F322'	Major depressv disord, single epsd, sev w/o psych features
'F323'	Major depressv disord, single epsd, severe w psych features
'F324'	Major depressv disorder, single episode, in partial remis
'F328'	Other depressive episodes
'F3281'	Premenstrual dysphoric disorder
'F3289'	Other specified depressive episodes
'F329'	Major depressive disorder, single episode, unspecified

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F330'	Major depressive disorder, recurrent, mild
'F331'	Major depressive disorder, recurrent, moderate
'F332'	Major depressv disorder, recurrent severe w/o psych features
'F333'	Major depressv disorder, recurrent, severe w psych symptoms
'F3341'	Major depressive disorder, recurrent, in partial remission
'F338'	Other recurrent depressive disorders
'F339'	Major depressive disorder, recurrent, unspecified
'F341'	Dysthymic disorder
'F348'	Other persistent mood [affective] disorders
'F3481'	Disruptive mood dysregulation disorder
'F3489'	Other specified persistent mood disorders
'F349'	Persistent mood [affective] disorder, unspecified
'F39'	Unspecified mood [affective] disorder
'O906'	Postpartum mood disturbance
'F631'	Pyromania
'F632'	Kleptomania
'F6381'	Intermittent explosive disorder
'F6389'	Other impulse disorders
'F639'	Impulse disorder, unspecified
'F910'	Conduct disorder confined to family context
'F911'	Conduct disorder, childhood-onset type
'F912'	Conduct disorder, adolescent-onset type
'F913'	Oppositional defiant disorder
'F918'	Other conduct disorders

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F919'	Conduct disorder, unspecified
'F440'	Dissociative amnesia
'F441'	Dissociative fugue
'F442'	Dissociative stupor
'F4481'	Dissociative identity disorder
'F4489'	Other dissociative and conversion disorders
'F449'	Dissociative and conversion disorder, unspecified
'F481'	Depersonalization-derealization syndrome
'F5000'	Anorexia nervosa, unspecified
'F5001'	Anorexia nervosa, restricting type
'F5002'	Anorexia nervosa, binge eating/purging type
'F502'	Bulimia nervosa
'F508'	Other eating disorders
'F5081'	Binge eating disorder
'F5082'	Avoidant/restrictive food intake disorder
'F5089'	Other specified eating disorder
'F509'	Eating disorder, unspecified
'F9821'	Rumination disorder of infancy
'F9829'	Other feeding disorders of infancy and early childhood
'F983'	Pica of infancy and childhood
'F980'	Enuresis not due to a substance or known physiol condition
'F981'	Encopresis not due to a substance or known physiol condition
'F641'	Dual role transvestism
'F642'	Gender identity disorder of childhood

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F648'	Other sex identity disorders
'F649'	Gender identity disorder, unspecified
'F938'	Other childhood emotional disorders
'R45850'	Homicidal ideations
'F0150'	Vascular dementia without behavioral disturbance
'F0151'	Vascular dementia with behavioral disturbance
'F0280'	Dementia in oth diseases classd elswhr w/o behavrl disturb
'F0281'	Dementia in oth diseases classd elswhr w behavioral disturb
'F0390'	Unspecified dementia without behavioral disturbance
'F0391'	Unspecified dementia with behavioral disturbance
'F04'	Amnestic disorder due to known physiological condition
'F05'	Delirium due to known physiological condition
'F0781'	Postconcussional syndrome
'F0789'	Oth personality & behavrl disord due to known physiol cond
'F079'	Unsp personality & behavrl disord due to known physiol cond
'F482'	Pseudobulbar affect
'G300'	Alzheimer's disease with early onset
'G301'	Alzheimer's disease with late onset
'G308'	Other Alzheimer's disease
'G309'	Alzheimer's disease, unspecified
'G3101'	Pick's disease
'G3109'	Other frontotemporal dementia
'G311'	Senile degeneration of brain, not elsewhere classified
'G3183'	Dementia with Lewy bodies

ICD-10-CM DIAGNOSIS	DESCRIPTION
'R4181'	Age-related cognitive decline
'R54'	Age-related physical debility
'F70'	Mild intellectual disabilities
'F71'	Moderate intellectual disabilities
'F72'	Severe intellectual disabilities
'F73'	Profound intellectual disabilities
'F78'	Other intellectual disabilities
'F79'	Unspecified intellectual disabilities
'F800'	Phonological disorder
'F801'	Expressive language disorder
'F802'	Mixed receptive-expressive language disorder
'F804'	Speech and language development delay due to hearing loss
'F8081'	Childhood onset fluency disorder
'F8082'	Social pragmatic communication disorder
'F8089'	Other developmental disorders of speech and language
'F809'	Developmental disorder of speech and language, unspecified
'F810'	Specific reading disorder
'F812'	Mathematics disorder
'F8181'	Disorder of written expression
'F8189'	Other developmental disorders of scholastic skills
'F819'	Developmental disorder of scholastic skills, unspecified
'F82'	Specific developmental disorder of motor function
'F840'	Autistic disorder
'F842'	Rett's syndrome

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F843'	Other childhood disintegrative disorder
'F845'	Asperger's syndrome
'F848'	Other pervasive developmental disorders
'F849'	Pervasive developmental disorder, unspecified
'F88'	Other disorders of psychological development
'F89'	Unspecified disorder of psychological development
'F900'	Attn-defct hyperactivity disorder, predom inattentive type
'F901'	Attn-defct hyperactivity disorder, predom hyperactive type
'F902'	Attention-deficit hyperactivity disorder, combined type
'F908'	Attention-deficit hyperactivity disorder, other type
'F909'	Attention-deficit hyperactivity disorder, unspecified type
'F948'	Other childhood disorders of social functioning
'F949'	Childhood disorder of social functioning, unspecified
'F950'	Transient tic disorder
'F951'	Chronic motor or vocal tic disorder
'F952'	Tourette's disorder
'F958'	Other tic disorders
'F959'	Tic disorder, unspecified
'F984'	Stereotyped movement disorders
'F985'	Adult onset fluency disorder
'R480'	Dyslexia and alexia
'F42'	Obsessive-compulsive disorder
'F4521'	Hypochondriasis
'F4522'	Body dysmorphic disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F633'	Trichotillomania
'R4681'	Obsessive-compulsive behavior
'F068'	Oth mental disorders due to known physiological condition
'F09'	Unsp mental disorder due to known physiological condition
'F488'	Other specified nonpsychotic mental disorders
'F489'	Nonpsychotic mental disorder, unspecified
'F939'	Childhood emotional disorder, unspecified
'F99'	Mental disorder, not otherwise specified
'F650'	Fetishism
'F651'	Transvestic fetishism
'F652'	Exhibitionism
'F653'	Voyeurism
'F654'	Pedophilia
'F6551'	Sexual masochism
'F6552'	Sexual sadism
'F6581'	Frotteurism
'F6589'	Other paraphilias
'F659'	Paraphilia, unspecified
'F070'	Personality change due to known physiological condition
'F21'	Schizotypal disorder
'F600'	Paranoid personality disorder
'F601'	Schizoid personality disorder
'F602'	Antisocial personality disorder
'F603'	Borderline personality disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F604'	Histrionic personality disorder
'F605'	Obsessive-compulsive personality disorder
'F606'	Avoidant personality disorder
'F607'	Dependent personality disorder
'F6081'	Narcissistic personality disorder
'F6089'	Other specific personality disorders
'F609'	Personality disorder, unspecified
'F6811'	Factitious disorder w predom psych signs and symptoms
'F6812'	Factitious disorder w predom physical signs and symptoms
'F6813'	Factitious disord w comb psych and physcl signs and symptoms
'F688'	Other specified disorders of adult personality and behavior
'F69'	Unspecified disorder of adult personality and behavior
'F060'	Psychotic disorder w hallucin due to known physiol condition
'F061'	Catatonic disorder due to known physiological condition
'F062'	Psychotic disorder w delusions due to known physiol cond
'F200'	Paranoid schizophrenia
'F201'	Disorganized schizophrenia
'F202'	Catatonic schizophrenia
'F203'	Undifferentiated schizophrenia
'F205'	Residual schizophrenia
'F2081'	Schizophreniform disorder
'F2089'	Other schizophrenia
'F209'	Schizophrenia, unspecified
'F22'	Delusional disorders

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F23'	Brief psychotic disorder
'F24'	Shared psychotic disorder
'F250'	Schizoaffective disorder, bipolar type
'F251'	Schizoaffective disorder, depressive type
'F258'	Other schizoaffective disorders
'F259'	Schizoaffective disorder, unspecified
'F28'	Oth psych disorder not due to a sub or known physiol cond
'F29'	Unsp psychosis not due to a substance or known physiol cond
'F520'	Hypoactive sexual desire disorder
'F521'	Sexual aversion disorder
'F5221'	Male erectile disorder
'F5222'	Female sexual arousal disorder
'F5231'	Female orgasmic disorder
'F5232'	Male orgasmic disorder
'F524'	Premature ejaculation
'F525'	Vaginismus not due to a substance or known physiol condition
'F526'	Dyspareunia not due to a substance or known physiol cond
'F528'	Oth sexual dysfnct not due to a sub or known physiol cond
'F529'	Unsp sexual dysfnct not due to a sub or known physiol cond
'F53'	Puerperal psychosis
'F640'	Transsexualism
'F6550'	Sadomasochism, unspecified
'F66'	Other sexual disorders
'R37'	Sexual dysfunction, unspecified

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F5101'	Primary insomnia
'F5102'	Adjustment insomnia
'F5103'	Paradoxical insomnia
'F5104'	Psychophysiologic insomnia
'F5105'	Insomnia due to other mental disorder
'F5109'	Oth insomnia not due to a substance or known physiol cond
'F5111'	Primary hypersomnia
'F5112'	Insufficient sleep syndrome
'F5113'	Hypersomnia due to other mental disorder
'F5119'	Oth hypersomnia not due to a substance or known physiol cond
'F513'	Sleepwalking [somnambulism]
'F514'	Sleep terrors [night terrors]
'F515'	Nightmare disorder
'F518'	Oth sleep disord not due to a sub or known physiol cond
'F519'	Sleep disorder not due to a sub or known physiol cond, unsp
'F444'	Conversion disorder with motor symptom or deficit
'F445'	Conversion disorder with seizures or convulsions
'F446'	Conversion disorder with sensory symptom or deficit
'F447'	Conversion disorder with mixed symptom presentation
'F450'	Somatization disorder
'F451'	Undifferentiated somatoform disorder
'F4520'	Hypochondriacal disorder, unspecified
'F4529'	Other hypochondriacal disorders
'F4541'	Pain disorder exclusively related to psychological factors

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F4542'	Pain disorder with related psychological factors
'F458'	Other somatoform disorders
'F459'	Somatoform disorder, unspecified
'F54'	Psych & behavrl factors assoc w disord or dis classd elswhr
'F6810'	Factitious disorder, unspecified
'R45851'	Suicidal ideations
'T1491'	Suicide attempt (through FY 2017)
'T1491XA'	Suicide attempt, initial encounter
'T360X2A'	Poisoning by penicillins, intentional self-harm, init encntr
'T361X2A'	Poison by cephalospor/oth beta-lactm antibiot, slf-hrm, init
'T362X2A'	Poisoning by chloramphenicol group, self-harm, init
'T363X2A'	Poisoning by macrolides, intentional self-harm, init encntr
'T364X2A'	Poisoning by tetracyclines, intentional self-harm, init
'T365X2A'	Poisoning by aminoglycosides, intentional self-harm, init
'T366X2A'	Poisoning by rifampicins, intentional self-harm, init encntr
'T367X2A'	Poisoning by antifungal antibiot, sys used, self-harm, init
'T368X2A'	Poisoning by oth systemic antibiotics, self-harm, init
'T3692XA'	Poisoning by unsp systemic antibiotic, self-harm, init
'T370X2A'	Poisoning by sulfonamides, intentional self-harm, init
'T371X2A'	Poisoning by antimycobacterial drugs, self-harm, init
'T372X2A'	Poison by antimalari/drugs act on bld protzoa, slf-hrm, init
'T373X2A'	Poisoning by oth antiprotozoal drugs, self-harm, init
'T374X2A'	Poisoning by anthelmintics, intentional self-harm, init
'T375X2A'	Poisoning by antiviral drugs, intentional self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T378X2A'	Poison by oth systemic anti-infect/parasit, self-harm, init
'T3792XA'	Poison by unsp sys anti-infect and antiparastc, slf-hrm, init
'T380X2A'	Poisoning by glucocort/synth analog, self-harm, init
'T381X2A'	Poisoning by thyroid hormones and sub, self-harm, init
'T382X2A'	Poisoning by antithyroid drugs, intentional self-harm, init
'T383X2A'	Poison by insulin and oral hypoglycemic drugs, slf-hrm, init
'T384X2A'	Poisoning by oral contraceptives, self-harm, init
'T385X2A'	Poisoning by oth estrogens and progestogens, self-harm, init
'T386X2A'	Poison by antigonadtr/antiestr/antiandrg, NEC, slf-hrm, init
'T387X2A'	Poison by androgens and anabolic congeners, self-harm, init
'T38802A'	Poison by unsp hormones and synthetic sub, self-harm, init
'T38812A'	Poisoning by anterior pituitary hormones, self-harm, init
'T38892A'	Poisoning by oth hormones and synthetic sub, self-harm, init
'T38902A'	Poisoning by unsp hormone antagonists, self-harm, init
'T38992A'	Poisoning by oth hormone antagonists, self-harm, init
'T39012A'	Poisoning by aspirin, intentional self-harm, init encntr
'T39092A'	Poisoning by salicylates, intentional self-harm, init encntr
'T391X2A'	Poisoning by 4-Aminophenol derivatives, self-harm, init
'T392X2A'	Poisoning by pyrazolone derivatives, self-harm, init
'T39312A'	Poisoning by propionic acid derivatives, self-harm, init
'T39392A'	Poison by oth nonsteroid anti-inflam drugs, self-harm, init
'T394X2A'	Poisoning by antirheumatics, NEC, self-harm, init
'T398X2A'	Poison by oth nonopio analges/antipyret, NEC, self-harm, init
'T3992XA'	Poison by unsp nonopi analgs/antipyr/antirheu, slf-hrm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T405X2A'	Poisoning by cocaine, intentional self-harm, init encntr
'T407X2A'	Poisoning by cannabis (derivatives), self-harm, init
'T408X2A'	Poisoning by lysergide, intentional self-harm, init encntr
'T40902A'	Poisoning by unsp psychodysleptics, self-harm, init
'T40992A'	Poisoning by oth psychodysleptics, self-harm, init
'T410X2A'	Poisoning by inhaled anesthetics, self-harm, init
'T411X2A'	Poisoning by intravenous anesthetics, self-harm, init
'T41202A'	Poisoning by unsp general anesthetics, self-harm, init
'T41292A'	Poisoning by oth general anesthetics, self-harm, init
'T413X2A'	Poisoning by local anesthetics, intentional self-harm, init
'T4142XA'	Poisoning by unsp anesthetic, intentional self-harm, init
'T415X2A'	Poisoning by therapeutic gases, intentional self-harm, init
'T420X2A'	Poisoning by hydantoin derivatives, self-harm, init
'T421X2A'	Poisoning by iminostilbenes, intentional self-harm, init
'T422X2A'	Poison by succinimides and oxazolidinediones, self-harm, init
'T423X2A'	Poisoning by barbiturates, intentional self-harm, init
'T424X2A'	Poisoning by benzodiazepines, intentional self-harm, init
'T425X2A'	Poisoning by mixed antiepileptics, self-harm, init
'T426X2A'	Poison by oth antieplptc and sed-hypntc drugs, slf-hrm, init
'T4272XA'	Poison by unsp antieplptc and sed-hypntc drugs, slf-hrm, init
'T428X2A'	Poison by antiparkns drug/centr musc-tone depr, slf-hrm, init
'T43012A'	Poisoning by tricyclic antidepressants, self-harm, init
'T43022A'	Poisoning by tetracyclic antidepressants, self-harm, init
'T431X2A'	Poisoning by MAO inhib antidepressants, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T43202A'	Poisoning by unsp antidepressants, self-harm, init
'T43212A'	Poison by slctv serotonin/norepineph reup inhibtr, slf-hrm, init
'T43222A'	Poison by slctv serotonin reuptake inhibtr, self-harm, init
'T43292A'	Poisoning by oth antidepressants, self-harm, init
'T433X2A'	Poison by phenothiaz antipsychot/neurolept, self-harm, init
'T434X2A'	Poison by butyrophen/thiothixen neuroleptc, self-harm, init
'T43502A'	Poisoning by unsp antipsychot/neurolept, self-harm, init
'T43592A'	Poisoning by oth antipsychot/neurolept, self-harm, init
'T43602A'	Poisoning by unsp psychostimulants, self-harm, init
'T43612A'	Poisoning by caffeine, intentional self-harm, init encntr
'T43622A'	Poisoning by amphetamines, intentional self-harm, init
'T43632A'	Poisoning by methylphenidate, intentional self-harm, init
'T43692A'	Poisoning by oth psychostimulants, self-harm, init
'T438X2A'	Poisoning by oth psychotropic drugs, self-harm, init
'T4392XA'	Poisoning by unsp psychotropic drug, self-harm, init
'T440X2A'	Poisoning by anticholinesterase agents, self-harm, init
'T441X2A'	Poisoning by oth parasympathomimetics, self-harm, init
'T442X2A'	Poisoning by ganglionic blocking drugs, self-harm, init
'T443X2A'	Poison by oth parasympath and spasmolytics, self-harm, init
'T444X2A'	Poison by predom alpha-adrenocpt agonists, self-harm, init
'T445X2A'	Poisoning by predom beta-adrenocpt agonists, self-harm, init
'T446X2A'	Poisoning by alpha-adrenocpt antagonists, self-harm, init
'T447X2A'	Poisoning by beta-adrenocpt antagonists, self-harm, init
'T448X2A'	Poison by centr-acting/adren-neurn-block agnt, slf-hrm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T44902A'	Poison by unsp drugs aff the autonm nrv sys, slf-hrm, init
'T44992A'	Poison by oth drug aff the autonm nervous sys, slf-hrm, init
'T450X2A'	Poisoning by antiallerg/antiemetic, self-harm, init
'T451X2A'	Poisoning by antineopl and immunosup drugs, self-harm, init
'T452X2A'	Poisoning by vitamins, intentional self-harm, init encntr
'T453X2A'	Poisoning by enzymes, intentional self-harm, init encntr
'T454X2A'	Poisoning by iron and its compounds, self-harm, init
'T45512A'	Poisoning by anticoagulants, intentional self-harm, init
'T45522A'	Poisoning by antithrombotic drugs, self-harm, init
'T45602A'	Poisoning by unsp fibrin-affct drugs, self-harm, init
'T45612A'	Poisoning by thrombolytic drug, intentional self-harm, init
'T45622A'	Poisoning by hemostatic drug, intentional self-harm, init
'T45692A'	Poisoning by oth fibrin-affct drugs, self-harm, init
'T457X2A'	Poison by anticoag antag, vit K and oth coag, slf-hrm, init
'T458X2A'	Poison by oth prim sys and hematolog agents, slf-hrm, init
'T4592XA'	Poison by unsp prim sys and hematolog agent, slf-hrm, init
'T460X2A'	Poison by cardi-stim glycos/drug similar act, self-harm, init
'T461X2A'	Poisoning by calcium-channel blockers, self-harm, init
'T462X2A'	Poisoning by oth antidysrhythmic drugs, self-harm, init
'T463X2A'	Poisoning by coronary vasodilators, self-harm, init
'T464X2A'	Poison by angiotens-convert-enzyme inhibtr, self-harm, init
'T465X2A'	Poisoning by oth antihypertensive drugs, self-harm, init
'T466X2A'	Poison by antihyperlip and antiarterio drugs, self-harm, init
'T467X2A'	Poisoning by peripheral vasodilators, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T468X2A'	Poison by antivaric drugs, inc scler agents, self-harm, init
'T46902A'	Poison by unsp agents aff the cardiovasc sys, self-harm, init
'T46992A'	Poison by oth agents aff the cardiovasc sys, self-harm, init
'T470X2A'	Poisoning by histamine H2-receptor blockers, self-harm, init
'T471X2A'	Poison by oth antacids & anti-gstrc-sec drugs, slf-hrm, init
'T472X2A'	Poisoning by stimulant laxatives, self-harm, init
'T473X2A'	Poisoning by saline and osmotic laxatives, self-harm, init
'T474X2A'	Poisoning by oth laxatives, intentional self-harm, init
'T475X2A'	Poisoning by digestants, intentional self-harm, init encntr
'T476X2A'	Poisoning by antidiarrheal drugs, self-harm, init
'T477X2A'	Poisoning by emetics, intentional self-harm, init encntr
'T478X2A'	Poisoning by oth agents aff GI sys, self-harm, init
'T4792XA'	Poisoning by unsp agents aff the GI sys, self-harm, init
'T480X2A'	Poisoning by oxytocic drugs, intentional self-harm, init
'T481X2A'	Poisoning by skeletal muscle relaxants, self-harm, init
'T48202A'	Poisoning by unsp drugs acting on muscles, self-harm, init
'T48292A'	Poisoning by oth drugs acting on muscles, self-harm, init
'T483X2A'	Poisoning by antitussives, intentional self-harm, init
'T484X2A'	Poisoning by expectorants, intentional self-harm, init
'T485X2A'	Poisoning by oth anti-common-cold drugs, self-harm, init
'T486X2A'	Poisoning by antiasthmatics, intentional self-harm, init
'T48902A'	Poison by unsp agents prim act on the resp sys, slf-hrm, init
'T48992A'	Poison by oth agents prim act on the resp sys, slf-hrm, init
'T490X2A'	Poison by local antifung/infect/inflamm drugs, slf-hrm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T491X2A'	Poisoning by antipruritics, intentional self-harm, init
'T492X2A'	Poisoning by local astringents/detergents, self-harm, init
'T493X2A'	Poison by emollients, demulcents and protect, self-harm, init
'T494X2A'	Poison by keratolyt/keratplst/hair trmt drug, self-harm, init
'T495X2A'	Poisoning by oph drugs and preparations, self-harm, init
'T496X2A'	Poisoning by otorhino drugs and prep, self-harm, init
'T497X2A'	Poison by dental drugs, topically applied, self-harm, init
'T498X2A'	Poisoning by oth topical agents, intentional self-harm, init
'T4992XA'	Poisoning by unsp topical agent, intentional self-harm, init
'T500X2A'	Poisoning by mineralocorticoids and antag, self-harm, init
'T501X2A'	Poisoning by loop diuretics, intentional self-harm, init
'T502X2A'	Poison by crbnc-anhydr inhibtr,benzo/oth diuretc,slf-hrm,init
'T503X2A'	Poison by electrolytic/caloric/wtr-bal agnt, self-harm, init
'T504X2A'	Poisoning by drugs aff uric acid metab, self-harm, init
'T505X2A'	Poisoning by appetite depressants, self-harm, init
'T506X2A'	Poisoning by antidotes and chelating agents, self-harm, init
'T507X2A'	Poison by analeptics and opioid receptor antag, slf-hrm, init
'T508X2A'	Poisoning by diagnostic agents, intentional self-harm, init
'T50902A'	Poisoning by unsp drug/meds/biol subst, self-harm, init
'T50992A'	Poisoning by oth drug/meds/biol subst, self-harm, init
'T50A12A'	Poison by pertuss vaccn, inc combin w pertuss, slf-hrm, init
'T50A22A'	Poison by mixed bact vaccines w/o a pertuss, self-harm, init
'T50A92A'	Poisoning by oth bacterial vaccines, self-harm, init
'T50B12A'	Poisoning by smallpox vaccines, intentional self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T50B92A'	Poisoning by oth viral vaccines, intentional self-harm, init
'T50Z12A'	Poisoning by immunoglobulin, intentional self-harm, init
'T50Z92A'	Poisoning by oth vaccines and biolg substnc, self-harm, init
'T510X2A'	Toxic effect of ethanol, intentional self-harm, init encntr
'T511X2A'	Toxic effect of methanol, intentional self-harm, init encntr
'T512X2A'	Toxic effect of 2-Propanol, intentional self-harm, init
'T513X2A'	Toxic effect of fusel oil, intentional self-harm, init
'T518X2A'	Toxic effect of oth alcohols, intentional self-harm, init
'T5192XA'	Toxic effect of unsp alcohol, intentional self-harm, init
'T520X2A'	Toxic effect of petroleum products, self-harm, init
'T521X2A'	Toxic effect of benzene, intentional self-harm, init encntr
'T522X2A'	Toxic effect of homologues of benzene, self-harm, init
'T523X2A'	Toxic effect of glycols, intentional self-harm, init encntr
'T524X2A'	Toxic effect of ketones, intentional self-harm, init encntr
'T528X2A'	Toxic effect of organic solvents, self-harm, init
'T5292XA'	Toxic effect of unsp organic solvent, self-harm, init
'T530X2A'	Toxic effect of carbon tetrachloride, self-harm, init
'T531X2A'	Toxic effect of chloroform, intentional self-harm, init
'T532X2A'	Toxic effect of trichloroethylene, self-harm, init
'T533X2A'	Toxic effect of tetrachloroethylene, self-harm, init
'T534X2A'	Toxic effect of dichloromethane, intentional self-harm, init
'T535X2A'	Toxic effect of chlorofluorocarbons, self-harm, init
'T536X2A'	Tox eff of halgn deriv of aliphatic hydrocrb, slf-hrm, init
'T537X2A'	Toxic eff of halgn deriv of aromatic hydrocrb, slf-hrm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T5392XA'	Tox eff of unsp halgn deriv of aromat hydrocrb,slf-hrm, init
'T540X2A'	Toxic effect of phenol and phenol homolog, self-harm, init
'T541X2A'	Toxic effect of corrosive organic compounds, self-harm, init
'T542X2A'	Tox eff of corrosv acids & acid-like substnc, slf-hrm, init
'T543X2A'	Tox eff of corrosv alkalis & alk-like substnc, slf-hrm, init
'T5492XA'	Toxic effect of unsp corrosive substance, self-harm, init
'T550X2A'	Toxic effect of soaps, intentional self-harm, init encntr
'T551X2A'	Toxic effect of detergents, intentional self-harm, init
'T560X2A'	Toxic effect of lead and its compounds, self-harm, init
'T561X2A'	Toxic effect of mercury and its compounds, self-harm, init
'T562X2A'	Toxic effect of chromium and its compounds, self-harm, init
'T563X2A'	Toxic effect of cadmium and its compounds, self-harm, init
'T564X2A'	Toxic effect of copper and its compounds, self-harm, init
'T565X2A'	Toxic effect of zinc and its compounds, self-harm, init
'T566X2A'	Toxic effect of tin and its compounds, self-harm, init
'T567X2A'	Toxic effect of beryllium and its compounds, self-harm, init
'T56812A'	Toxic effect of thallium, intentional self-harm, init encntr
'T56892A'	Toxic effect of oth metals, intentional self-harm, init
'T5692XA'	Toxic effect of unsp metal, intentional self-harm, init
'T570X2A'	Toxic effect of arsenic and its compounds, self-harm, init
'T571X2A'	Toxic effect of phosphorus and its compnd, self-harm, init
'T572X2A'	Toxic effect of manganese and its compounds, self-harm, init
'T573X2A'	Toxic effect of hydrogen cyanide, self-harm, init
'T578X2A'	Toxic effect of inorganic substances, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T5792XA'	Toxic effect of unsp inorganic substance, self-harm, init
'T5802XA'	Toxic eff of carb monx from mtr veh exhaust, slf-hrm, init
'T5812XA'	Toxic effect of carb monx from utility gas, self-harm, init
'T582X2A'	Tox eff of carb monx fr incmpl combst dmst fuel,slf-hrm,init
'T588X2A'	Toxic effect of carb monx from oth source, self-harm, init
'T5892XA'	Toxic effect of carb monx from unsp source, self-harm, init
'T590X2A'	Toxic effect of nitrogen oxides, intentional self-harm, init
'T591X2A'	Toxic effect of sulfur dioxide, intentional self-harm, init
'T592X2A'	Toxic effect of formaldehyde, intentional self-harm, init
'T593X2A'	Toxic effect of lacrimogenic gas, self-harm, init
'T594X2A'	Toxic effect of chlorine gas, intentional self-harm, init
'T595X2A'	Tox eff of fluorine gas and hydrogen fluoride, slf-hrm, init
'T596X2A'	Toxic effect of hydrogen sulfide, self-harm, init
'T597X2A'	Toxic effect of carbon dioxide, intentional self-harm, init
'T59812A'	Toxic effect of smoke, intentional self-harm, init encntr
'T59892A'	Toxic effect of gases, fumes and vapors, self-harm, init
'T5992XA'	Toxic effect of unsp gases, fumes and vapors, slf-hrm, init
'T600X2A'	Toxic eff of organophos and carbamate insect, slf-hrm, init
'T601X2A'	Toxic effect of halogenated insecticides, self-harm, init
'T602X2A'	Toxic effect of insecticides, intentional self-harm, init
'T603X2A'	Toxic effect of herbicides and fungicides, self-harm, init
'T604X2A'	Toxic effect of rodenticides, intentional self-harm, init
'T608X2A'	Toxic effect of oth pesticides, intentional self-harm, init
'T6092XA'	Toxic effect of unsp pesticide, intentional self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T6102XA'	Ciguatera fish poisoning, intentional self-harm, init encntr
'T6112XA'	Scombroid fish poisoning, intentional self-harm, init encntr
'T61772A'	Other fish poisoning, intentional self-harm, init encntr
'T61782A'	Oth shellfish poisoning, intentional self-harm, init encntr
'T618X2A'	Toxic effect of oth seafood, intentional self-harm, init
'T6192XA'	Toxic effect of unsp seafood, intentional self-harm, init
'T620X2A'	Toxic effect of ingested mushrooms, self-harm, init
'T621X2A'	Toxic effect of ingested berries, self-harm, init
'T622X2A'	Toxic effect of ingested (parts of) plant(s), slf-hrm, init
'T628X2A'	Toxic effect of noxious substnc eaten as food, slf-hrm, init
'T6292XA'	Toxic eff of unsp noxious sub eaten as food, slf-hrm, init
'T63002A'	Toxic effect of unsp snake venom, self-harm, init
'T63012A'	Toxic effect of rattlesnake venom, self-harm, init
'T63022A'	Toxic effect of coral snake venom, self-harm, init
'T63032A'	Toxic effect of taipan venom, intentional self-harm, init
'T63042A'	Toxic effect of cobra venom, intentional self-harm, init
'T63062A'	Toxic effect of venom of N & S American snake, slf-hrm, init
'T63072A'	Toxic effect of venom of Australian snake, self-harm, init
'T63082A'	Toxic eff of venom of African and Asian snake, slf-hrm, init
'T63092A'	Toxic effect of venom of snake, intentional self-harm, init
'T63112A'	Toxic effect of venom of gila monster, self-harm, init
'T63122A'	Toxic effect of venom of venomous lizard, self-harm, init
'T63192A'	Toxic effect of venom of reptiles, self-harm, init
'T632X2A'	Toxic effect of venom of scorpion, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T63302A'	Toxic effect of unsp spider venom, self-harm, init
'T63312A'	Toxic effect of venom of black widow spider, self-harm, init
'T63322A'	Toxic effect of venom of tarantula, self-harm, init
'T63332A'	Toxic effect of venom of brown recluse spider, slf-hrm, init
'T63392A'	Toxic effect of venom of spider, intentional self-harm, init
'T63412A'	Toxic effect of venom of centipede/millipede, slf-hrm, init
'T63422A'	Toxic effect of venom of ants, intentional self-harm, init
'T63432A'	Toxic effect of venom of caterpillars, self-harm, init
'T63442A'	Toxic effect of venom of bees, intentional self-harm, init
'T63452A'	Toxic effect of venom of hornets, self-harm, init
'T63462A'	Toxic effect of venom of wasps, intentional self-harm, init
'T63482A'	Toxic effect of venom of arthropod, self-harm, init
'T63512A'	Toxic effect of contact w stingray, self-harm, init
'T63592A'	Toxic effect of contact w oth venomous fish, self-harm, init
'T63612A'	Toxic effect of contact w Portugese Man-o-war, slf-hrm, init
'T63622A'	Toxic effect of contact w oth jellyfish, self-harm, init
'T63632A'	Toxic effect of contact w sea anemone, self-harm, init
'T63692A'	Toxic eff of cntct w oth venom marine animals, slf-hrm, init
'T63712A'	Toxic effect of contact w venom marine plant, slf-hrm, init
'T63792A'	Toxic effect of contact w oth venomous plant, slf-hrm, init
'T63812A'	Toxic effect of contact w venomous frog, self-harm, init
'T63822A'	Toxic effect of contact w venomous toad, self-harm, init
'T63832A'	Toxic effect of contact w oth venomous amphib, slf-hrm, init
'T63892A'	Toxic effect of contact w oth venom animals, slf-hrm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T6392XA'	Toxic effect of contact w unsp venom animal, slf-hrm, init
'T6402XA'	Toxic effect of aflatoxin, intentional self-harm, init
'T6482XA'	Toxic effect of mycotoxin food contaminants, self-harm, init
'T650X2A'	Toxic effect of cyanides, intentional self-harm, init encntr
'T651X2A'	Toxic effect of strychnine and its salts, self-harm, init
'T65212A'	Toxic effect of chewing tobacco, intentional self-harm, init
'T65222A'	Toxic effect of tobacco cigarettes, self-harm, init
'T65292A'	Toxic effect of tobacco and nicotine, self-harm, init
'T653X2A'	Tox eff of nitrodry/aminodrv of benzn/homolog, slf-hrm, init
'T654X2A'	Toxic effect of carbon disulfide, self-harm, init
'T655X2A'	Tox eff of nitro & oth nitric acids & esters, slf-hrm, init
'T656X2A'	Toxic effect of paints and dyes, NEC, self-harm, init
'T65812A'	Toxic effect of latex, intentional self-harm, init encntr
'T65822A'	Toxic eff of harmful algae and algae toxins, slf-hrm, init
'T65832A'	Toxic effect of fiberglass, intentional self-harm, init
'T65892A'	Toxic effect of oth substances, intentional self-harm, init
'T6592XA'	Toxic effect of unsp substance, intentional self-harm, init
'T71112A'	Asphyxiation due to smothering under pillow, self-harm, init
'T71122A'	Asphyxiation due to plastic bag, intentional self-harm, init
'T71132A'	Asphyx due to being trapped in bed linens, self-harm, init
'T71152A'	Asphyxiation due to smothering in furniture, self-harm, init
'T71162A'	Asphyxiation due to hanging, intentional self-harm, init
'T71192A'	Asphyx d/t mech thrt to breathe d/t oth cause, slf-hrm, init
'T71222A'	Asphyx due to being trapped in a car trunk, self-harm, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'T71232A'	Asphyx d/t being trap in a (discarded) refrig, slf-hrm, init
'X710XXA'	Intentional self-harm by drown while in bathtub, init
'X711XXA'	Intentional self-harm by drown while in swimming pool, init
'X712XXA'	Self-harm by drown after jump into swimming pool, init
'X713XXA'	Intentional self-harm by drown in natural water, init
'X718XXA'	Oth intentional self-harm by drowning and submersion, init
'X719XXA'	Intentional self-harm by drowning and submersion, unsp, init
'X72XXXXA'	Intentional self-harm by handgun discharge, init encntr
'X730XXA'	Intentional self-harm by shotgun discharge, init encntr
'X731XXA'	Intentional self-harm by hunting rifle discharge, init
'X732XXA'	Intentional self-harm by machine gun discharge, init encntr
'X738XXA'	Intentional self-harm by oth larger firearm discharge, init
'X739XXA'	Intentional self-harm by unsp larger firearm discharge, init
'X7401XA'	Intentional self-harm by airgun, initial encounter
'X7402XA'	Intentional self-harm by paintball gun, initial encounter
'X7409XA'	Self-harm by oth gas, air or spring-operated gun, init
'X748XXA'	Intentional self-harm by oth firearm discharge, init encntr
'X749XXA'	Intentional self-harm by unsp firearm discharge, init encntr
'X75XXXXA'	Intentional self-harm by explosive material, init encntr
'X76XXXXA'	Intentional self-harm by smoke, fire and flames, init encntr
'X770XXA'	Intentional self-harm by steam or hot vapors, init encntr
'X771XXA'	Intentional self-harm by hot tap water, initial encounter
'X772XXA'	Intentional self-harm by other hot fluids, initial encounter
'X773XXA'	Intentional self-harm by hot household appliances, init

ICD-10-CM DIAGNOSIS	DESCRIPTION
'X778XXA'	Intentional self-harm by other hot objects, init encntr
'X779XXA'	Intentional self-harm by unsp hot objects, init encntr
'X780XXA'	Intentional self-harm by sharp glass, initial encounter
'X781XXA'	Intentional self-harm by knife, initial encounter
'X782XXA'	Intentional self-harm by sword or dagger, initial encounter
'X788XXA'	Intentional self-harm by other sharp object, init encntr
'X789XXA'	Intentional self-harm by unsp sharp object, init encntr
'X79XXXA'	Intentional self-harm by blunt object, initial encounter
'X80XXXA'	Intentional self-harm by jumping from a high place, init
'X810XXA'	Self-harm by jumping or lying in front of mtr veh, init
'X811XXA'	Slf-hrm by jumping or lying in front of (subway) train, init
'X818XXA'	Slf-hrm by jumping or lying in front of moving object, init
'X820XXA'	Intentional collision of motor vehicle w mtr veh, init
'X821XXA'	Intentional collision of motor vehicle w train, init encntr
'X822XXA'	Intentional collision of motor vehicle w tree, init encntr
'X828XXA'	Oth intentional self-harm by crashing of motor vehicle, init
'X830XXA'	Intentional self-harm by crashing of aircraft, init encntr
'X831XXA'	Intentional self-harm by electrocution, initial encounter
'X832XXA'	Intentional self-harm by exposure to extremes of cold, init
'X838XXA'	Intentional self-harm by other specified means, init encntr
'F59'	Unsp behavrl synd assoc w physiol disturb and physcl factors
'F988'	Oth behav/emotn disord w onset usly occur in chldhd and adol
'F989'	Unsp behav/emotn disord w onst usly occur in chldhd and adol
'R452'	Unhappiness

ICD-10-CM DIAGNOSIS	DESCRIPTION
'R453'	Demoralization and apathy
'R454'	Irritability and anger
'R455'	Hostility
'R456'	Violent behavior
'R457'	State of emotional shock and stress, unspecified
'R4581'	Low self-esteem
'R4582'	Worries
'R4583'	Excessive crying of child, adolescent or adult
'R4584'	Anhedonia
'R4586'	Emotional lability
'R4589'	Other symptoms and signs involving emotional state
'R460'	Very low level of personal hygiene
'R461'	Bizarre personal appearance
'R462'	Strange and inexplicable behavior
'R463'	Overactivity
'R464'	Slowness and poor responsiveness
'R465'	Suspiciousness and marked evasiveness
'R467'	Verbosity and circumstantial detail obscuring rsn for cntct
'R4689'	Other symptoms and signs involving appearance and behavior
'F430'	Acute stress reaction
'F4310'	Post-traumatic stress disorder, unspecified
'F4320'	Adjustment disorder, unspecified
'F4321'	Adjustment disorder with depressed mood
'F4322'	Adjustment disorder with anxiety

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F4323'	Adjustment disorder with mixed anxiety and depressed mood
'F4324'	Adjustment disorder with disturbance of conduct
'F4325'	Adjustment disorder w mixed disturb of emotions and conduct
'F4329'	Adjustment disorder with other symptoms
'F438'	Other reactions to severe stress
'F439'	Reaction to severe stress, unspecified
'F941'	Reactive attachment disorder of childhood
'F942'	Disinhibited attachment disorder of childhood

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50301023

Measure Title: Emergency department visits with a principal diagnosis related to substance abuse only, per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, patient location, median household income of the patient's ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Emergency department visits in the U.S. with a principal diagnosis related to substance use (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). Observed (un-adjusted) rates are reported. ICD-10-CM diagnosis codes related to substance use include the following:

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1010'	Alcohol abuse, uncomplicated
'F10120'	Alcohol abuse with intoxication, uncomplicated
'F10121'	Alcohol abuse with intoxication delirium
'F10129'	Alcohol abuse with intoxication, unspecified
'F1014'	Alcohol abuse with alcohol-induced mood disorder
'F10150'	Alcohol abuse w alcoh-induce psychotic disorder w delusions
'F10151'	Alcohol abuse w alcoh-induce psychotic disorder w hallucin
'F10159'	Alcohol abuse with alcohol-induced psychotic disorder, unsp
'F10180'	Alcohol abuse with alcohol-induced anxiety disorder
'F10181'	Alcohol abuse with alcohol-induced sexual dysfunction
'F10182'	Alcohol abuse with alcohol-induced sleep disorder
'F10188'	Alcohol abuse with other alcohol-induced disorder
'F1019'	Alcohol abuse with unspecified alcohol-induced disorder
'F1020'	Alcohol dependence, uncomplicated
'F10220'	Alcohol dependence with intoxication, uncomplicated
'F10221'	Alcohol dependence with intoxication delirium
'F10229'	Alcohol dependence with intoxication, unspecified
'F10230'	Alcohol dependence with withdrawal, uncomplicated
'F10231'	Alcohol dependence with withdrawal delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F10232'	Alcohol dependence w withdrawal with perceptual disturbance
'F10239'	Alcohol dependence with withdrawal, unspecified
'F1024'	Alcohol dependence with alcohol-induced mood disorder
'F10250'	Alcohol depend w alcoh-induce psychotic disorder w delusions
'F10251'	Alcohol depend w alcoh-induce psychotic disorder w hallucin
'F10259'	Alcohol dependence w alcoh-induce psychotic disorder, unsp
'F1026'	Alcohol depend w alcoh-induce persisting amnestic disorder
'F1027'	Alcohol dependence with alcohol-induced persisting dementia
'F10280'	Alcohol dependence with alcohol-induced anxiety disorder
'F10281'	Alcohol dependence with alcohol-induced sexual dysfunction
'F10282'	Alcohol dependence with alcohol-induced sleep disorder
'F10288'	Alcohol dependence with other alcohol-induced disorder
'F1029'	Alcohol dependence with unspecified alcohol-induced disorder
'F10920'	Alcohol use, unspecified with intoxication, uncomplicated
'F10921'	Alcohol use, unspecified with intoxication delirium
'F10929'	Alcohol use, unspecified with intoxication, unspecified
'F1094'	Alcohol use, unspecified with alcohol-induced mood disorder
'F10950'	Alcohol use, unsp w alcoh-induce psych disorder w delusions
'F10951'	Alcohol use, unsp w alcoh-induce psych disorder w hallucin
'F10959'	Alcohol use, unsp w alcohol-induced psychotic disorder, unsp
'F1096'	Alcohol use, unsp w alcoh-induce persist amnestic disorder
'F1097'	Alcohol use, unsp with alcohol-induced persisting dementia

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F10980'	Alcohol use, unsp with alcohol-induced anxiety disorder
'F10981'	Alcohol use, unsp with alcohol-induced sexual dysfunction
'F10982'	Alcohol use, unspecified with alcohol-induced sleep disorder
'F10988'	Alcohol use, unspecified with other alcohol-induced disorder
'F1099'	Alcohol use, unsp with unspecified alcohol-induced disorder
'G621'	Alcoholic polyneuropathy
'I426'	Alcoholic cardiomyopathy
'K2920'	Alcoholic gastritis without bleeding
'K2921'	Alcoholic gastritis with bleeding
'K700'	Alcoholic fatty liver
'K7010'	Alcoholic hepatitis without ascites
'K7011'	Alcoholic hepatitis with ascites
'K702'	Alcoholic fibrosis and sclerosis of liver
'K7030'	Alcoholic cirrhosis of liver without ascites
'K7031'	Alcoholic cirrhosis of liver with ascites
'K7040'	Alcoholic hepatic failure without coma
'K709'	Alcoholic liver disease, unspecified
'O99310'	Alcohol use complicating pregnancy, unspecified trimester
'O99311'	Alcohol use complicating pregnancy, first trimester
'O99312'	Alcohol use complicating pregnancy, second trimester
'O99313'	Alcohol use complicating pregnancy, third trimester
'O99314'	Alcohol use complicating childbirth
'O99315'	Alcohol use complicating the puerperium
'P043'	Newborn affected by maternal use of alcohol

ICD-10-CM DIAGNOSIS	DESCRIPTION
'Q860'	Fetal alcohol syndrome (dysmorphic)
'F1210'	Cannabis abuse, uncomplicated
'F12120'	Cannabis abuse with intoxication, uncomplicated
'F12121'	Cannabis abuse with intoxication delirium
'F12122'	Cannabis abuse with intoxication with perceptual disturbance
'F12129'	Cannabis abuse with intoxication, unspecified
'F12150'	Cannabis abuse with psychotic disorder with delusions
'F12151'	Cannabis abuse with psychotic disorder with hallucinations
'F12159'	Cannabis abuse with psychotic disorder, unspecified
'F12180'	Cannabis abuse with cannabis-induced anxiety disorder
'F12188'	Cannabis abuse with other cannabis-induced disorder
'F1219'	Cannabis abuse with unspecified cannabis-induced disorder
'F1220'	Cannabis dependence, uncomplicated
'F12220'	Cannabis dependence with intoxication, uncomplicated
'F12221'	Cannabis dependence with intoxication delirium
'F12222'	Cannabis dependence w intoxication w perceptual disturbance
'F12229'	Cannabis dependence with intoxication, unspecified
'F12250'	Cannabis dependence with psychotic disorder with delusions
'F12251'	Cannabis dependence w psychotic disorder with hallucinations
'F12259'	Cannabis dependence with psychotic disorder, unspecified
'F12280'	Cannabis dependence with cannabis-induced anxiety disorder
'F12288'	Cannabis dependence with other cannabis-induced disorder
'F1229'	Cannabis dependence with unsp cannabis-induced disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F1290'	Cannabis use, unspecified, uncomplicated
'F12920'	Cannabis use, unspecified with intoxication, uncomplicated
'F12921'	Cannabis use, unspecified with intoxication delirium
'F12922'	Cannabis use, unsp w intoxication w perceptual disturbance
'F12929'	Cannabis use, unspecified with intoxication, unspecified
'F12950'	Cannabis use, unsp with psychotic disorder with delusions
'F12951'	Cannabis use, unsp w psychotic disorder with hallucinations
'F12959'	Cannabis use, unsp with psychotic disorder, unspecified
'F12980'	Cannabis use, unspecified with anxiety disorder
'F12988'	Cannabis use, unsp with other cannabis-induced disorder
'F1299'	Cannabis use, unsp with unsp cannabis-induced disorder
'T407X1A'	Poisoning by cannabis (derivatives), accidental, init
'T407X3A'	Poisoning by cannabis (derivatives), assault, init encntr
'T407X4A'	Poisoning by cannabis (derivatives), undetermined, init
'T407X5A'	Adverse effect of cannabis (derivatives), initial encounter
'F1610'	Hallucinogen abuse, uncomplicated
'F16120'	Hallucinogen abuse with intoxication, uncomplicated
'F16121'	Hallucinogen abuse with intoxication with delirium
'F16122'	Hallucinogen abuse w intoxication w perceptual disturbance
'F16129'	Hallucinogen abuse with intoxication, unspecified
'F1614'	Hallucinogen abuse with hallucinogen-induced mood disorder
'F16150'	Hallucinogen abuse w psychotic disorder w delusions
'F16151'	Hallucinogen abuse w psychotic disorder w hallucinations
'F16159'	Hallucinogen abuse w psychotic disorder, unsp

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F16180'	Hallucinogen abuse w hallucinogen-induced anxiety disorder
'F16183'	Hallucign abuse w hallucign persisting perception disorder
'F16188'	Hallucinogen abuse with other hallucinogen-induced disorder
'F1619'	Hallucinogen abuse with unsp hallucinogen-induced disorder
'F1620'	Hallucinogen dependence, uncomplicated
'F16220'	Hallucinogen dependence with intoxication, uncomplicated
'F16221'	Hallucinogen dependence with intoxication with delirium
'F16229'	Hallucinogen dependence with intoxication, unspecified
'F1624'	Hallucinogen dependence w hallucinogen-induced mood disorder
'F16250'	Hallucinogen dependence w psychotic disorder w delusions
'F16251'	Hallucinogen dependence w psychotic disorder w hallucin
'F16259'	Hallucinogen dependence w psychotic disorder, unsp
'F16280'	Hallucinogen dependence w anxiety disorder
'F16283'	Hallucign depend w hallucign persisting perception disorder
'F16288'	Hallucinogen dependence w oth hallucinogen-induced disorder
'F1629'	Hallucinogen dependence w unsp hallucinogen-induced disorder
'F1690'	Hallucinogen use, unspecified, uncomplicated
'F16920'	Hallucinogen use, unsp with intoxication, uncomplicated
'F16921'	Hallucinogen use, unsp with intoxication with delirium
'F16929'	Hallucinogen use, unspecified with intoxication, unspecified
'F1694'	Hallucinogen use, unsp w hallucinogen-induced mood disorder
'F16950'	Hallucinogen use, unsp w psychotic disorder w delusions

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F16951'	Hallucinogen use, unsp w psychotic disorder w hallucinations
'F16959'	Hallucinogen use, unsp w psychotic disorder, unsp
'F16980'	Hallucinogen use, unsp w anxiety disorder
'F16983'	Hallucign use, unsp w hallucign persist perception disorder
'F16988'	Hallucinogen use, unsp w oth hallucinogen-induced disorder
'F1699'	Hallucinogen use, unsp w unsp hallucinogen-induced disorder
'T408X1A'	Poisoning by lysergide, accidental (unintentional), init
'T408X3A'	Poisoning by lysergide [LSD], assault, initial encounter
'T408X4A'	Poisoning by lysergide, undetermined, initial encounter
'T408X5A'	Adverse effect of lysergide [LSD] initial encounter
'T40901A'	Poisoning by unsp psychodyslept, accidental, init
'T40903A'	Poisoning by unsp psychodysleptics, assault, init encntr
'T40904A'	Poisoning by unsp psychodysleptics, undetermined, init
'T40905A'	Adverse effect of unspecified psychodysleptics, init encntr
'T40991A'	Poisoning by oth psychodyslept, accidental, init
'T40993A'	Poisoning by other psychodysleptics, assault, init encntr
'T40994A'	Poisoning by oth psychodysleptics, undetermined, init encntr
'T40995A'	Adverse effect of other psychodysleptics, initial encounter
'F1810'	Inhalant abuse, uncomplicated
'F18120'	Inhalant abuse with intoxication, uncomplicated
'F18121'	Inhalant abuse with intoxication delirium
'F18129'	Inhalant abuse with intoxication, unspecified
'F1814'	Inhalant abuse with inhalant-induced mood disorder
'F18150'	Inhalant abuse w inhalnt-induce psych disorder w delusions

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F18151'	Inhalant abuse w inhalnt- induce psych disorder w hallucin
'F18159'	Inhalant abuse w inhalant-induced psychotic disorder, unsp
'F1817'	Inhalant abuse with inhalant-induced dementia
'F18180'	Inhalant abuse with inhalant-induced anxiety disorder
'F18188'	Inhalant abuse with other inhalant-induced disorder
'F1819'	Inhalant abuse with unspecified inhalant-induced disorder
'F1820'	Inhalant dependence, uncomplicated
'F18220'	Inhalant dependence with intoxication, uncomplicated
'F18221'	Inhalant dependence with intoxication delirium
'F18229'	Inhalant dependence with intoxication, unspecified
'F1824'	Inhalant dependence with inhalant-induced mood disorder
'F18250'	Inhalant depend w inhalnt- induce psych disorder w delusions
'F18251'	Inhalant depend w inhalnt- induce psych disorder w hallucin
'F18259'	Inhalant depend w inhalnt- induce psychotic disorder, unsp
'F1827'	Inhalant dependence with inhalant-induced dementia
'F18280'	Inhalant dependence with inhalant-induced anxiety disorder
'F18288'	Inhalant dependence with other inhalant-induced disorder
'F1829'	Inhalant dependence with unsp inhalant-induced disorder
'F1890'	Inhalant use, unspecified, uncomplicated
'F18920'	Inhalant use, unspecified with intoxication, uncomplicated
'F18921'	Inhalant use, unspecified with intoxication with delirium
'F18929'	Inhalant use, unspecified with intoxication, unspecified
'F1894'	Inhalant use, unsp with inhalant-induced mood disorder
'F18950'	Inhalant use, unsp w inhalnt- induce psych disord w delusions

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F18951'	Inhalant use, unsp w inhalnt- induce psych disord w hallucin
'F18959'	Inhalant use, unsp w inhalnt- induce psychotic disorder, unsp
'F1897'	Inhalant use, unsp with inhalant- induced persisting dementia
'F18980'	Inhalant use, unsp with inhalant- induced anxiety disorder
'F18988'	Inhalant use, unsp with other inhalant- induced disorder
'F1899'	Inhalant use, unsp with unsp inhalant- induced disorder
'F1110'	Opioid abuse, uncomplicated
'F11120'	Opioid abuse with intoxication, uncomplicated
'F11121'	Opioid abuse with intoxication delirium
'F11122'	Opioid abuse with intoxication with perceptual disturbance
'F11129'	Opioid abuse with intoxication, unspecified
'F1114'	Opioid abuse with opioid- induced mood disorder
'F11150'	Opioid abuse w opioid- induced psychotic disorder w delusions
'F11151'	Opioid abuse w opioid- induced psychotic disorder w hallucin
'F11159'	Opioid abuse with opioid- induced psychotic disorder, unsp
'F11181'	Opioid abuse with opioid- induced sexual dysfunction
'F11182'	Opioid abuse with opioid- induced sleep disorder
'F11188'	Opioid abuse with other opioid- induced disorder
'F1119'	Opioid abuse with unspecified opioid- induced disorder
'F1120'	Opioid dependence, uncomplicated
'F11220'	Opioid dependence with intoxication, uncomplicated
'F11221'	Opioid dependence with intoxication delirium
'F11222'	Opioid dependence w intoxication with perceptual disturbance

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F11229'	Opioid dependence with intoxication, unspecified
'F1123'	Opioid dependence with withdrawal
'F1124'	Opioid dependence with opioid-induced mood disorder
'F11250'	Opioid depend w opioid-induc psychotic disorder w delusions
'F11251'	Opioid depend w opioid-induc psychotic disorder w hallucin
'F11259'	Opioid dependence w opioid-induced psychotic disorder, unsp
'F11281'	Opioid dependence with opioid-induced sexual dysfunction
'F11282'	Opioid dependence with opioid-induced sleep disorder
'F11288'	Opioid dependence with other opioid-induced disorder
'F1129'	Opioid dependence with unspecified opioid-induced disorder
'F1190'	Opioid use, unspecified, uncomplicated
'F11920'	Opioid use, unspecified with intoxication, uncomplicated
'F11921'	Opioid use, unspecified with intoxication delirium
'F11922'	Opioid use, unsp w intoxication with perceptual disturbance
'F11929'	Opioid use, unspecified with intoxication, unspecified
'F1193'	Opioid use, unspecified with withdrawal
'F1194'	Opioid use, unspecified with opioid-induced mood disorder
'F11950'	Opioid use, unsp w opioid-induc psych disorder w delusions
'F11951'	Opioid use, unsp w opioid-induc psych disorder w hallucin
'F11959'	Opioid use, unsp w opioid-induced psychotic disorder, unsp
'F11981'	Opioid use, unsp with opioid-induced sexual dysfunction
'F11982'	Opioid use, unspecified with opioid-induced sleep disorder
'F11988'	Opioid use, unspecified with other opioid-induced disorder
'F1199'	Opioid use, unsp with unspecified opioid-induced disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'P961'	Neonatal w/drawal symp from matern use of drugs of addiction
'T400X1A'	Poisoning by opium, accidental (unintentional), init encntr
'T400X2A'	Poisoning by opium, intentional self-harm, initial encounter
'T400X3A'	Poisoning by opium, assault, initial encounter
'T400X4A'	Poisoning by opium, undetermined, initial encounter
'T400X5A'	Adverse effect of opium, initial encounter
'T401X1A'	Poisoning by heroin, accidental (unintentional), init encntr
'T401X2A'	Poisoning by heroin, intentional self-harm, init encntr
'T401X3A'	Poisoning by heroin, assault, initial encounter
'T401X4A'	Poisoning by heroin, undetermined, initial encounter
'T401X5A'	Adverse effect of heroin initial encounter
'T402X2A'	Poisoning by oth opioids, intentional self-harm, init encntr
'T403X2A'	Poisoning by methadone, intentional self-harm, init encntr
'T404X2A'	Poisoning by oth synthetic narcotics, self-harm, init
'T40602A'	Poisoning by unsp narcotics, intentional self-harm, init
'T40692A'	Poisoning by oth narcotics, intentional self-harm, init
'F1910'	Other psychoactive substance abuse, uncomplicated
'F19120'	Oth psychoactive substance abuse w intoxication, uncomp
'F19121'	Oth psychoactive substance abuse with intoxication delirium
'F19122'	Oth psychoactv substance abuse w intox w perceptual disturb
'F19129'	Other psychoactive substance abuse with intoxication, unsp
'F1914'	Oth psychoactive substance abuse w mood disorder
'F19150'	Oth psychoactv substance abuse w psych disorder w delusions

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F19151'	Oth psychoactv substance abuse w psych disorder w hallucin
'F19159'	Oth psychoactive substance abuse w psychotic disorder, unsp
'F1916'	Oth psychoactv substance abuse w persist amnestic disorder
'F1917'	Oth psychoactive substance abuse w persisting dementia
'F19180'	Oth psychoactive substance abuse w anxiety disorder
'F19181'	Oth psychoactive substance abuse w sexual dysfunction
'F19182'	Oth psychoactive substance abuse w sleep disorder
'F19188'	Oth psychoactive substance abuse w oth disorder
'F1919'	Oth psychoactive substance abuse w unsp disorder
'F1920'	Other psychoactive substance dependence, uncomplicated
'F19220'	Oth psychoactive substance dependence w intoxication, uncomp
'F19221'	Oth psychoactive substance dependence w intox delirium
'F19222'	Oth psychoactv substance depend w intox w perceptual disturb
'F19229'	Oth psychoactive substance dependence w intoxication, unsp
'F19230'	Oth psychoactive substance dependence w withdrawal, uncomp
'F19231'	Oth psychoactive substance dependence w withdrawal delirium
'F19232'	Oth psychoactv sub depend w w/drowal w perceptl disturb
'F19239'	Oth psychoactive substance dependence with withdrawal, unsp
'F1924'	Oth psychoactive substance dependence w mood disorder
'F19250'	Oth psychoactv substance depend w psych disorder w delusions

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F19251'	Oth psychoactv substance depend w psych disorder w hallucin
'F19259'	Oth psychoactv substance depend w psychotic disorder, unsp
'F1926'	Oth psychoactv substance depend w persist amnestic disorder
'F1927'	Oth psychoactive substance dependence w persisting dementia
'F19280'	Oth psychoactive substance dependence w anxiety disorder
'F19281'	Oth psychoactive substance dependence w sexual dysfunction
'F19282'	Oth psychoactive substance dependence w sleep disorder
'F19288'	Oth psychoactive substance dependence w oth disorder
'F1929'	Oth psychoactive substance dependence w unsp disorder
'F1990'	Other psychoactive substance use, unspecified, uncomplicated
'F19920'	Oth psychoactive substance use, unsp w intoxication, uncomp
'F19921'	Oth psychoactive substance use, unsp w intox w delirium
'F19922'	Oth psychoactv sub use, unsp w intox w perceptl disturb
'F19929'	Oth psychoactive substance use, unsp with intoxication, unsp
'F19930'	Oth psychoactive substance use, unsp w withdrawal, uncomp
'F19931'	Oth psychoactive substance use, unsp w withdrawal delirium
'F19932'	Oth psychoactv sub use, unsp w w/drowal w perceptl disturb
'F19939'	Other psychoactive substance use, unsp with withdrawal, unsp
'F1994'	Oth psychoactive substance use, unsp w mood disorder
'F19950'	Oth psychoactv sub use, unsp w psych disorder w delusions
'F19951'	Oth psychoactv sub use, unsp w psych disorder w hallucin

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F19959'	Oth psychoactv substance use, unsp w psych disorder, unsp
'F1996'	Oth psychoactv sub use, unsp w persist amnestic disorder
'F1997'	Oth psychoactive substance use, unsp w persisting dementia
'F19980'	Oth psychoactive substance use, unsp w anxiety disorder
'F19981'	Oth psychoactive substance use, unsp w sexual dysfunction
'F19982'	Oth psychoactive substance use, unsp w sleep disorder
'F19988'	Oth psychoactive substance use, unsp w oth disorder
'F1999'	Oth psychoactive substance use, unsp w unsp disorder
'F550'	Abuse of antacids
'F551'	Abuse of herbal or folk remedies
'F552'	Abuse of laxatives
'F553'	Abuse of steroids or hormones
'F554'	Abuse of vitamins
'F558'	Abuse of other non-psychoactive substances
'F630'	Pathological gambling
'O355XX0'	Maternal care for (suspected) damage to fetus by drugs, unsp
'O355XX1'	Maternal care for damage to fetus by drugs, fetus 1
'O355XX2'	Maternal care for damage to fetus by drugs, fetus 2
'O355XX3'	Maternal care for damage to fetus by drugs, fetus 3
'O355XX4'	Maternal care for damage to fetus by drugs, fetus 4
'O355XX5'	Maternal care for damage to fetus by drugs, fetus 5
'O355XX9'	Maternal care for (suspected) damage to fetus by drugs, oth
'O99320'	Drug use complicating pregnancy, unspecified trimester
'O99321'	Drug use complicating pregnancy, first trimester

ICD-10-CM DIAGNOSIS	DESCRIPTION
'O99322'	Drug use complicating pregnancy, second trimester
'O99323'	Drug use complicating pregnancy, third trimester
'O99324'	Drug use complicating childbirth
'O99325'	Drug use complicating the puerperium
'P0449'	Newborn affected by maternal use of other drugs of addiction
'P962'	Withdrawal symptoms from therapeutic use of drugs in newborn
'F1310'	Sedative, hypnotic or anxiolytic abuse, uncomplicated
'F13120'	Sedatv/hyp/anxiolytc abuse w intoxication, uncomplicated
'F13121'	Sedatv/hyp/anxiolytc abuse w intoxication delirium
'F13129'	Sedative, hypnotic or anxiolytic abuse w intoxication, unsp
'F1314'	Sedative, hypnotic or anxiolytic abuse w mood disorder
'F13150'	Sedatv/hyp/anxiolytc abuse w psychotic disorder w delusions
'F13151'	Sedatv/hyp/anxiolytc abuse w psychotic disorder w hallucin
'F13159'	Sedatv/hyp/anxiolytc abuse w psychotic disorder, unsp
'F13180'	Sedative, hypnotic or anxiolytic abuse w anxiety disorder
'F13181'	Sedative, hypnotic or anxiolytic abuse w sexual dysfunction
'F13182'	Sedative, hypnotic or anxiolytic abuse w sleep disorder
'F13188'	Sedative, hypnotic or anxiolytic abuse w oth disorder
'F1319'	Sedative, hypnotic or anxiolytic abuse w unsp disorder
'F1320'	Sedative, hypnotic or anxiolytic dependence, uncomplicated
'F13220'	Sedatv/hyp/anxiolytc dependence w intoxication, uncomp
'F13221'	Sedatv/hyp/anxiolytc dependence w intoxication delirium
'F13229'	Sedatv/hyp/anxiolytc dependence w intoxication, unsp

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F13230'	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated
'F13231'	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
'F13232'	Sedatv/hyp/anxiolytc depend w w/drowal w perceptual disturb
'F13239'	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
'F1324'	Sedative, hypnotic or anxiolytic dependence w mood disorder
'F13250'	Sedatv/hyp/anxiolytc depend w psychotic disorder w delusions
'F13251'	Sedatv/hyp/anxiolytc depend w psychotic disorder w hallucin
'F13259'	Sedatv/hyp/anxiolytc dependence w psychotic disorder, unsp
'F1326'	Sedatv/hyp/anxiolytc depend w persisting amnestic disorder
'F1327'	Sedatv/hyp/anxiolytc dependence w persisting dementia
'F13280'	Sedatv/hyp/anxiolytc dependence w anxiety disorder
'F13281'	Sedatv/hyp/anxiolytc dependence w sexual dysfunction
'F13282'	Sedative, hypnotic or anxiolytic dependence w sleep disorder
'F13288'	Sedative, hypnotic or anxiolytic dependence w oth disorder
'F1329'	Sedative, hypnotic or anxiolytic dependence w unsp disorder
'F1390'	Sedative, hypnotic, or anxiolytic use, unsp, uncomplicated
'F13920'	Sedatv/hyp/anxiolytc use, unsp w intoxication, uncomplicated
'F13921'	Sedatv/hyp/anxiolytc use, unsp w intoxication delirium
'F13929'	Sedatv/hyp/anxiolytc use, unsp w intoxication, unsp
'F13930'	Sedatv/hyp/anxiolytc use, unsp w withdrawal, uncomplicated
'F13931'	Sedatv/hyp/anxiolytc use, unsp w withdrawal delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F13932'	Sedativ/hyp/anxiolytic use, unsp w w/drawal w perceptl disturb
'F13939'	Sedativ/hyp/anxiolytic use, unsp w withdrawal, unsp
'F1394'	Sedative, hypnotic or anxiolytic use, unsp w mood disorder
'F13950'	Sedativ/hyp/anxiolytic use, unsp w psych disorder w delusions
'F13951'	Sedativ/hyp/anxiolytic use, unsp w psych disorder w hallucin
'F13959'	Sedativ/hyp/anxiolytic use, unsp w psychotic disorder, unsp
'F1396'	Sedativ/hyp/anxiolytic use, unsp w persist amnestic disorder
'F1397'	Sedativ/hyp/anxiolytic use, unsp w persisting dementia
'F13980'	Sedativ/hyp/anxiolytic use, unsp w anxiety disorder
'F13981'	Sedativ/hyp/anxiolytic use, unsp w sexual dysfunction
'F13982'	Sedative, hypnotic or anxiolytic use, unsp w sleep disorder
'F13988'	Sedative, hypnotic or anxiolytic use, unsp w oth disorder
'F1399'	Sedative, hypnotic or anxiolytic use, unsp w unsp disorder
'F1410'	Cocaine abuse, uncomplicated
'F14120'	Cocaine abuse with intoxication, uncomplicated
'F14121'	Cocaine abuse with intoxication with delirium
'F14122'	Cocaine abuse with intoxication with perceptual disturbance
'F14129'	Cocaine abuse with intoxication, unspecified
'F1414'	Cocaine abuse with cocaine-induced mood disorder
'F14150'	Cocaine abuse w cocaine-induc psychotic disorder w delusions
'F14151'	Cocaine abuse w cocaine-induc psychotic disorder w hallucin
'F14159'	Cocaine abuse with cocaine-induced psychotic disorder, unsp
'F14180'	Cocaine abuse with cocaine-induced anxiety disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F14181'	Cocaine abuse with cocaine-induced sexual dysfunction
'F14182'	Cocaine abuse with cocaine-induced sleep disorder
'F14188'	Cocaine abuse with other cocaine-induced disorder
'F1419'	Cocaine abuse with unspecified cocaine-induced disorder
'F1420'	Cocaine dependence, uncomplicated
'F14220'	Cocaine dependence with intoxication, uncomplicated
'F14221'	Cocaine dependence with intoxication delirium
'F14222'	Cocaine dependence w intoxication w perceptual disturbance
'F14229'	Cocaine dependence with intoxication, unspecified
'F1423'	Cocaine dependence with withdrawal
'F1424'	Cocaine dependence with cocaine-induced mood disorder
'F14250'	Cocaine depend w cocaine-induc psych disorder w delusions
'F14251'	Cocaine depend w cocaine-induc psychotic disorder w hallucin
'F14259'	Cocaine dependence w cocaine-induc psychotic disorder, unsp
'F14280'	Cocaine dependence with cocaine-induced anxiety disorder
'F14281'	Cocaine dependence with cocaine-induced sexual dysfunction
'F14282'	Cocaine dependence with cocaine-induced sleep disorder
'F14288'	Cocaine dependence with other cocaine-induced disorder
'F1429'	Cocaine dependence with unspecified cocaine-induced disorder
'F1490'	Cocaine use, unspecified, uncomplicated
'F14920'	Cocaine use, unspecified with intoxication, uncomplicated
'F14921'	Cocaine use, unspecified with intoxication delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F14922'	Cocaine use, unsp w intoxication with perceptual disturbance
'F14929'	Cocaine use, unspecified with intoxication, unspecified
'F1494'	Cocaine use, unspecified with cocaine-induced mood disorder
'F14950'	Cocaine use, unsp w cocaine-induc psych disorder w delusions
'F14951'	Cocaine use, unsp w cocaine-induc psych disorder w hallucin
'F14959'	Cocaine use, unsp w cocaine-induced psychotic disorder, unsp
'F14980'	Cocaine use, unsp with cocaine-induced anxiety disorder
'F14981'	Cocaine use, unsp with cocaine-induced sexual dysfunction
'F14982'	Cocaine use, unspecified with cocaine-induced sleep disorder
'F14988'	Cocaine use, unspecified with other cocaine-induced disorder
'F1499'	Cocaine use, unsp with unspecified cocaine-induced disorder
'F1510'	Other stimulant abuse, uncomplicated
'F15120'	Other stimulant abuse with intoxication, uncomplicated
'F15121'	Other stimulant abuse with intoxication delirium
'F15122'	Oth stimulant abuse w intoxication w perceptual disturbance
'F15129'	Other stimulant abuse with intoxication, unspecified
'F1514'	Other stimulant abuse with stimulant-induced mood disorder
'F15150'	Oth stimulant abuse w stim-induce psych disorder w delusions
'F15151'	Oth stimulant abuse w stim-induce psych disorder w hallucin
'F15159'	Oth stimulant abuse w stim-induce psychotic disorder, unsp
'F15180'	Oth stimulant abuse with stimulant-induced anxiety disorder
'F15181'	Oth stimulant abuse w stimulant-induced sexual dysfunction

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F15182'	Other stimulant abuse with stimulant-induced sleep disorder
'F15188'	Other stimulant abuse with other stimulant-induced disorder
'F1519'	Other stimulant abuse with unsp stimulant-induced disorder
'F1520'	Other stimulant dependence, uncomplicated
'F15220'	Other stimulant dependence with intoxication, uncomplicated
'F15221'	Other stimulant dependence with intoxication delirium
'F15222'	Oth stimulant dependence w intox w perceptual disturbance
'F15229'	Other stimulant dependence with intoxication, unspecified
'F1523'	Other stimulant dependence with withdrawal
'F1524'	Oth stimulant dependence w stimulant-induced mood disorder
'F15250'	Oth stim depend w stim- induce psych disorder w delusions
'F15251'	Oth stimulant depend w stim- induce psych disorder w hallucin
'F15259'	Oth stimulant depend w stim- induce psychotic disorder, unsp
'F15280'	Oth stimulant dependence w stim- induce anxiety disorder
'F15281'	Oth stimulant dependence w stim- induce sexual dysfunction
'F15282'	Oth stimulant dependence w stimulant-induced sleep disorder
'F15288'	Oth stimulant dependence with oth stimulant-induced disorder
'F1529'	Oth stimulant dependence w unsp stimulant-induced disorder
'F1590'	Other stimulant use, unspecified, uncomplicated
'F15920'	Other stimulant use, unsp with intoxication, uncomplicated
'F15921'	Other stimulant use, unspecified with intoxication delirium

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F15922'	Oth stimulant use, unsp w intox w perceptual disturbance
'F15929'	Other stimulant use, unsp with intoxication, unspecified
'F1594'	Oth stimulant use, unsp with stimulant-induced mood disorder
'F15950'	Oth stim use, unsp w stim-induce psych disorder w delusions
'F15951'	Oth stim use, unsp w stim-induce psych disorder w hallucin
'F15959'	Oth stimulant use, unsp w stim-induce psych disorder, unsp
'F15980'	Oth stimulant use, unsp w stimulant-induced anxiety disorder
'F15981'	Oth stimulant use, unsp w stim-induce sexual dysfunction
'F15982'	Oth stimulant use, unsp w stimulant-induced sleep disorder
'F15988'	Oth stimulant use, unsp with oth stimulant-induced disorder
'F1599'	Oth stimulant use, unsp with unsp stimulant-induced disorder
'P0441'	Newborn affected by maternal use of cocaine
'T405X1A'	Poisoning by cocaine, accidental (unintentional), init
'T405X3A'	Poisoning by cocaine, assault, initial encounter
'T405X4A'	Poisoning by cocaine, undetermined, initial encounter
'T405X5A'	Adverse effect of cocaine, initial encounter

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50301024

Measure Title: Emergency department visits with a principal diagnosis related to co-occurring of mental health, alcohol and substance abuse, per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, patient location, median household income of the patient's ZIP Code, region of hospital

Data Source: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population age 18 and over

Numerator: Emergency department visits in the U.S. with a principal diagnosis related to mental health disorders and a secondary diagnosis related to substance use, or a first-listed diagnosis related to substance use and a secondary diagnosis related to mental health disorders (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM coding for mental health disorders listed under measure specification ID HCUP_52; ICD-10-CM coding for substance use listed under measure specification ID HCUP_53. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 050301031

Measure Title: Emergency department visits with a first-listed diagnosis related to dental conditions per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, patient location, median household income of the patient's ZIP Code

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population, all ages

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis related to dental conditions defined using ICD-10-CM diagnosis codes of K000, K001, K002, K003, K004, K005, K006, K007, K008, K009, K010, K011, K023, K0251, K0252, K0253, K0261, K0262, K0263, K027, K029, K030, K031, K032, K033, K034, K035, K036, K037, K0381, K0389, K039, K0401, K0402, K041, K042, K043, K044, K045, K046, K047, K048, K0490, K0499, K0500, K0501, K0510, K0511, K0520, K05211, K05212, K05213, K05219, K05221, K05222, K05223, K05229, K0530, K05311, K05312, K05313, K05319, K05321, K05322, K05323, K05329, K054, K055, K056, K06010, K06011, K06012, K06013, K06020, K06021, K06022, K06023, K061, K062, K063, K068, K069.

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50301041

Measure Title: Emergency department visits for asthma per 100,000 population (including inpatient admissions), ages 18-39

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Sex, patient location, median household income of the patient's ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS) and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population ages 18 to 39

Numerator: Number of emergency department visits with a first-listed diagnosis of asthma

Comments: The AHRQ QI software requires asthma to be the first-listed diagnosis. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 050301042

Measure Title: Emergency department visits for asthma per 100,000 population (including inpatient admissions), ages 2-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, patient location, median household income of patient's ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS), and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population ages 2 to 17

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis of asthma

Comments: The AHRQ PDI software requires that asthma must be the first-listed diagnosis and the following cases are excluded: admissions with cystic fibrosis or anomalies of the respiratory system, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50301043

Measure Title: Emergency department visits for asthma per 10,000 population, ages 2-19

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Description:

Geographic representation: National

Years available: 2006-2008 to 2015-2017

Population characteristics: Age, sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, NHAMCS

Denominator: U.S. civilian population ages 2-19

Numerator: Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 2-19

Comments: Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with the guidance in 2009 NHAMCS Public Use Data File documentation, available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

Measure ID: 50301044

Measure Title: Emergency department visits for asthma per 10,000 population, ages 2-9

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Description:

Geographic representation: National

Years available: 2007-2009 to 2015-2017

Population characteristics: Sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, (NHAMCS)

Denominator: U.S. civilian population ages 2-9

Numerator: Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 2-9

Comments: Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with the guidance in 2009 NHAMCS Public Use Data File documentation, available at: https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

Measure ID: 50301045

Measure Title: Emergency department visits for asthma per 10,000 population, ages 10-19

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Description:

Geographic representation: National

Years available: 2007-2009 to 2015-2017

Population characteristics: Sex, race, ethnicity, location of patient residence

Data Sources: CDC, NCHS, NHAMCS

Denominator: U.S. civilian population ages 10-19

Numerator: Number of visits to an emergency department with a first-listed diagnosis of asthma among children ages 10-19

Comments: Rates were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. For emergency visits, asthma was identified by ICD-9-CM codes 493.0, 493.1, 493.2, 493.8, or 493.9; or ICD-10 codes J4520, J4521, J4522, J4530, J4531, J4532, J4540, J4541, J4542, J4550, J4551, J4552, J45901, J45902, J45909, J45990, J45991, or J45998. Excludes patients not seen by a physician, who left before being seen, or were dead on arrival. A proportion of visit data were missing for ethnicity. Missing data were imputed consistent with the guidance in 2009 NHAMCS Public Use Data File documentation, available at:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

5.4 Preventable Hospitalizations

Measure ID: 50401011

Measure Title: Hospital admissions for uncontrolled diabetes without complications per 100,000 population, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population, age 18 years and over

Numerator: Hospital admissions of adults age 18 and over with discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

Comments: Obstetric admissions and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401021

Measure Title: Hospital admissions for short-term complications of diabetes per 100,000 population, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Adult discharges age 18 and over with a principal diagnosis of diabetes with short-term complications

Comments: The AHRQ PQI software requires diabetes to be the principal diagnosis and short-term complications include ketoacidosis, hyperosmolarity, and coma. Transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file

was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401022

Measure Title: Hospital admissions for short-term complications of diabetes per 100,000 population, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Description:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population ages 6-17

Numerator: Pediatric discharges ages 6-17 with a principal diagnosis of diabetes with short-term complications. Consistent with the AHRQ PDI software, diabetes must be the principal diagnosis and short-term complications include ketoacidosis, hyperosmolarity, and coma. Transfers from other institutions are excluded.

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of

uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401031

Measure Title: Hospital admissions with diabetes for long-term complications per 100,000 population, adults

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Hospitalization of adults age 18 and over with hospital inpatient discharges with a principal diagnosis code for diabetes with long-term complications

Comments: The AHRQ PQI software requires diabetes to be the principal diagnosis and long-term complications include renal, eye, neurologic, circulatory, and other unspecified complications. Transfers from other institutions and obstetric admissions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401041

Measure Title: Hospital admissions for lower extremity amputations among admissions for diabetes per 100,00 population, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of adults age 18 and older

Numerator: Hospitalizations of adults with a procedure for lower-extremity amputation and a diagnosis of diabetes

Comments: The AHRQ PQI software requires a procedure code for lower-extremity amputation and a diagnosis of diabetes to be present. Exclusions include admissions for toe amputation or traumatic amputations of the lower extremity, obstetric discharges, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary

procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401071

Measure Title: Hospital admissions for asthma per 100,000 population, ages 18-39

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Sex, race/ethnicity, location of residence, median household income of patient's ZIP Code, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of adults age 18 to 39

Numerator: Hospitalization of adults ages 18-39 with hospital inpatient discharges with a principal diagnosis code of asthma

Comments: The AHRQ PQI software requires asthma to be the principal diagnosis on admissions ages 18 to 39 years old, and the following cases are excluded: admissions with cystic fibrosis or anomalies of the respiratory system and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50401072

Measure Title: Hospital admissions for asthma per 100,000 population, ages 2-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, location of residence, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of adults ages 2 to 17

Numerator: Hospitalization of children ages 2-17 with a principal diagnosis code of asthma

Comments: The AHRQ PDI software requires asthma to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of

Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients

Measure ID: 50501031

Measure Title: Emergency department visits for heart failure (HF) per 100,000 population (including inpatient admissions), age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, median household income of the patient's ZIP Code, location of residence, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and Nationwide Emergency Department Sample (NEDS), and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Number of hospitalizations or emergency department visits for heart failure (HF)

Comments: Consistent with the AHRQ PQI software, HF must be the principal diagnosis and the following are excluded: admissions with cardiac procedures and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including people covered by Medicare, Medicaid, and private insurance, as well as uninsured people. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals¹ in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred

¹ Community hospitals are defined by the AHA as “all non-Federal, short-term, general, and other specialty hospitals, excluding hospital units of institutions open to the public.” Specialty hospitals included in the AHA definition of “community hospitals” are: obstetrics-gynecology, ear-nose-throat, short-term rehabilitation, orthopedic, and pediatric institutions. Community hospitals can include rehabilitation and long-term acute care (LTAC) facilities. These facilities can provide acute care services to patients who need long term hospitalization). Excluded from the AHA definition of “community hospitals” are long-term non-acute care hospitals, psychiatric hospitals, and alcoholism/chemical dependency treatment facilities.

in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50501042

Measure Title: Home health care patients who had an emergency department visit and then hospitalized

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes for which the emergency department use is unknown at transfer or discharge, the episode of care ended in death at home

Numerator: Number of home health quality episodes where the transfer to inpatient facility assessment indicates the patient required emergency medical treatment from a hospital emergency department, with hospital admission

Comments: Further information about HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/> The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

5.7 Supportive and Palliative Care

Measure ID: 50701011

Measure Title: Home health care patients who had an emergency department visit without a hospitalization

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Source: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health stays that begin during the 12-month observation period

Numerator: Subset of the denominator with a Medicare claim for outpatient emergency department use and no claims for acute care hospitalization in the 60 days following the start of the home health stay

Comments: Further information about HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 50701021

Measure Title: Home health care patients who had to be admitted to the hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Source: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the reporting period, excluding episodes that end in patient death

Numerator: Number of home health quality episodes for which the assessment completed at the conclusion of the episode indicates the patient was admitted to a hospital for a reason other than a scheduled treatment or procedure

Comments: Hospitalization may be for emergent, urgent, or elective conditions. Further information about risk adjustment and the HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 50701031

Measure Title: Home health patients who had timely initiation of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Source: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with discharge, death, or transfer to inpatient facility during the year

Numerator: Number of home health quality episodes in which the start or resumption of care date was either on the physician-specified date or within 2 days of the referral date or inpatient discharge date, whichever is later

Comments: Further information about the timely care can be found from CMS's specification, "Home-Health-QRP-Timely-Care-Specifications-February-2018.pdf". The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted. This measure retired since 2019 QDR.

Measure ID: 50701041

Measure Title: Adults who reported that home health providers always seem informed and up-to-date about all the cares or treatments they got at home in the last 2 months of care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAPHS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Age, ethnicity/race, education, language spoken at home

Data Sources: CMS, HHCAPHS

Denominator: Adult home health patients age 18 and over who provided a valid response to the question, "In the last 2 months of care, how often did home health providers from this agency seem informed and up-to-date about all the care or treatment you got at home?" Non-respondents and respondents indicating "only had one provider in the last 2 months of care" were excluded.

Numerator: Subset of the denominator who responded "always" to the above question.

5.8 Potentially Avoidable Admissions

Measure ID: 50801011

Measure Title: Hospital admissions for hypertension per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Number of hospitalizations with principal diagnosis of hypertension, excluding patients with cardiac procedures, obstetric admissions, and transfers from other institutions

Comments: The AHRQ PQI software requires hypertension to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50801031

Measure Title: Hospital admissions for chronic obstructive pulmonary disease or asthma per 100,000 population, adults age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 40 and over

Numerator: Adults age 40 and over with hospital admissions and principal diagnosis of COPD, asthma, or acute bronchitis with COPD as a secondary diagnosis

Comments: The AHRQ PQI software requires the principal diagnosis to be COPD, asthma, or acute bronchitis with COPD as a secondary diagnosis. Transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50801041

Measure Title: Hospital admissions for bacterial pneumonia per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Adults age 18 and over with hospital admissions and with a principal diagnosis of bacterial pneumonia, excluding sickle cell or hemoglobin-S conditions, and transfers from other institutions

Comments: The AHRQ PQI software requires bacterial pneumonia to be the principal diagnosis. Admissions for sickle cell disease or HB-S disease, admissions in an immunocompromised state, and transfers from other institutions are excluded. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50801051

Measure Title: Hospital admissions for urinary tract infection (UTI) per 100,000 population, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of adults age 18 and older

Numerator: Hospital admissions of adults with a principal diagnosis of UTI

Comments: The AHRQ PQI software requires UTI to be the principal diagnosis and exclusions include the following: admissions with kidney or urinary tract disorders, admissions in an immunocompromised state, and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50801052

Measure Title: Hospital admissions for urinary tract infection (UTI) per 100,000 population, ages 3 months to 17 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of children ages 3 months to 17 years

Numerator: Hospital inpatient discharges with a principal diagnosis of UTI in the denominator

Comments: The AHRQ PDI software require UTI to be the principal diagnosis. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 50801061

Measure Title: Hospital admissions for pediatric gastroenteritis per 100,000 population, ages 3 months to 17 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of children ages 3 months to 17 years

Numerator: Hospital inpatient discharges of children ages 3 months to 17 years with a principal diagnosis or a secondary diagnosis with a principal diagnosis of dehydration

Comments: The AHRQ PDI software requires gastroenteritis to be the principal diagnosis or a secondary diagnosis with a principal diagnosis of dehydration. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The

two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

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Chapter 6. Effectiveness of Care

6.1 Cancer

6.1.1 Breast Cancer

Measure ID: 60101011

Measure Title: Women with clinical Stage I-IIb breast cancer who received axillary node dissection or sentinel lymph node biopsy at the time of breast cancer surgery (lumpectomy or mastectomy)

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women age 18 and over with stage I/IIb breast cancer who were surgically treated by breast-conserving surgery or mastectomy

Numerator: The subset of the denominator who received lymph node surgery (axillary node dissection or sentinel lymph node biopsy) at the time of their breast cancer surgery

Comments: Women with evidence of metastatic tumor (stage IV) are excluded.

Measure ID: 60101021

Measure Title: Women under age 70 treated for breast cancer with breast-conserving surgery who received radiation therapy to the breast within 1 year of diagnosis

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women under age 70 with American Joint Committee on Cancer (AJCC) stage I, II, or III primary invasive epithelial breast cancer that was surgically treated by breast-conserving surgery. Breast cancer diagnoses are known or assumed first or only cancer diagnosis, and patients were known to be alive within 1 year of their diagnosis.

Numerator: Subset of denominator for whom radiation therapy to the breast was initiated within 1 year of date of diagnosis

Comments: Breast-conserving surgery is defined for this measure as surgical excision less than mastectomy. Includes only women who received all or part of their first course of treatment at a facility with a CoC-accredited cancer program.

Measure ID: 60101031

Measure Title: Breast cancer deaths per 100,000 female population per year

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. female resident population

Numerator: Number of female deaths per year due to breast cancer

Comments: This measure is referred to as measure C-3 in Healthy People 2020 documentation. Respondents for whom age is not reported are excluded from numerators.

Measure ID: 60101041

Measure Title: Radiation therapy was recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer for women with 4 or more positive regional lymph nodes

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women with diagnosis of breast cancer and with 4 or more positive regional lymph nodes, excluding manually censored cases and metastatic disease

Numerator: Subset of denominator for whom Radiation therapy was recommended or administered following any mastectomy within 1 year of diagnosis of breast cancer

Comments: NCDB refers this measure as MASTRT.

There is consensus that post-mastectomy radiation should be recommended for women with breast cancer and with ≥ 4 positive regional lymph nodes. Numerous studies have shown a significant reduction in locoregional recurrence rates, disease-free survival rates, and even overall survival with this adjuvant therapy. As a result of this proven benefit, guidelines from both the American Society of Clinical Oncology (ASCO) and the National Comprehensive Cancer Network (NCCN) include this recommendation, which was also adopted by the Quality Integration Committee of the Commission on Cancer in May of 2012.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

Measure ID: 60101051

Measure Title: Tamoxifen or third generation aromatase inhibitor was recommended or administered within 1 year of diagnosis for women with AJCC T1cN0M0 or stage IB to stage III hormone receptor-positive breast cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women with diagnosis of AJCC T1cN0M0 or stage IB to stage III hormone receptor-positive breast cancer

Numerator: Subset of denominator for whom hormone therapy administered within 365 days following diagnosis or hormone therapy recommended, but not administered

Comments: NCDB refers this measure as HT or NQF # 0220.

There is extensive evidence that hormone (endocrine) therapy with hormone receptor positive breast cancer reduces the risk of local recurrence, contralateral breast cancer, distant recurrence, and death. Measure specifies use of Tamoxifen or third-generation aromatase inhibitor rather than specifying Tamoxifen for premenopausal and aromatase inhibitor for postmenopausal because of (a) difficulty in clearly identifying from records or administrative data the menopause status, and (b) variation in appropriate use of Tamoxifen in postmenopausal women and some reasonable use of aromatase inhibitor in premenopausal women with the use of ovarian suppression.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

Measure ID: 60101061

Measure Title: Combination chemotherapy was recommended or administered within 4 months of diagnosis for women under 70 with AJCC T1cN0M0 or Stage IB-III hormone receptor negative breast cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women under 70 with AJCC T1cN0M0 or Stage IB-III hormone receptor negative breast cancer, excluding pathologic evidence of in situ or metastatic disease

Numerator: Subset of denominator for whom combination chemotherapy was recommended or administered within 4 months of diagnosis

Comments: NCDB refers this measure as MAC.

There is extensive documentation of the benefit of multi-agent chemotherapy in women with hormone receptor negative breast cancer. Chemotherapy reduces the risk of distant disease recurrence and death by about one-third. The restriction to women under age 70 is because this measure is for the purpose of provider accountability. There are limited data in women over age 70 to guide recommendations, and a higher fraction of these women have reasons to omit chemotherapy, including co-morbidity.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), BREAST MEASURE SPECIFICATIONS has more information.

6.1.2 Cervical Cancer

Measure ID: 60102011

Measure Title: Radiation therapy was completed within 60 days of initiation of radiation among women diagnosed with any stage of cervical cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women diagnosed with any stage of cervical cancer, excluding pathologic evidence of in situ or metastatic disease

Numerator: Subset of denominator for whom radiation therapy was completed within 60 days of initiation of radiation

Comments: NCDB refers this measure as CERRT.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), CERVIX MEASURE SPECIFICATIONS has more information.

Measure ID: 60102021

Measure Title: Use of brachytherapy in patients treated with primary radiation with curative intent in any stage of cervical cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women diagnosed with any stage of cervical cancer and treated with primary radiation with curative intent

Numerator: Subset of denominator for whom radiation therapy was completed within 60 days of initiation of radiation

Comments: Although not fully documented in the literature, it is clear that radiation oncologists are using IMRT as a “replacement” for brachytherapy. Experts in cervical cancer routinely state that intracavitary brachytherapy for the treatment of locally advanced cervical cancer is perhaps the most important component of treatment and local disease control. Substituting IMRT for brachytherapy or omitting it entirely puts the patient at substantial risk of local recurrence and failure.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), CERVIX MEASURE SPECIFICATIONS has more information.

6.1.3 Colorectal Cancer

Measure ID: 60103011

Measure Title: Patients with colon cancer who received surgical resection of colon cancer that included at least 12 lymph nodes pathologically examined

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2004 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Adults age 18 and over with AJCC stage I, II, or III primary invasive epithelial colon cancer that underwent surgical resection (surgery more than local excision). Colon cancer diagnoses are known or assumed first or only cancer diagnosis.

Measure ID: 60103021

Measure Title: Colorectal cancer deaths per 100,000 population per year

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population

Numerator: Number of deaths per year due to colorectal cancer

Comments: This measure is referred to as measure C-5 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

Numerator: Subset of denominator with 12 or more regional lymph nodes pathologically examined

Comments: Staging describes the severity of a person's cancer based on the extent of the original (primary) tumor and whether cancer has spread in the body. Higher numbers indicate more extensive disease. Stage I, II, and III cancers indicate a larger tumor size or spread of the cancer beyond the organ in which it first developed to nearby lymph nodes or organs adjacent to the location of the primary tumor.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), COLON MEASURE SPECIFICATIONS has more information.

Measure ID: 60103031

Measure Title: Adjuvant chemotherapy was recommended or administered within 4 months of diagnosis for patients under the age of 80 with AJCC Stage III lymph node positive colon cancer

Measure Source: Commission on Cancer (CoC), American College of Surgeons (ACoS) and American Cancer Society (ACS), National Cancer Data Base (NCDB)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2017

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Adults ages 18-79 and over with AJCC Stage III lymph node positive colon cancer. Colon cancer diagnoses are known or assumed first or only cancer diagnosis

Numerator: Subset of denominator for whom adjuvant chemotherapy was recommended or administered within 4 months of diagnosis

Comments: There are substantial data that there is underuse and wide variation in the use of chemotherapy with Stage III colon cancer.

NCDB Cancer Programs Practice Profile Reports (CP3R) Rapid Quality Reporting System (RQRS), COLON MEASURE SPECIFICATIONS has more information.

6.1.4 Other Cancers

Measure ID: 60104011

Measure Title: Cancer deaths per 100,000 population per year for all cancers

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population

Numerator: Number of deaths per year due to any type of cancer

Comments: This measure is referred to as measure C-1 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

Measure ID: 60104031

Measure Title: Lung cancer deaths per 100,000 population per year

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population

Numerator: Number of deaths per year due to lung cancer

Comments: This measure is referred to as measure C-2 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

6.2 Cardiovascular Disease

6.2.1 Prevention of Heart Disease

Measure ID: 60201011

Measure Title: Adults with hypertension with blood pressure less than 140/90 mm/Hg

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: U.S. civilian noninstitutionalized adults age 18 and over with high blood pressure/hypertension, excluding pregnant women

Numerator: Subset of denominator whose mean systolic blood pressure is less than 140 mm Hg and mean diastolic blood pressure is less than 90 mm Hg

Comments: Controlled hypertension is defined as having an average blood pressure reading of < 140/90 mm/Hg. Percentages are age adjusted to the 2000 U.S. standard population, except where indicated, using three age groups: 18-39, 40-59, and 60 and over. This measure is referred to as measure HDS-12 in Healthy People 2020 documentation.

6.2.2 Treatment of Heart Attack

Measure ID: 060202011

Measure Title: Deaths per 1,000 adult hospital admissions with acute myocardial infarction (AMI)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All hospital inpatient discharges among people age 18 and over with a principal diagnosis of AMI. Excluded from the denominator are obstetric admissions and patients transferring to another short-term hospital or missing a discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 60202041

Measure Title: Median time in minutes outpatients with chest pain or possible heart attack from emergency department arrival to get electrocardiogram (ECG)

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of getting the electrocardiogram

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients get the electrocardiogram

Comments: This measure is referred as OP-5 by the HOQR program and was finalized to be removed for the 2021 (2Q2019-1Q2020) payment determination and subsequent years. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 60202051

Measure Title: Median time in minutes outpatients with chest pain or possible heart attack who got drugs to break up blood clots after arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of getting drugs to break up blood clots after arrival

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients get drugs to break up blood clots

Comments: This measure is referred as OP-1 by the HOQR program. This measure was removed from the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 60202061

Measure Title: Outpatients with chest pain or possible heart attack who received fibrinolytic therapy within 30 minutes of arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: Emergency department outpatients with chest pain or possible heart attack, excluding patients with missing ED arrival time or missing the time of receiving fibrinolytic therapy

Numerator: Subset of the denominator who received fibrinolytic therapy within 30 minutes of ER arrival

Comments: This measure is referred as OP-2 by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>.

Measure ID: 60202071

Measure Title: Median time in minutes before outpatients with chest pain or possible heart attack were transferred to another hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: Emergency department outpatients with chest pain or possible heart attack and were discharged or transferred to a short-term general hospital for inpatient care or to a federal healthcare facility, excluding patients under 18 years of age, patients who received fibrinolytic administration, or patients with missing ED arrival or transfer time

Numerator: Not applicable. The estimate is the median of time (in minutes) spent in the emergency department from ED arrival to the time patients were transferred

Comments: This measure is referred as OP-3B by the HOQR program. More information is available at <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalOutpatientQualityReportingProgram.html>. Excluded Populations:

- Patients less than 18 years of age
- Patients who have a Length of Stay greater than 120 days
- Patients with Comfort Measures Only documented
- Patients enrolled in clinical trials
- Patients admitted for Elective Carotid Intervention
- Patients discharged to another hospital
- Patients who left against medical advice
- Patients who expired
- Patients discharged to home for hospice care
- Patients discharged to a health care facility for hospice care
- Patients with a Reason for Not Prescribing Statin Medication at Discharge

Further information on this and other stroke measures can be found at <https://manual.jointcommission.org/releases/TJC2019A/MIF0131.html>

6.2.3 Treatment of Heart Failure

Measure ID: 060203021

Measure Title: Hospital admissions for heart failure per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population, age 18 years and over

Numerator: Hospital admissions of adults age 18 and over with a principal diagnosis of HF, excluding transfers from other institutions, and cases with cardiac procedure codes

Comments: The AHRQ PQI software requires heart failure to be the principal diagnosis and exclusions include the following: admissions with cardiac procedures and transfers from other institutions. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary

procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 60203031

Measure Title: Deaths per 1,000 adult hospital admissions with heart failure

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All discharges among people age 18 and over with principal diagnosis code of HF, excluding transfers to another short-term hospital, obstetric admissions, and cases with a missing discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

6.2.4 Surgery for Heart and Vascular Disease

Measure ID: 60204011

Measure Title: Deaths per 1,000 adult hospital admissions with abdominal aortic aneurysm (AAA) repair

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Discharges age 18 years and over with an AAA repair code in any procedure field and a diagnosis of AAA in any field, excluding obstetric admissions, transfers to another short-term hospital, and cases with a missing discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 60204021

Measure Title: Deaths per 1,000 hospital admissions with coronary artery bypass graft surgery (CABG), age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital inpatient discharges, age 40 and over, with a CABG in any procedure field, excluding obstetric admissions and transfers to another hospital

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 60204031

Measure Title: Deaths per 1,000 hospital admissions with percutaneous coronary intervention (PCI), age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: Hospital inpatient discharges, age 40 and over, with PCI in any procedure field, excluding obstetric admissions, transfers to another hospital, and cases with a missing discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the

PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

6.2.5 Stroke

Measure ID: 60205081

Measure Title: Ischemic or hemorrhagic stroke patients who came to the emergency department (ED) with stroke symptoms and received head CT or MRI who received the interpretation of the results within 45 minutes of ED arrival

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Outpatient Quality Reporting (HOQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: CMS, Hospital Quality Initiative, HOQR Program

Denominator: Number of emergency department acute ischemic stroke or hemorrhagic stroke patients arriving at the ED within 2 hours of the time last known well, with an order for a head CT or MRI scan

Numerator: subset of denominator of whose time from ED arrival to interpretation of the Head CT scan is within 45 minutes of arrival

Comments:

Patients who meet one or more of the following criteria are excluded from the denominator:

- Patients less than 18 years of age
- Patients who expired
- Patients who left the emergency department against medical advice or discontinued care or for whom the discharge location was not documented or unable to be determined (UTD).

Further information on this and other stroke measures can be found at https://cmit.cms.gov/CMIT_public/ViewMeasure?MeasureId=918.

6.3 Chronic Kidney Disease

6.3.1 Chronic Care of End Stage Renal Disease

Measure ID: 60301011

Measure Title: Adult end stage renal disease (ESRD) patients who saw a nephrologist at least 12 months prior to initiation of renal replacement therapy

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Description:

Geographic representation: National, State

Years available: State: 2012 to 2018

National: 2005 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: NIH, NIDDK, USRDS

Denominator: All incident ESRD patients age 18 and over with valid CMS-2728 Medical Evidence form, and a non-missing value for the question: did you see a nephrologist at all?

Numerator: Subset of the denominator who saw a nephrologist at least 12 months prior to initiation of renal replacement therapy

Comments: This measure is referred to as measure CKD-10 in Healthy People 2020 documentation. These analyses use data from the newest versions of the Medical Evidence form. The cohort includes incident ESRD patients, limited to those patients for whom it is known whether they saw a nephrologist prior to initiation.

Measure ID: 60301031

Measure Title: Ratio of observed deaths to expected deaths among Medicare hemodialysis patients

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Descriptions:

Geographic representation: State

Tears available: 2000 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

Data Sources: ESRD Integrated Data Sources used by UM-KECC

Denominator: Total number of expected deaths among dialysis patients in facilities in the state

Numerator: Total number of deaths among the population in the denominator. Deaths from street drugs or accidents unrelated to treatment are excluded

Comments: The expected number of deaths are adjusted for calendar year, patient age, race, ethnicity, sex, diabetes at incidence, duration of end-stage renal disease (ESRD), nursing home status, patient comorbidities at incidence, body mass index at onset of ESRD, and age-adjusted population death rates by state and race.

This measure compares the number of observed deaths in the state to the number of deaths that were expected based on national death rates during that year for patients with the same characteristics as those in the state (Wolfe, 1992). The SMR indicates whether patients treated in the state had higher or lower mortality than expected given the characteristics of patients treated in the state. Similarly, the degree to which the state's SMR varies from 1.00 is the degree to which it differs from the national death rates that year for patients with the same characteristics as those in the state.

For more information, see section VI of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

Measure ID: 60301041

Measure Title: Dialysis patients who were registered on a waiting list for transplantation

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2000 to 2017

Population characteristics: Age, sex, race/ethnicity

Data Sources: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Denominator: All incident end stage renal disease (ESRD) patients who are under the age of 70 at the initiation of ESRD, without a living donor available (i.e., patients receiving a living donor transplant are excluded)

Numerator: Subset of the denominator registered on the kidney transplant waiting list or have received a deceased-donor kidney within 1 year of their ESRD initiation date

Comments: This measure is referred to as measure CKD-12 in Healthy People 2020 documentation. The cohort includes incident ESRD patients who are younger than 70 at the initiation of ESRD, without a living donor available (i.e., patients receiving a living donor transplant are excluded). Patients are followed from ESRD certification to being placed on the deceased donor organ waiting list or receiving a deceased donor transplant, censoring at death or one year after initiation of ESRD. Percentages are calculated using the Kaplan-Meier methodology.

Measure ID: 60301051

Measure Title: Patients with treated chronic kidney failure who received a transplant within 3 years of date of renal failure

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2000 to 2015

Population characteristics: Age, sex, race/ethnicity

Data Sources: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Denominator: All incident ESRD patients who are younger than 70 at the initiation of ESRD

Numerator: Subset of the denominator that received a transplant within 3 years of renal failure

Comments: This measure is referred to as measure CKD-13.1 in Healthy People 2020 documentation. The cohort includes incident ESRD patients who are younger than 70 at the initiation of ESRD. Patients are followed from ESRD certification to transplant, censoring at

death or three years after initiation of ESRD. Percentages are calculated using the Kaplan-Meier methodology.

Measure ID: 60301061

Measure Title: Hemodialysis patients whose hemoglobin level is less than 10 g/dL

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Descriptions:

Geographic representation: National and State

Years available: 2015 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

Data Sources: ESRD Integrated Data Sources used by UM-KECC

Denominator: Total number of patient-months for patients who had end-stage renal disease (ESRD) for more than 90 days and were receiving hemodialysis in a facility in the state for at least one whole calendar month during the reporting period (i.e., “assigned” facility)

Numerator: The number of patient-months with a hemoglobin level less than 10 g/dL among the denominator population

Comments: The 2005-2015 data included Medicare dialysis patients and the 2016-2019 data includes all patients and is not restricted to Medicare patients.

For more information, see section XI of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

Measure ID: 6301071

Measure Title: Adult hemodialysis patients who use arteriovenous fistulas as the primary mode of vascular access

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Description:

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: NIH, NIDDK, USRDS

Denominator: Prevalent HD patients with a valid ESRD Medical Evidence CMS-2728 form, who are aged 18 and older

Numerator: Subset of denominator who use arteriovenous fistulas as the primary mode of vascular access

Comments: This measure is referred to as measure CKD-11.1 in Healthy People 2020 documentation. These analyses use data from CROWNWeb. The cohort includes prevalent HD patients with a valid ESRD Medical Evidence CMS 2728 form, who are aged 18 and older. Access type represents the last access type used in the year, according to CROWNWeb data.

6.4 Diabetes

6.4.1 Management of Diabetes

Measure ID: 60401011

Measure Title: Adults age 40 and over with diagnosed diabetes who received all four recommended services for diabetes in the calendar year (two or more hemoglobin A1c measurement, dilated eye examination, foot examination, and flu vaccination)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National

Years available: 2008 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes and a positive Diabetes Care Survey weight, excluding records with missing values

Numerator: Subset of the denominator who responded "Yes" to each of the four items related to receipt of diabetes services: (1) received two or more HbA1c measurements, (2) received dilated eye exam, (3) received foot exam, and (4) received flu shot

Comments: The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those

reported in earlier editions. The MEPS entry in the Data Sources appendix, <http://www.ahrq.gov/research/data/dataresources/index.html>, provides more information on the DCS and MEPS panels.

Non-respondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

Measure ID: 60401021

Measure Title: Adults age 40 and over with diagnosed diabetes who received 2 or more hemoglobin A1c measurements in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National, State

Years available: National: 2002 to 2018

State: 2013 to 2019

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources:

National: AHRQ, CFACT, MEPS State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

National Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes who had a positive Diabetes Care Survey (DCS) weight and who responded to the DCS question, "How many times did a doctor, nurse, or other health professional check for glycosylated hemoglobin or 'hemoglobin A-one-C'?"

National Numerator: Subset of the denominator who had a positive DCS weight and who had a hemoglobin A1c test at least twice in the last calendar year

State Denominator: Adults age 40 and over with diabetes

State Numerator: Adults with diabetes who had at least two hemoglobin A1c test in the survey year

Comments: The MEPS method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, <http://www.ahrq.gov/research/data/dataresources/index.html>, provides more information on the DCS and MEPS panels.

Non-respondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

This measure is referred to as measure D-11 in Healthy People 2020 documentation.

Measure ID: 60401031

Measure Title: Adults age 40 and over with diagnosed diabetes who received a dilated eye examination in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National, State

Years available: National: 2002 to 2018

State: 2013 to 2019

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: National: AHRQ, CFACT, MEPS State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

National Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the Diabetes Care Survey (DCS) question: "When was the last time you had an eye exam in which the pupils were dilated? This would have made you temporarily sensitive to light"

National Numerator: Subset of denominator who indicated they had at least one retinal eye examination in the calendar year

State Denominator: Adults age 40 and over with diabetes

State Numerator: Adults with diabetes who had at least one retinal eye examination in the survey year

Comments: The MEPS method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, <http://www.ahrq.gov/research/data/dataresources/index.html>, provides more information on the DCS and MEPS panels. Non-respondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over. This measure is referred to as measure D-10 in Healthy People 2020 documentation.

Measure ID: 60401041

Measure Title: Adults age 40 and over with diagnosed diabetes who had their feet checked for sores or irritation in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National, State

Years available: National: 2002 to 2018

State: 2013 to 2019

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources:

National: AHRQ, CFACT, MEPS State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

National Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the question: "How many times did a health professional check your feet for any sores or irritations?"

National Numerator: Subset of denominator who had a foot examination one or more times in the calendar year

State Denominator: Adults age 40 and over with diabetes

State Numerator: Subset of denominator who had one or more foot examinations in the survey year

Comments: The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, <http://www.ahrq.gov/research/data/dataresources/index.html>, provides more information on the DCS and MEPS panels. Due to 2018 MEPS redesign, data from 2018 may not be comparable with previous years' data. Non-respondents and "Don't Know" responses to the DCS question were excluded from the analysis. Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

This measure is referred to as measure D-9 in Healthy People 2020 documentation.

Measure ID: 60401051

Measure Title: Adults age 40 and over with diagnosed diabetes who received a flu vaccination in the calendar year

Measure Source:

Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National, State

Years available: National: 2008 to 2018

State: 2013 to 2019

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: National: AHRQ, CFACT, MEPS

State: Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

National Denominator: U.S. civilian noninstitutionalized adults age 40 and over with diabetes who responded to the question: "How long since you had a flu shot?" Non-respondents and "Don't Know" responses were excluded

National Numerator: Subset of the denominator who had an influenza immunization in the past year

State Denominator: Adults age 40 and over with diabetes

State Numerator: Subset of the denominator who had an influenza immunization in the survey year

Comments: The method for defining the numerator and denominator for this measure changed beginning with the 2008 edition of the reports; rates may not be comparable with those reported in earlier editions. The MEPS entry in the Data Sources appendix, <http://www.ahrq.gov/research/data/dataresources/index.html>, provides more information on the DCS and MEPS panels.

Non-respondents and "Don't Know" responses to the DCS question were excluded from the analysis.

Estimates are age-adjusted to the 2000 U.S. standard population with two age groups, 40-59 and 60 and over.

Measure ID: 60401061

Measure Title: Adults age 40 and over with diabetes whose condition was diagnosed

Measure Source: National Diabetes Quality Improvement Alliance, National Quality Forum

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Adults age 40 and over with diabetes

Numerator: Subset of the denominator with diagnosed diabetes

Comments: The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years' editions of the NHQR and NHDR. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over.

6.4.2 Control of Diabetes

Measure ID: 60402011

Measure Title: Adults age 40 and over with diagnosed diabetes with hemoglobin A1c less than 8.0% (optimal control)

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

Data Sources: CDC, NCHS, NHANES

Denominator: Adults age 40 and over with diagnosed diabetes

Numerator: Subset of the denominator who had hemoglobin A1c level less than 8% at examination

Comments: Optimal control is defined as having an HbA1c less than 8%.

Estimates are age adjusted to the 2000 U.S. standard population using two age groups, 40-59 and 60 and over. The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years' editions of the NHQR and NHDR.

Measure ID: 60402013

Measure Title: Adults age 40 and over with self-reported physician diagnosed diabetes with hemoglobin A1c higher than 9.0% (poor control)

Measure Source: Healthy people 2020 D-5.1

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity, health insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Adults age 40 and over who report that they have ever been diagnosed with diabetes

Numerator: Adults age 40 and over with doctor diagnosed diabetes and with HbA1c values higher than 9%

Comments: Persons are considered to have diagnosed diabetes if they respond 'yes' to ever being told by a doctor or health professional that they have diabetes or sugar diabetes. Those who respond borderline are counted as 'no'. Women who report that the only time they have been diagnosed with diabetes was during pregnancy (gestational diabetes) are excluded. Women who are pregnant at the time of the exam are also excluded.

Estimates are age adjusted to the 2000 U.S. standard population. See Healthy People D-5.1 methodology for more information - https://www.healthypeople.gov/node/4123/data_details.

Measure ID: 60402031

Measure Title: Adults age 40 and over with diagnosed diabetes with blood pressure less than 130/80mm Hg

Measure Source: National Diabetes Quality Improvement Alliance, National Quality Forum

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Adults age 40 and over with diabetes

Numerator: Subset of the denominator with blood pressure less than 130/80mm Hg

Comments: The criteria for selecting the diabetes population from NHANES have changed; reported rates may not be comparable with those found in prior years' editions of the NHQR and NHDR. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 40-59 and 60 and over.

6.4.3 Hospitalization for Diabetes

Measure ID: 60403061

Measure Title: Adjusted incident rates of end stage renal disease (ESRD) due to diabetes per million population

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Description:

Geographic representation: National

Years available: 2001 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: NIH, NIDDK, USRDS

Denominator: U.S. Census intercensal population estimates in million

Numerator: The number of incident ESRD patients with diabetes as the primary cause of ESRD

Comments: This measure is referred to as measure CKD-9.1 in Healthy People 2020 documentation. Kidney failure due to diabetes in this document is expressed as a rate (number/million population/year).

These rates are adjusted to a reference population using the direct method: this means the adjusted rate assumes a constant reference population, thus permitting meaningful comparison across years. The direct method of adjustment involves stratification of the population by the adjustment variables (i.e., overall rates are adjusted for age, sex, and race) and calculation of a weighted average of stratum-specific rates, where the weights are the numbers of persons in a strata of a "standard population." Each standardized (adjusted) rate for a specific group or year is interpreted as the expected (crude) rate if that group or year had exhibited the age-gender-race distribution of the standard population.

Measure ID: 60403063

Measure Title: Kidney failure due to diabetes among persons with diabetes

Measure Source: National Institutes of Health (NIH), National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), United States Renal Data System (USRDS)

Table Description:

Geographic representation: National

Years available: 2014 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: NIH, NIDDK, USRDS

Denominator: Estimate of U.S. population with diabetes (using U.S. Census intercensal population estimates, and National Health Interview Survey estimated prevalence of diabetes)

Numerator: The number of incident ESRD patients with diabetes as the primary cause of ESRD

Comments: Kidney failure due to diabetes among persons with diabetes in this document is expressed as a rate (number/million population/year). Three-year data are used to estimate the prevalence of diabetes in the middle year, and the size of the population with diabetes is based on U.S. census data. The incident rate per million of ESRD caused by diabetes is calculated as the number of incident ESRD patients with a primary cause of ESRD of diabetes, divided by the size of the population with diabetes in that group. These rates are adjusted to a reference population using the direct method, which involves stratification of the population by the adjustment variables (i.e., overall rates are adjusted for age, sex, and race) and calculation of a weighted average of stratum-specific rates, where the weights are the numbers of persons in a strata of a "standard population."

Measure ID: 60403071

Measure Title: Distribution of patients with end stage renal disease due to diabetes

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Description:

Geographic representation: National and State

Years available: 2009 to 2019

Population characteristics: Age, Ethnicity, Race, Sex

Data Sources: ESRD Integrated Data Sources used by UM-KECC

Denominator: All dialysis patients treated on December 31 of each year. Dialysis patients were included once they reached day 91 of ESRD

Numerator: ESRD caused by diabetes among the denominator population

Comments: The percentages in the national table are the distribution of ESRD caused by diabetes between subgroups within each demographic category.

For more information, see section IV of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>

6.5 HIV/AIDS

6.5.1 Management of HIV/AIDS

Measure ID: 60501011

Measure Title: New AIDS cases per 100,000 population age 13 and over

Measure Source: Center for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic representation: National, State

Years available: 2000 to 2018

Population characteristics: Age, sex, race/ethnicity

Data Sources: CDC, NCHHSTP, DHAP, NHSS, ATLAS Website

Denominator: U.S. population age 13 and over

Numerator: Reported new AIDS cases among adolescents and adults age 13 and over

Comments: This measure is referred to as measure HIV-4 in Healthy People 2020 documentation. All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>.

Measure ID: 60501021

Measure Title: New HIV cases per 100,000 population age 13 and over

Measure Source: Center for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2019

Population characteristics: Age, sex, race/ethnicity

Data Sources: CDC, NCHHSTP, DHAP, NHSS, ATLAS Website

Denominator: U.S. population age 13 and over

Numerator: Reported new HIV cases among adolescents and adults age 13 and over in the calendar year

Comments: This measure is referred to as measure HIV-1 in Healthy People 2020 documentation. All of the data were downloaded from the [NCHHSTP AtlasPlus](https://www.cdc.gov/nchhstp/atlas/index.htm), <https://www.cdc.gov/nchhstp/atlas/index.htm>.

Measure ID: 60501031

Measure Title: Persons age 13 and over living with HIV who know their serostatus

Measure Source: Center for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic representation: National, State

Years available: 2010 to 2019

Population characteristics: Age, sex, race/ethnicity, and transmission category

Data Sources: CDC, NCHHSTP, DHAP, NHSS

Denominator: Adolescents and adults age 13 and over

Numerator: Number of persons age 13 and over with diagnosed HIV infection

Comments: All of the data were downloaded from the [NCHHSTP AtlasPlus](https://www.cdc.gov/nchhstp/atlas/index.htm), <https://www.cdc.gov/nchhstp/atlas/index.htm>. The indicator is knowledge of HIV status (diagnosed infections among persons living with HIV infection).

Measure ID: 60501041

Measure Title: Persons age 13 and over living with diagnosed HIV who had at least two CD4 or viral load tests performed at least 3 months apart during the last year

Measure Source: Center for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic representation: National, State

Years available: 2014 to 2018

Population characteristics: Age, sex, race/ethnicity, and transmission category

Data Sources: CDC, NCHHSTP, DHAP, NHSS

Denominator: Number of adolescents and adults age 13 and over with HIV infection diagnosed by the end of previous year and alive at the end of current year

Numerator: A subset of numerator who had at least two CD4 or viral load tests performed at least 3 months apart during the last year

Comments: The data were obtained from Centers for Disease Control and Prevention, HIV Surveillance Supplemental Reports available at <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. The 2015-2016, and 2018 data included 41 States and the District of Columbia. The 2014 data included 37 States and the District of Columbia.

Measure ID: 60501051

Measure Title: Persons age 13 and over living with diagnosed HIV whose most recent viral load in the last 12 months was under 200 copies/mL

Measure Source: Center for Disease Control and Prevention (CDC), National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP), Division of HIV/AIDS (DHAP), National HIV/AIDS Surveillance System (NHSS)

Table Descriptions:

Geographic representation: National, State

Years available:

National: 2014 to 2018

State: 2010 to 2018

Population characteristics: Age, sex, race/ethnicity, and transmission category

Data Sources: CDC, NCHHSTP, DHAP, NHSS

Denominator: Number of persons age 13 and over with diagnosed HIV infection by the end of previous year and alive at the end of current year

Numerator: Number of persons diagnosed with HIV with a viral load less than 200 copies/mL

Comments: The national data were obtained from Centers for Disease Control and Prevention, HIV Surveillance Supplemental Reports available at <http://www.cdc.gov/hiv/library/reports/>

[hiv-surveillance.html](#). The 2015-2016, and 2018 data included 41 States and the District of Columbia. The 2014 data included 37 States and the District of Columbia. Data for 2017 were not available.

State data were obtained from Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention (NCHHSTP) AtlasPlus, <https://gis.cdc.gov/grasp/nchhstpatlas/tables.html>.

Measure ID: 60501061

Measure Title: HIV infection deaths per 100,000 population

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population

Numerator: Number of deaths due to HIV infection

Comments: This measure is referred to as measure HIV-12 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

6.7 Mental Health and Substance Abuse

6.7.1 Treatment of Depression

Measure ID: 60701011

Measure Title: Adults with a major depressive episode (MDE) in the last 12 months who received treatment for depression in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: National: 2008 to 2019

State: 2012 to 2019

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, NSDUH

Denominator: People age 18 and over with a major depressive episode in the past year

Numerator: Subset of the denominator who received treatment or counseling for depression in the past year

Comments: A major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year. Respondents with unknown data for past year MDE measures or unknown treatment data were excluded.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

Measure ID: 60701021

Measure Title: Children ages 12-17 with a major depressive episode in the last 12 months who received treatment for depression in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: National: 2008 to 2019

State: 2012 to 2019

Population characteristics: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, NSDUH

Denominator: Children ages 12-17 with a major depressive episode in the past year

Numerator: Subset of the denominator who received treatment for depression in the past year

Comments: A major depressive episode (MDE) is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of the symptoms for depression as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication for depression in the past year. Respondents with unknown data for past year MDE measures or unknown treatment data were excluded.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

Measure ID: 60701041

Measure Title: Suicide deaths among persons age 12 and over per 100,000 population

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2018

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population age 12 and over

Numerator: Subset of the denominator who died from suicide

Comments: This measure is referred to as measure MHMD-1 in Healthy People 2020 documentation. Suicides may be undercounted because of difficulty in the determination of suicidal intent by the coroner or medical examiner. Estimates are age adjusted to the 2000 U.S. standard population. Age data are unadjusted. Respondents for whom age is not reported are not included in the age adjustment calculations and are excluded from numerators.

Measure ID: 60701051

Measure Title: Long-stay nursing home residents who have depressive symptoms

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding residents who are comatose or missing Mood Scale scores on the target assessment or residents who were comatose or whose comatose status was unknown

Numerator: Subset of the denominator with a Mood Scale score indicating little interest or pleasure or a feeling of depression in at least half of the days during a 2 week period preceding a target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>

Measure ID: 60701061

Measure Title: Short-stay nursing home residents who had antipsychotic medication in the past 7 days

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2017 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare post-acute care patients with valid distinct initial and target assessments; excludes residents with non-responses on the number of days receiving any antipsychotic medication question

Numerator: Subset of the denominator who are receiving an antipsychotic medication at least for one day in the past 7 days on target assessment, excluding those residents diagnosed with schizophrenia

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first).

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip> and National Partnership to Improve Dementia Care in Nursing Homes: Antipsychotic Medication Use Data Report (October 2020), <https://www.cms.gov/files/document/antipsychotic-medication-use-data-report-2020q2-updated-01222021.pdf>.

Residents with antipsychotic medication use on the initial assessment were not excluded. This is the same as the Antipsychotic Medication Use Data Report (October 2020), different from the MDS 3.0 Quality Measures User's manual, Version 11. Due to data limitation, residents with Tourette's syndrome, or Huntington's disease were not excluded in the NHQDR tables.

Measure ID: 60701071

Measure Title: Long-stay nursing home patients who had antipsychotic medication in the past 7 days

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2017 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Source: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment; excludes residents with non-responses on the number of days receiving any antipsychotic medication question

Numerator: Long-stay residents who received antipsychotic medication at least for one day in the past 7 days

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first).

The NHQDR tables are defined based on the number of days a resident receiving any antipsychotic medication variable regardless of antipsychotic medication use at initial assessment and did not exclude residents with Schizophrenia, Tourette's Syndrome, or Huntington's Disease.

For details about this and other NHQI measures, refer to the MDS 3.0 Quality Measures User's manual, version 11, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

6.7.2 Treatment of Substance Abuse

Measure ID: 60702011

Measure Title: People age 12 and over who needed treatment for illicit drug use or an alcohol problem and who received such treatment at a specialty facility in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, sex, race, ethnicity, location of residence, education, income

Data Sources: SAMHSA, NSDUH

Denominator: US civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use or alcohol problem

Numerator: Subset of the denominator who received treatment for illicit drug use or alcohol problem at a specialty facility in the past year

Comments: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year:

- (1) were dependent on illicit drugs or alcohol
- (2) abused illicit drugs or alcohol, or
- (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities), hospital (inpatient only), or a mental health center.

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (nonmedical use) (based on data from original questions), not including methamphetamine items added in 2005 and 2006

Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment but did not specify for which substances they were treated.

Data prior to 2015 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

Measure ID: 60702021

Measure Title: People age 12 and over who needed treatment for illicit drug use and who received such treatment at a specialty facility in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, sex, race, ethnicity, location of residence, education, income

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use

Numerator: Subset of the denominator who received treatment for illicit drug use at a specialty facility in the past year

Comments: Receipt of any illicit drug treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center to reduce or stop drug use or for medical problems associated with drug use.

Respondents were classified as needing treatment for an illicit drug problem if they met at least one of three criteria during the past year:

- (1) were dependent on any illicit drug, or
- (2) abused any illicit drug, or
- (3) received treatment for an illicit drug problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient]), hospitals (inpatient only), or mental health centers.

Illicit drugs include marijuana/hashish, cocaine (including crack), inhalants, hallucinogens, heroin, or prescription-type psychotherapeutic medications (nonmedical use) (based on data from original questions), not including methamphetamine items added in 2005 and 2006.

Data prior to 2015 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

Measure ID: 60702031

Measure Title: People age 12 and over who needed treatment for an alcohol problem who received such treatment at a specialty facility in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2019

Population characteristics: Age, sex, race, ethnicity, location of residence, education, income

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over who needed treatment for an alcohol problem

Numerator: Subset of the denominator who received treatment for an alcohol problem at a specialty facility in the last 12 months

Comments: Receipt of alcohol treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or a mental health center in order to reduce or stop alcohol use or for medical problems associated with alcohol use.

Respondents were classified as needing treatment for an alcohol problem if they met at least one of three criteria during the past year:

- (1) were dependent on alcohol
- (2) abused alcohol, or
- (3) received treatment for alcohol use at a specialty facility.

Data prior to 2008 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

MEASURE ID: 60702041

Measure Title: People age 12 and over treated for substance abuse who completed treatment course

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Treatment Episode Data Set (TEDS)

Table Description:

Geographic representation: National

Years available: State: 2008 to 2018

National: 2005 to 2018

Population characteristics: Age, education, sex, race/ethnicity

Data Sources: SAMHSA, TEDS

Denominator: Discharges from substance abuse treatment aged 12 and over

Numerator: Subset of the denominator who completed treatment

Comments: These data include primarily discharges from publicly-funded substance abuse treatment facilities. Due to insufficient data, 2008 data excluded New Mexico, West Virginia, Pennsylvania, Alabama, and Georgia; 2009 data excluded District of Columbia, Georgia, Mississippi, New Mexico, North Carolina, Pennsylvania, and West Virginia; 2010 data excluded District of Columbia, Georgia, Mississippi, Pennsylvania, West Virginia; 2011 data excluded Pennsylvania, Mississippi, West Virginia; 2012 data excluded Kansas, Mississippi, and New Mexico; 2013 data excluded Florida, Mississippi, and New Mexico; 2014 data excluded Florida, Georgia, Kansas, Mississippi, New Mexico, and West Virginia; 2015 data excluded Oregon, South Carolina, West Virginia; 2016 data excluded Georgia, Oregon, West Virginia, 2017 data excluded Georgia, Oregon, West Virginia; 2018 data excluded Georgia, Oregon, Washington, West Virginia.

The 2005 discharges reported through April 28, 2008; 2006 discharges reported through September 3, 2008; 2007 discharges reported through August 31, 2009; 2008 discharges reported through May 6, 2010; 2009 discharges reported through Oct 10, 2011; 2010

discharges reported through Oct 15, 2012; 2011 discharges reported through Oct 17, 2013; 2012 discharges reported through Jan 23, 2015; The 2013 discharges reported through February 01, 2016; 2014 discharges reported through November 01, 2016. The 2015 discharges reported through March 16, 2018; 2016 discharges reported through March 16, 2018; 2017 discharges reported through November 21, 2018; and the 2018 discharges reported through November 18, 2019.

Measure ID: 60702071

Measure Title: Adults who filled an outpatient opioid prescription in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2013 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who filled an outpatient opioid prescription in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Comments: The definition of an opioid prescription of this measure is the same as the one used in Moriya, A.S. and Miller, G.E. *Any Use and Frequent Use of Opioids among Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #515. Agency for Healthcare Research and Quality, Rockville, MD.

https://meps.ahrq.gov/data_files/publications/st515/stat515.shtml; and Miller, G.E. and Moriya, A.S. *Any Use and Frequent Use of Opioids among Non-Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #516. Agency for Healthcare Research and Quality, Rockville, MD.

https://meps.ahrq.gov/data_files/publications/st516/stat516.shtml. The differences are that the Stat Briefs used pooled 2015-2017 data and stratified by elderly adults and non-elderly adults. This measure used one year data from 2013-2017 and includes adults age 18 and over.

Measure ID: 60702081

Measure Title: Adults who filled four or more outpatient opioid prescriptions in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2013 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who filled four or more outpatient opioid prescriptions in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Comments: The definition of four or more outpatient opioid prescription fills of this measure is the same as the one used in Moriya, A.S. and Miller, G.E. *Any Use and Frequent Use of Opioids among Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #515. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st515/stat515.shtm, and Miller, G.E. and Moriya, A.S. *Any Use and Frequent Use of Opioids among Non-Elderly Adults in 2015-2017, by Socioeconomic Characteristics*. September 2018. Statistical Brief #516. Agency for Healthcare Research and Quality, Rockville, MD. https://meps.ahrq.gov/data_files/publications/st516/stat516.shtml. The differences are that the Stat Briefs used pooled 2015-2017 data and stratified by elderly adults and non-elderly adults. This measure used one year data from 2013-2017 and includes adults age 18 and over

Measure ID: 60702091

Measure Title: People age 12 and over with opioid (either prescription opioid or heroin) use disorder in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: 2016 to 2019

Population characteristics: Age, sex, race, ethnicity, education, income, location of residence

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over

Numerator: Subset of the denominator who had opioid (either prescription opioid or heroin) use disorder in the past year

Comments: Past-year opioid-use disorder is defined as heroin-use disorder or prescription-opioid-use disorder in the past year based on assessments of individual diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

Measure ID: 060702101

Measure Title: Hospital inpatient stays involving opioid-related diagnoses per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2018

Population characteristics: Age, sex, community-level income, location of patient residence

Data Sources:

National: AHRQ, HCUP, National Inpatient Sample (NIS)

State: AHRQ, HCUP, State Inpatient Databases (SID)

Denominator: U.S. resident population

Numerator: Number of hospital discharges which are related to the opioid use stemming from illicit opioids such as heroin, illegal use of prescription opioids, and the use of opioids as prescribed

Comments: This information was exported from HCUP Fast Stats, Opioid-Related Hospital Use (www.hcup-us.ahrq.gov/faststats/OpioidUseServlet). The following is from the Data Notes and Methods available on the HCUP Fast Stats Web page for Opioid-Related Hospital use. Observed (un-adjusted) rates are reported. Inpatient stays including opioid-related hospital use are identified by any diagnosis (all-listed) in the following ranges of ICD-10-CM and ICD-9-CM codes:

ICD-10-CM Codes Starting October 1, 2015

- F11 series: Opioid-related disorders (except F11.21)
- T40 series: Poisoning by, adverse effect of, and underdosing of narcotics and psychodysleptics [hallucinogens]; includes poisoning accidental, intentional self-harm, assault, undetermined, and adverse effect (except heroin); with a seventh digit indicating initial, subsequent encounter, sequela
 - 0X1, 0X2, 0X3, 0X4, 0X5: Opium
 - 1X1, 1X2, 1X3, 1X4: Heroin
 - 2X1, 2X2, 2X3, 2X4, 2X5: Other opioids
 - 3X1, 3X2, 3X3, 3X4, 3X5: Methadone
 - 4X1, 4X2, 4X3, 4X4, 4X5: Other synthetic narcotics
 - 601, 602, 603, 604, 605: Unspecified narcotics
 - 691, 692, 693, 694, 695: Other narcotics

There are some differences in the reporting of opioid-related inpatient stays and ED visits identified using ICD-10-CM codes. These differences are explored within the *Case Study: Exploring How Opioid-Related Diagnosis Codes Translate from ICD-9-CM to ICD-10-CM*, which is found under "Doing Analysis with ICD-10 Data" on the [ICD-10-CM/PCS Resources](#) page of HCUP-US.

ICD-9-CM Codes Prior to October 1, 2015

- 304.00-304.02: Opioid type dependence (unspecified; continuous; episodic)
- 304.70-304.72: Combinations of opioid type drug with any other drug dependence (unspecified; continuous; episodic)
- 305.50-305.52: Opioid abuse (unspecified; continuous; episodic)
- 965.00-965.02; 965.09: Poisoning by opium (alkaloids), unspecified; heroin; methadone; other opiates and related narcotics
- 970.1: Poisoning by opiate antagonists
- E850.0-E850.2: Accidental poisoning by heroin; methadone; other opiates and related narcotics
- E935.0-E935.2: Heroin, methadone, other opiates and related narcotics causing adverse effects in therapeutic use
- E940.1: Opiate antagonists causing adverse effects in therapeutic use

Excluded Codes

It should be noted that ICD-10-CM and ICD-9-CM diagnosis codes related to opioid dependence or abuse "in remission" are not used to identify opioid-related hospital use because remission does not indicate active use of opioids. Codes indicating neonatal abstinence syndrome (NAS) are also not included.

Measure ID: 60702111

Measure Title: Emergency department visits involving opioid-related diagnoses per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National, State

Years available: 2005 to 2018

Population characteristics: Age, sex, community-level income, location of patient residence

Data Sources:

National: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

State: AHRQ, HCUP, State Emergency Department Databases (SEDD)

Denominator: U.S. resident population

Numerator: Total number of emergency department visits which are related to the opioid use stemming from illicit opioids such as heroin, illegal use of prescription opioids, and the use of opioids as prescribed.

Comments: This information was exported from HCUP Fast Stats, Opioid-Related Hospital Use (www.hcup-us.ahrq.gov/faststats/OpioidUseServlet). The following is from the Data Notes and Methods available on the HCUP Fast Stats Web page for Opioid-Related Hospital use. Observed (un-adjusted) rates are reported. Emergency department (ED) visits including opioid-related hospital use are identified by any diagnosis (all-listed) in the following ranges of ICD-10-CM and ICD-9-CM codes:

ICD-10-CM Codes Starting October 1, 2015

- F11 series: Opioid-related disorders (except F11.21)
- T40 series: Poisoning by, adverse effect of, and underdosing of narcotics and psychodysleptics [hallucinogens]; includes poisoning accidental, intentional self-harm, assault, undetermined, and adverse effect (except heroin); with a seventh digit indicating initial, subsequent encounter, sequela

- 0X1, 0X2, 0X3, 0X4, 0X5: Opium
- 1X1, 1X2, 1X3, 1X4: Heroin
- 2X1, 2X2, 2X3, 2X4, 2X5: Other opioids
- 3X1, 3X2, 3X3, 3X4, 3X5: Methadone
- 4X1, 4X2, 4X3, 4X4, 4X5: Other synthetic narcotics
- 601, 602, 603, 604, 605: Unspecified narcotics
- 691, 692, 693, 694, 695: Other narcotics

There are some differences in the reporting of opioid-related inpatient stays and ED visits identified using ICD-10-CM codes. These differences are explored within the *Case Study: Exploring How Opioid-Related Diagnosis Codes Translate from ICD-9-CM to ICD-10-CM*, which is found under "Doing Analysis with ICD-10 Data" on the [ICD-10-CM/PCS Resources](#) page of HCUP-US.

ICD-9-CM Codes Prior to October 1, 2015

- 304.00-304.02: Opioid type dependence (unspecified; continuous; episodic)
- 304.70-304.72: Combinations of opioid type drug with any other drug dependence (unspecified; continuous; episodic)
- 305.50-305.52: Opioid abuse (unspecified; continuous; episodic)
- 965.00-965.02; 965.09: Poisoning by opium (alkaloids), unspecified; heroin; methadone; other opiates and related narcotics
- 970.1: Poisoning by opiate antagonists
- E850.0-E850.2: Accidental poisoning by heroin; methadone; other opiates and related narcotics
- E935.0-E935.2: Heroin, methadone, other opiates and related narcotics causing adverse effects in therapeutic use
- E940.1: Opiate antagonists causing adverse effects in therapeutic use

Excluded Codes

It should be noted that ICD-10-CM and ICD-9-CM diagnosis codes related to opioid dependence or abuse "in remission" are not used to identify opioid-related hospital use because remission does not indicate active use of opioids. Codes indicating neonatal abstinence syndrome (NAS) are also not included.

Measure ID: 60702121

Measure Title: Drug overdose deaths involving any opioid per 100,000 resident population

Measure Source: NVSS

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2019

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population all ages

Numerator: Subset of the denominator who died from overdose involving any opioid drugs

Comments: The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD–10 multiple causes of death. Any opioid category is defined by multiple cause-of-death codes T40.0-T40.4 and T40.6. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups.

Measure ID: 60702131

Measure Title: Drug overdose deaths involving natural and semisynthetic opioids per 100,000 resident population

Measure Source: NVSS

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2019

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population all ages

Numerator: Subset of the denominator who died from overdose involving natural and semisynthetic opioids

Comments: The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD-10 multiple causes of death. The “natural” and semisynthetic opioids category, which includes codeine, oxycodone, and morphine, among other drugs, is defined by multiple cause-of-death code T40.2. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups.

Measure ID: 60702141

Measure Title: Drug overdose deaths involving other synthetic opioids (other than methadone) per 100,000 resident population

Measure Source: NVSS

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2019

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Denominator: U.S. resident population all ages

Numerator: Subset of the denominator who died from overdose other synthetic opioids (other than methadone)

Comments: The data were downloaded from CDC Wonder, <https://wonder.cdc.gov>. Drug overdose deaths involving opioids include those with an underlying cause of drug overdose and with an opioid mentioned in the ICD-10 multiple causes of death. The “other” synthetic opioids (other than methadone) category, which includes fentanyl, tramadol, and propoxyphene (removed from the market in 2010), is defined by multiple cause-of-death code T40.4. A sharp increase in deaths involving synthetic opioids, other than methadone, in 2014 coincided with law enforcement reports of increased availability of illicitly manufactured, or non-pharmaceutical, fentanyl. Illicitly manufactured fentanyl cannot be distinguished from pharmaceutical fentanyl in death certificate data. The rates are age-adjusted using the 2000 standard population with unrounded population numbers, except age groups.

Measure ID: 60702151

Measure Title: People age 12 and over with opioid use disorder who received medication-assisted treatment for opioids in past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National and State

Years available: 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over with opioid (either prescription opioid or heroin) use disorder in the past year

Numerator: Subset of the denominator who received medication-assisted treatment for opioids in past year

Comments: Past-year opioid use disorder is defined as heroin-use disorder or prescription-opioid-use disorder in the past year based on assessments of individual diagnostic criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition.

Measure ID: 60702161

Measure Title: People age 12 and over who received medication-assisted treatment for opioids in past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National and State

Years available: 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over

Numerator: Subset of the denominator who received medication-assisted treatment for opioids in past year

6.8 Musculoskeletal Disease

Measure ID: 60801051

Measure Title: Adults with chronic joint symptoms who have seen a health care provider for their symptoms

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2009 to 2014 and 2017 to 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with chronic joint symptoms

Numerator: Subset of the denominator who reported they have ever seen a doctor or other health professional for joint symptoms

Comments: Estimates are age adjusted to the 2000 U.S. standard population.

6.9 Respiratory Diseases

6.9.1 Treatment of Respiratory Infections

Measure ID: 60901011

Measure Title: Doctor's office and emergency department visits where antibiotics were prescribed for a diagnosis of common cold per 10,000 population

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS) and National Hospital Ambulatory Medical Care Survey (NHAMCS).

Table Descriptions:

Geographic representation: National

Years available: 2010 to 2011, and 2016 to 2017

Population characteristics: Age, sex, race/ethnicity, location of patient residence

Data Sources: CDC, NCHS, NAMCS and NHAMCS

Denominator: U.S. civilian noninstitutionalized population with doctor's office or emergency department

Numerator: Number of visits in the denominator with a sole diagnosis of common cold for which antibiotics were prescribed or continued

Comments: Population used for calculation is U.S. Census Bureau estimated civilian noninstitutionalized population on July 1 each year. Ambulatory medical care visits include visits to office-based physicians, community health centers, hospital outpatient departments, and emergency departments. For consistency with previous years, visits to midlevel providers at community health centers were excluded.

Measure ID: 060901031

Measure Title: Deaths per 1,000 adult hospital admissions with pneumonia

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, bed size of hospital, expected primary payer, location of hospital, location of residence, median household income of patient's ZIP Code, control of hospital, region, teaching status

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: All discharges age 18 and over with principal diagnosis code of pneumonia, excluding patients transferring to another short-term hospital, obstetric admissions, and cases with a missing discharge disposition

Numerator: Subset of the denominator who died

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID

encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 60901041

Measure Title: Patients with tuberculosis who completed a curative course of treatment within 1 year of initiation of treatment

Measure Source: American Thoracic Society Centers for Disease Control and Prevention (CDC), Division of Tuberculosis Elimination

Table Descriptions:

Geographic representation: National and State

Years available: National: 2004 to 2017

State: 2008 to 2017

Population characteristics: Age, ethnicity, race, gender, foreign born

Data Sources: CDC, NTSS

Denominator: U.S. resident population with verified tuberculosis who are eligible to complete therapy within 1 year

Numerator: Subset of the denominator who completed therapy within 1 year

Comments: Race designations changed in 2003; estimates in 2003 and later differ slightly from estimates in previous reports.

More information regarding current tuberculosis treatment guidelines is available from:

American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines:

Treatment of Drug-Susceptible Tuberculosis. *Clinical Infectious Diseases*® 2016;63(7):e147–95

For a discussion of completion of tuberculosis therapy, refer to Technical Notes of the publication:

Reported tuberculosis in the United States, 2019, available at:
<https://www.cdc.gov/tb/statistics/reports/2019/default.htm>

6.9.3 Management of Asthma

Measure ID: 60903011

Measure Title: People with current asthma who are now taking preventive medicine daily or almost daily (either oral or inhaler)

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Description:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who currently have active asthma

Numerator: Subset of the denominator who report taking preventive medicine on a daily or almost daily basis (either oral or inhaler)

Comments: Estimates are age-adjusted to the 2000 U.S. standard population using four age groups: 0-17, 18-44, 45-64, and 65 and over. Excludes cases for which information on presence of asthma is missing. Survey question changed in 2018 and the data from 2018 and later are not comparable with previous years' data.

Measure ID: 60903041

Measure Title: People with asthma who received written asthma management plans from their health care provider

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2009, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population with asthma

Numerator: Subset of the denominator who report receiving written asthma management plans from their health provider

Comments: Estimates are age adjusted to the 2000 U.S. standard population. Age data and health insurance data for those aged 65 and over are unadjusted.

Measure ID: 60903043

Measure Title: Persons with current asthma who received education about appropriate response to an asthma episode

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2011, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

Data Sources: CDC, NCHS, NHIS

Denominator: Persons with current asthma

Numerator: Subset of the denominator who reported they received appropriate response to an asthma episode

Comments: Estimates are age adjusted to the 2000 U.S. standard population. Age data and health insurance data for those aged 65 and over are unadjusted.

Measure ID: 60903044

Measure Title: Persons with current asthma who were advised to change things to reduce exposure to irritants

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2011, 2013, and 2018

Population characteristics: Age, ethnicity, race, sex, income, health insurance, location of residence, education, activity limitation

Data Sources: CDC, NCHS, NHIS

Denominator: Persons with current asthma

Numerator: Subset of the denominator who reported they were advised to change things to reduce exposure to irritants

Comments: Estimates are age adjusted to the 2000 U.S. standard population. Age data and health insurance data for those aged 65 and over are unadjusted.

Measure ID: 60903051

Measure Title: People with current asthma

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2003 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population

Numerator: Subset of the denominator with current asthma defined as people ever told by doctor or other health professional that he or she has asthma and were reported to still have asthma or to have had an asthma attack in the past 12 months.

Comments: Estimates are age-adjusted to the 2000 U.S. standard population using five age groups: 0-17, 18-44, 45-64, 65-74, and 75 and over. The 2017 data are not available for the 2019 NHQDR.

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Chapter 7. Healthy Living

7.1 Maternal and Child Health

Measure ID: 70101011

Measure Title: Live-born infants with low birth weight (less than 2,500 grams)

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Live-born infants whose birth weight was under 2,500 grams

Comments: Excluded States that did not use the 2003 Revision to Birth Certificate.

Measure ID: 70101021

Measure Title: Women who completed a pregnancy in the last 12 months who received early and adequate prenatal care

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2018 and 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births occurring to residents in those States that use the 2003 revised birth certificate

Numerator: Subset of the denominator who received early and adequate prenatal care

Comments: Early and adequate prenatal care is based on the Adequacy of Prenatal Care Utilization Index and defined as prenatal care beginning by the 4th month of pregnancy and including 80% or more of the recommended number of visits.

Measure ID: 70101031

Measure Title: Infant mortality per 1,000 live births, birth weight less than 1,500 grams

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother’s age, sex, race, ethnicity, and geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

Denominator: Live births to U.S. residents with birth weight less than 1,500 grams

Numerator: Subset of the denominator who died within the first year

Comments: Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander subgroups from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

Measure ID: 70101033

Measure Title: Infant mortality per 1,000 live births, birth weights 1,500-2,499 grams

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

Denominator: Live births to U.S. residents with birth weights 1,500-2,499 grams

Numerator: Subset of the denominator who died within the first year

Comments: Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander subgroups from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

Measure ID: 70101034

Measure Title: Infant mortality per 1,000 live births, birth weights 2,500 grams or more

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic representation: National

Years available: 2001 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

Denominator: Live births to U.S. residents with birth weights 2,500 grams or more

Numerator: Subset of the denominator who died within the first year

Comments: Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began

reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander subgroups from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

Measure ID: 70101035

Measure Title: Infant deaths per 1,000 live births, all birth weight

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic representation: National

Years available: 2000 to 2017

Population characteristics: Mother's age, sex, race, ethnicity, and geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Linked Birth and Infant Death Data

Denominator: Live births to U.S. residents, all birth weights

Numerator: Subset of the denominator who died within the first year

Comments: Race and Hispanic origin data are reported separately on birth certificates. Estimates are based on single-race categories. Starting with 2003 data, some states began reporting multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 Office of Management and Budget standards, for comparability with other states. Bridged single-race categories are provided to permit trend comparisons. The race groups white, black, American Indian or Alaska Native, and Asian or Pacific Islander include persons of Hispanic and non-Hispanic origin. Starting with 2016 data, estimates for Asian or Pacific Islander subgroups from all 50 states and the District of Columbia are available. These estimates will be provided when multiple years of data are available to permit trend comparisons.

Measure ID: 70101051

Measure Title: Infants born in the calendar year who received breastfeeding exclusively through 3 months

Measure Source: Healthy People 2020 MICH-21.4

Table Descriptions:

Geographic representation: National, State

Years available: National: 2009 to 2018

State: 2016 to 2018

Population characteristics: Income, race/ethnicity, sex, mother's age, mother's education, health insurance, geographic location, mother's marital status, U.S. born, receiving Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized children ages 19 to 35 months born in the same cohort year

Numerator: Number of caregivers of children born in a cohort year who indicate their child was exclusively breastfed (given nothing but breast milk) through 3 months of age

Comments: This measure is referred to as measure 2020 MICH-21.4 in Healthy People 2020 documentation, https://www.healthypeople.gov/node/4862/data_details. Infants are considered to have been breastfed exclusively through 3 months if the responses to questions about age when first fed formula AND age when first fed something other than breast milk or formula both indicate that the child was 3-month old when either occurred OR that the child has never had formula nor anything but breast milk.

Using a computer-generated list, the National Immunization Survey (NIS) identifies households across the United States with children aged 19-35 months and interviews the person who is most knowledgeable about the child's immunization status ("caregiver"). Survey years are combined to calculate breastfeeding statistics by year of child's birth (cohort) instead of the year in which the participant was surveyed. To calculate breastfeeding indicators by year of childbirth, data are combined across all relevant survey years. Because children are 19-35 months of age at the time of the parent interview, each survey year represents children born over three years. For example, breastfeeding data for children in the 2006 birth cohort are obtained from NIS 2007, 2008, and 2009.

7.2 Lifestyle Modification

Measure ID: 70201011

Measure Title: Adult current smokers with a doctor's office or clinic visit in the last 12 months who received advice to quit smoking

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over who are current smokers and who had a doctor's office or clinic visit in 12 months

Numerator: Subset of the denominator who indicated they had received advice to quit smoking

Comments: The National Table Description reports data from the MEPS Self-Administered Questionnaire (SAQ). Non-respondents and "Don't Know" responses were excluded from the analysis.

The national estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

This measure is referred to as measure 1-3c in Healthy People 2010 documentation.

The allowable responses to MEPS question about smoking changed in 2003. Therefore, reported national rates may not be comparable with earlier years. The measure was slightly changed since the 2019 NHQDR. Before 2019, the denominator include adults current smoker with a routine checkup in the past 12 months. Since 2019, the denominator included adults current smoker with a doctor's office or clinic visit in the past 12 months. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 70201021

Measure Title: Adults who do not smoke now

Measure Source: Centers for Disease Control and Prevention (CDC)/National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: NHIS, CDC/NCHS

Denominator: Number of adults aged 18 years and over

Numerator: Subset of the denominator who are not smoking now

Comments: Estimates are age adjusted to the 2000 U.S. standard population. Measure ID: 70201031

Measure Title: Children ages 2-19 with obesity who had been told by a doctor or health professional that they were overweight

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, family income, ethnicity

Data Sources: CDC, NCHS, NHANES

Denominator: Children ages 2-19 with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts for the United States

Numerator: Subset of the denominator who reported they were told by a doctor that they were overweight

Measure ID: 70201032

Measure Title: Adults age 20 and over with obesity who had been told by a doctor or health professional that they were overweight

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, education, gender, income, race, ethnicity

Data Sources: CDC, NCHS, NHANES

Denominator: Adults age 20 and over with a body mass index (BMI) of 30 or greater

Numerator: Subset of the denominator who reported they were told by a doctor that they were overweight

Comments: Estimates are age adjusted to the 2000 U.S. standard population, except where indicated. Total, race, ethnicity, gender, and family income are adjusted using three age groups: 20-44, 45-64, and 65 and over; education is adjusted using age groups 25-44, 45-64, and 65 and over.

Measure ID: 70201041

Measure Title: Children ages 2-19 with obesity

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, income, race/ethnicity

Data Sources: CDC, NCHS, NHANES

Denominator: Children ages 2-19 years

Numerator: Subset of the denominator with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts for the United States

Comments: Used new body mass index definition instead of using BMXBMI variable to calculate obesity.

Measure ID: 70201051

Measure Title: Adults with obesity who ever received advice from a health provider to exercise more

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2016

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who reported they were given advice about exercise by a doctor or health professional

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

Non-respondents and "Don't Know" responses were excluded from the analysis.

This measure was excluded from the 2021 NHQDR Highlight analysis because the 2017 and 2018 data are not available.

Measure ID: 70201053

Measure Title: Adults with obesity who do not now spend half an hour or more in moderate or vigorous physical activity at least five times a week

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2011 to 2016, and 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over. The 2017 data are not available for the 2019 NHQDR.

Measure ID: 70201061

Measure Title: Children ages 2-17 for whom a health provider gave advice within the past 2 years about the amount and kind of exercise, sports, or physically active hobbies they should have

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17

Numerator: Subset of the denominator for whom a health provider gave advice within the past 2 years about the amount and kind of exercise, sports, or physically active hobbies they should pursue

Comments: Estimates exclude Non-respondents to the question: "Has a doctor or other health provider ever given advice about amount and kind of exercise, sports, or physically active hobbies you should have?" "Don't Know" responses were also excluded.

Measure ID: 70201071

Measure Title: Adults with obesity who ever received advice from a health professional about eating fewer high-fat or high-cholesterol foods

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2016

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over with a body mass index (BMI) of 30 or greater, excluding pregnant female

Numerator: Subset of the denominator who reported they were advised by a doctor or health professional about restricting foods high in fat and cholesterol

Comments: Body mass index is based on reported height and weight. Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over. Non-respondents and "Don't Know" responses were excluded from the analyses. This measure was excluded from the 2021 NHQDR Highlight analysis because the 2017 and 2018 data are not available.

Measure ID: 70201081

Measure Title: Children ages 2-17 for whom a health provider gave advice within the past 2 years about eating healthy

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17

Numerator: Subset of the denominator for whom a health provider gave advice within the past 2 years about healthy eating

Comments: Estimates exclude Non-respondents and "Don't Know" responses.

Measure ID: 70201091

Measure Title: Adults with obesity

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2016, and 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Adults with a body mass index (BMI) of 30 or greater, excluding pregnant women

Comments: Race, ethnicity, family income, and education characteristics are those of the family reference person and are used to characterize the entire family unit. The 2017 data are not available for the 2019 NHQDR. The 2018 data did not exclude pregnant women.

Measure ID: 70201092

Measure Title: Adults age 20 and over with obesity

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Table Descriptions:

Geographic representation: National

Years available: 1999 to 2002, 2003 to 2006, 2007 to 2010, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, education, income, race/ethnicity

Data Sources: CDC, NCHS, NHANES

Denominator: Adults age 20 and over

Numerator: Subset of the denominator with a body mass index (BMI) greater than or equal to the 95th percentile on the BMI-for-age, sex-specific 2000 CDC growth charts for the United States

Comments: Obesity is body mass index (BMI) at or above the 95th percentile from the sex-specific BMI-for-age 2000 CDC Growth Charts. Pregnant females were excluded from analysis. Estimates are age adjusted to the 2000 standard population using 3 age groups, ages 20-39, 40-59, and 60 and over. Age categories are not adjusted.

Measure ID: 70201101

Measure Title: Adults who do not now spend half an hour or more in moderate or vigorous physical activity at least five times a week

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2011 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who did not spend half an hour or more in moderate or vigorous physical activity at least five times a week

Comments: Estimates are age-adjusted to the 2000 U.S. standard population using three age groups: 18-44, 45-64, and 65 and over.

Measure ID: 70201111

Measure Title: Adults ages 18 and over with obesity who had a physician office visit for counseling or education related to diet or nutrition

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Ambulatory Medical Care Survey (NAMCS)

Table Descriptions:

Geographic representation: National

Years available: 2005 to 2016

Population characteristics: sex, race/ethnicity, geographic location of physician office

Data Sources: CDC, NCHS, NAMCS

Denominator: Physician office visits by adults age 18 and over with a body mass index greater than or equal to 30 kilograms per square meters based on documentation in the medical record of obesity, regardless of the diagnosis for the current visit

Numerator: Physician office visits by adults with obesity for counseling or education related to diet or nutrition

7.3 Functional Status Preservation and Rehabilitation

Measure ID: 70301011

Measure Title: Home health care patients whose ability to walk or move around improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, States

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was able to ambulate independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in ambulation/locomotion at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures ambulation or locomotion ability on a 7-level scale from 0 (full, independent ambulation) to 6 (bedfast). Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70301021

Measure Title: Home health care patients whose ability to get in and out of bed improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, chronic conditions (Beginning with 2013)

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was able to transfer independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bed transferring at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures transfers on a 6-level scale from 0 (independent) to 5 (bedfast and unable to turn or position). Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70301031

Measure Title: Home health care patients whose bathing improved

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was

able to bath self independently, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in bathing at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures bathing ability on a 7-level scale from 0 (fully independent) to 6 (completely dependent). Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70301041

Measure Title: Home health patients who had improvement in toileting

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the reporting period, excluding episodes for which the patient, at start/resumption of care, was able to get to and from and on and off the toilet without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in getting to and from and on and off the toilet at discharge than at start (or resumption) of care

Comments: The OASIS instrument measures toilet hygiene on a 4-level scale from 0 (independent) to 3 (completely dependent). Further information about risk adjustment and the HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70301051

Measure Title: Long-stay nursing home residents whose need for help with daily activities increased

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment, excluding residents who cannot show decline due to maximum values on prior assessments; residents with comatose status, residents with a less than 6-month prognosis; residents receiving hospice care; and residents with unknown status for these conditions

Numerator: Subset of the denominator with worsening performance scores in at least two or more of the four late-loss activities of daily living (bed mobility, transfers, toilet use, and eating) or who are at have a worsening of at least 2 on one of the four activities

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70301061

Measure Title: Long-stay nursing home residents whose ability to move independently worsened

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment. Excludes: residents with missing values on the target assessment; residents for which assessment performance indicated "total dependence" or "activity did not occur"; residents with missing values on the prior assessment; residents with comatose status or end-stage disease; residents receiving hospice care; and residents with unknown status for these conditions on the target assessment.

Numerator: Subset of the denominator for which locomotion self-performance scores got worse compared with a prior assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

7.4 Supportive and Palliative Care

Measure ID: 70401011

Measure Title: Long-stay nursing home residents who have moderate to severe pain

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2017

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment, excluding admission assessments and assessments with inconsistent or missing responses

Numerator: Subset of the denominator where resident reports almost constant or frequent pain and an episode of moderate pain, or any frequency of very severe, horrible pain on the target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Subgroups ID: 70401021

Measure Title: Long-stay nursing home residents with too much weight loss

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment and a valid prior assessment, excluding admission assessments and residents with missing weight loss data

Numerator: Subset of the denominator who experienced weight loss of 5 percent or more in the last 30 days or 10 percent or more in the last 6 months

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and

ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70401031

Measure Title: Low-risk long-stay nursing home residents who lose control of their bowel or bladder

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2017

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home residents with a valid target assessment who do not qualify as high risk, excluding admission assessments, residents with missing assessment values, residents with comatose status, residents who had an indwelling catheter or ostomy, or residents with unknown status for these conditions

Numerator: Subset of the denominator who indicated frequent or constant loss of control of bowels or bladder on the target assessment

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70401041

Measure Title: Long-stay nursing home residents who were physically restrained

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care long-stay residents with a valid target assessment or assessments with missing values for several classes of restraints

Numerator: Subset of the denominator who were physically restrained on target assessment by trunk and limb restraints or by chair use

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70401051

Measure Title: Short-stay nursing home residents with moderate to severe pain

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2017

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Post-acute care patients with a valid assessment, excluding assessments with uncompleted data, or where pain intensity was zero in the last 5 days

Numerator: Subset of the denominator with almost constant or frequent pain and at least one episode of moderate to severe pain, or severe/horrible pain of any frequency

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70401061

Measure Title: Home health care patients whose shortness of breath decreased

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during the year, excluding episodes for which the patient, at start/resumption of care, was not short of breath at any time, episodes that end with inpatient facility transfer or death

Numerator: Subset of the denominator in which a person's dyspneic status improved compared with a prior assessment in the episode

Comments: The OASIS instrument measures dyspneic status on a 4-level scale from 0 (not short of breath) to 3 (dyspnea at rest). Further information on HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70401081

Measure Title: Home health care patients who stayed at home after an episode of home health care

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes that end in patient death

Numerator: Number of home health episodes where the assessment completed at the discharge indicates the patient remained in the community after discharge

Comments: Further information about HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70401091

Measure Title: Home health patients who had improvement in upper body dressing

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, was able to dress upper body without assistance or supervision, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less impairment in dressing their upper body at discharge than at start (or resumption) of care

Comments: Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70401101

Measure Title: Home health patients who had improvement in confusion frequency.

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, was not confused at any time, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the discharge assessment indicates the patient is confused less often at discharge than at start (or resumption) of care

Comments: Further information about risk adjustment and the HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70401111

Measure Title: Home health care patients whose pain when moving around decreased

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge during year, excluding episodes for which the patient, at start/resumption of care, had no pain reported, episodes that end with inpatient facility transfer or death, or patient is nonresponsive

Numerator: Number of home health quality episodes where the value recorded on the discharge assessment indicates less frequent pain at discharge than at start (or resumption) of care

Comments: Further information about HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year, excluding patients who were not able to walk or without pain at initial assessment. The estimates are not risk-adjusted.

7.5 Clinical Preventive Services

7.5.1 Adult Preventive Care

Measure ID: 70501011

Measure Title: Women ages 50-74 who received a mammogram in the last 2 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and State

Years available:

State: 2014, 2016, and 2019

National: 2019

Population characteristics: Age, race, ethnicity, health insurance, income, education, location of residence, and disability status

Data Sources: National Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Number of women ages 50-74

Numerator: Subset of denominator who report receiving a mammogram within the last 2 years

Comments: National data is referred to as measure C-17 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 50-64 and 50-74.

Measure ID: 70501012

Measure Title: Breast cancer diagnosed at advanced stage in women age 40 and over

Measure Source: Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER), U.S. Cancer Statistics

Tables:

Geographic representation: National, States and DC

Years available: States: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

Data Sources: CDC NPCR and NCI SEER

Denominator: Women age 40 and over

Numerator: Subset of the denominator with new diagnosis of advanced stage invasive breast cancer; advanced stage is defined as regional or distant stage

Comments: Advanced stage for this table refers to regional (spread to regional lymph nodes) and distant (cancer has metastasized) Surveillance, Epidemiology, and End Results (SEER) summary stage.

Historically, cancer stage has been collected using three different staging systems, each with a different purpose, dataset, and rules. The American Joint Committee on Cancer (AJCC), in collaboration with North American standard setters, developed a unified dataset that combines and standardizes the information needed to assign stage in the AJCC (Tumor, Node, Metastasis, or TNM), SEER (Extent of Disease, [EOD]), and Summary Stage (SS) 1977 and 2000 systems and to derive the TNM stage group, EOD, and SS applicable to each cancer site beginning with cancers diagnosed in 2004.

The population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

Measure ID: 70501021

Measure Title: Women ages 21-65 who received a Pap smear in the last 3 years or human papillomavirus vaccines (HPV) in the last 5 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available:

State: 2014, 2016, and 2019

National: 2019

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, residence location

Data Sources: National Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. female civilian noninstitutionalized population ages 21-65, excluding women who had a hysterectomy or diagnosed with cervical cancer

Numerator: National: Women ages 21-29 in the denominator who report receiving a Pap smear within the last 3 years or human papillomavirus vaccines within past 5 years

State: Women in the denominator who report receiving a Pap smear within the last 3 years

Comments: This measure is referred to as measure C-15 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using three age groups: 21-34, 35-44, and 45-65. Denominator also excluded women who did not provide valid answer to the questions about the pap smear, human papillomavirus vaccines, or time of the tests or vaccines.

Measure ID: 70501022

Measure Title: Cervical cancer diagnosed at advanced stage per 100,000 women age 20 and over

Measure Source: Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER), U.S. Cancer Statistics

Table Descriptions:

Geographic representation: National, States and DC

Years available: State: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

Data Sources: National and State: CDC NPCR, NCI SEER

Denominator: Number of women age 20 and over

Numerator: Subset of denominator with a new invasive cervical cancer diagnosed in the survey years

Comments: Invasive cervical cancer is defined as cancer that has spread from the surface of the cervix to tissue deeper in the cervix or to other parts of the body. Estimates include all invasive tumors.

National estimates are age-adjusted to the 2000 US standard population (19 age groups—Census P25-1130). State estimates are age-adjusted to the 2000 US standard million population by 5-year age groups.

Historically, cancer stage has been collected using three different staging systems having three different purposes, datasets, and rules. The American Joint Committee on Cancer (AJCC), in collaboration with North American standard setters, has developed a unified dataset that combines and standardizes the information needed to assign stage in the AJCC (Tumor, Node, Metastasis, [TNM]), SEER (Extent of Disease, [EOD]), and Summary Stage (SS) 1977 and 2000 systems, and to derive the TNM stage group, EOD, and SS applicable to each cancer site beginning with cancers diagnosed in 2004.

The population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

Measure ID: 70501031

Measure Title: Adults ages 50-75 who received any type of colorectal cancer screening

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and State

Years available:

National: 2019

State: 2014, 2016, and 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population ages 50 to 75 years, excluding adults with a diagnosed colon cancer

Numerator: Number of adults ages 50 to 75 who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years, a Cologuard test (FIT-DNA) in the past 3 years, or a CT colonography (“virtual colonoscopy”) in the past 5 years. State: Number of persons aged 50 to 75 years who have had a blood stool test in the past year, sigmoidoscopy in the past 5 years and blood stool test in the past 3 years, or a colonoscopy in the past 10 years

Comments: This measure is referred to as measure C-16 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population using two age groups: 50-64, 65-75. Denominator also excluded adults who did not provide valid answer to the questions about the tests or time of the tests.

Measure ID: 70501032

Measure Title: Colorectal cancer diagnosed at advanced stage per 100,000 adults age 50 and over

Measure Source: Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and the National Cancer Institute (NCI) Surveillance, Epidemiology, and End Results Program (SEER), U.S. Cancer Statistics

Table Description:

Geographic representation: National, States and DC

Years available: State: 2004 to 2017

National: 2000 to 2017

Population characteristics: Age, race, ethnicity

Data Sources: National & State: CDC NPCR, NCI SEER

Denominator: U.S. population age 50 and over

Numerator: Subset of denominator with new colorectal cancers diagnosed as regional or distant staged cancers in the survey years

Comments: All rates are age-adjusted to the 2000 standard US population by 5-year age groups, except where indicated. State estimates are per 100,000 population, age 50 and over, and are age-adjusted to the 2000 US standard million population by 5-year age groups.

Advanced stage refers to tumors diagnosed at regional or distant stage. Regional stage is defined as a neoplasm that has extended beyond the limits of the organ of origin, either directly into surrounding organs or tissues or into regional lymph nodes. Distant stage is defined as a neoplasm that has spread to parts of the body remote from the primary tumor, either by direct extension or by discontinuous metastasis.

Cancer stage historically has been collected using three different staging systems having three different purposes, datasets, and rules. The American Joint Committee on Cancer (AJCC), in collaboration with North American standard setters, has developed a unified dataset that combines and standardizes the information needed to assign stage in the AJCC (Tumor, Node, Metastasis, [TNM]), SEER (Extent of Disease [EOD]), and Summary Stage (SS) 1977 and 2000 systems and to derive the TNM stage group, EOD, and SS applicable to each cancer site beginning with cancers diagnosed in 2004.

The population of many counties along the Gulf Coast of Louisiana, Alabama, Mississippi, and Texas were displaced in the fall of 2005 by Hurricanes Katrina and Rita, resulting in incomplete case ascertainment for the latter half of the year. For these states, state- and county-level incidence rates were calculated based upon the data as it was submitted to CDC. Incidence rates in the Data Visualizations tool may differ from those in other publications.

Measure ID: 70501041

Measure Title: Adults who received a blood pressure measurement in the last 2 years and can state whether their blood pressure was normal or high

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: National Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. adult population age 18 and over

Numerator: Subset of the denominator who had their blood pressure measured in the last 2 years and can state whether their blood pressure was normal or high

Comments: This measure is referred to as measure HDS-4 in Healthy People 2020 documentation. Estimates are age adjusted to the 2000 U.S. standard population. Age data and health insurance data for the population age 65 and over are unadjusted.

Measure ID: 70501042

Measure Title: Adults who received a blood cholesterol measurement in the last 5 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available: State: 2013 to 2019

National: 2019

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, and disability status

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. adult population age 18 and over

Numerator: Subset of the denominator who have had their cholesterol checked within the previous 5 years

Comments: Data are age adjusted to the 2000 U.S. standard population. Age-adjusted rates are weighted sums of age-specific rates. This measure is referred to as measure HDS-6 in Healthy People 2020 documentation.

Measure ID: 70501061

Measure Title: Adults ages 18-64 at high risk (e.g., COPD) who received an influenza vaccination in the last flu season

Measure Source: Healthy People 2020

Table Descriptions:

Geographic Representation: National and States

Years available:

State: 2013 to 2019

National: 2009 to 2018

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population ages 18-64 who have a high-risk condition

Numerator: Subset of the denominator who report receiving an influenza vaccination in the last flu season months

Comments: This measure is referred to as measure IID-12.6 in Healthy People 2020 documentation. High-risk conditions include diabetes, heart disease, lung disease, kidney disease, liver disease, and cancer. Not all high-risk conditions for complications of influenza can be ascertained by the NHIS (e.g., immunocompromised states), and sample sizes may be too small to estimate. Data are age adjusted to the 2000 U.S. standard population.

Measure ID: 70501062

Measure Title: Adults age 18 and over who received an influenza vaccination in the last flu season

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2009 to 2018

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults age 18 and over

Numerator: Number of adults age 18 and over who report receiving an influenza vaccination in the last flu season

Comments: This measure is referred to as measure IID-12.12 in Healthy People 2020 documentation. Data are age adjusted to the 2000 U.S. standard population.

Measure ID: 70501071

Measure Title: Adults age 65 and over who received an influenza vaccination in the last flu season

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available:

State: 2013 to 2019

National: 2004 to 2018

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults age 65 and over

Numerator: Number of adults age 65 and over who report receiving an influenza vaccination in the past 12 months

Comments: This measure is referred to as measure IID-12.7 in Healthy People 2020 documentation. Data are age adjusted to the 2000 U.S. standard population.

Measure ID: 70501081

Measure Title: Hospital admissions for immunization-preventable influenza per 100,000 population, age 65 and over

Measure Source: Healthy People 2010

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, location of residence, median household income of patient's ZIP Code, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates

Denominator: U.S. resident population age 65 and over

Numerator: Hospitalization of adults age 65 and over with any diagnosis of immunization-preventable influenza, excluding transfers from other institutions

Comments: This measure is referred to as measure 1-9c in Healthy People 2010 documentation. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM codes to identify immunization-preventable influenza include the following: J10.00, J10.01, J10.08, J10.1, J10.2, J10.81, J10.82, J10.83, J10.89, J11.00, J11.08, J11.1, J11.2, J11.81, J11.82, J11.83, and J11.89. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 70501091

Measure Title: High-risk adults ages 18-64 at who ever received a pneumococcal vaccination

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available:

State: 2013 to 2019

National: 2000 to 2018

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State: CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults ages 18-64 with a high-risk condition

Numerator: Subset of the denominator who report ever receiving a pneumococcal vaccination

Comments: This measure is referred to as measure IID-13.2 in Healthy People 2020 documentation.

Measure ID: 70501101

Measure Title: Adults age 65 and over who ever received a pneumococcal vaccination

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available: State: 2013 to 2019

National: 2000 to 2018

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, sex

Data Sources: National: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population of adults age 65 and over

Numerator: Subset of the denominator who report ever receiving a pneumococcal vaccination

Comments: This measure is referred to as measure IID-13.1 in Healthy People 2020 documentation. Data are age adjusted to the 2000 U.S. standard population.

Measure ID: 70501111

Measure Title: Hospital patients who received influenza vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, Hospital IQR Program

Denominator: Hospital patients

Numerator: Subset of the denominator who were screened for influenza vaccine status if indicated

Comments: Estimates are calculated using hospital-level scores.

Measure ID: 70501131

Measure Title: Adults age 18 and over who had a dental visit in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the *Healthy People 2020* Oral Health Objective OH-7 “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.” For example, HP2020 OH-7 includes persons age 2 and over and the estimates are age-adjusted. This measure includes persons age 18 and over and the estimates

are not age-adjusted. Information and data for OH-7 are available at:
<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>.

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS).

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of denominator who had a dental visit in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Measure ID: 70501132

Measure Title: Adults age 18 and over who had a dental visit in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the *Healthy People 2020* Oral Health Objective OH-8 “Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.” For example, OH-8 includes persons ages 2-18 at or below 200 percent of the Federal poverty level. The QDR measure is for all persons age 65 and over. Information and data for OH-8 are available at:
<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>.

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of denominator who received any preventive dental service in the calendar year. Preventive dental service includes: Cleanings, fluoride, sealants, and periodontal recall visits. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

7.5.2 Childhood Immunization

Measure ID: 70502011

Measure Title: Children ages 19-35 months who received all recommended vaccines

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS) National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Number of children ages 19-35 months receiving at least 4 doses of diphtheria-tetanus-acellular pertussis (DTaP) vaccine; at least 3 doses of polio vaccine; at least 1 dose of measles-mumps-rubella (MMR) vaccine; at least 3 doses or at least 4 doses of Haemophilus influenzae B (Hib) vaccine, depending on product type received; at least 3 doses of hepatitis B vaccine; at least 1 dose of varicella vaccine; and at least 4 doses of pneumococcal conjugate vaccine (PCV)

Comments: This is a composite measure; it is referred to as measure IID-8 in Healthy People 2020 documentation. The vaccines included in this measure are based on the corresponding Healthy People 2020 objective. These include at least 4 doses of DTaP vaccine; at least 3 doses of polio vaccine; at least 1 dose of MMR vaccine; at least 3 or at least 4 doses of Hib vaccine, depending on type of vaccine received; at least 3 doses of hepatitis B vaccine; at least 1 dose of varicella vaccine; and at least 4 doses of PCV. The following vaccines were added to the list of recommended vaccines for children up to 35 months of age but were not added to this measure: influenza vaccine (added in 2004) and hepatitis A vaccine and rotavirus vaccine (both added in 2006).

Measure ID: 70502021

Measure Title: Children ages 19-35 months who received 4 or more doses of diphtheria-tetanus-pertussis vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2001 to 2018

State: 2000 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens

Comments: This measure is referred to as measure IID-7.1 in Healthy People 2020 documentation. This baseline measure tracks the number of children ages 19-35 months receiving 4 or more doses of the combination of diphtheria, tetanus, and acellular pertussis antigens, as well as those children who received the combination of diphtheria, tetanus, and pertussis antigens.

Statistical adjustments are made to minimize bias due to (1) lower coverage among children living in households without telephones, (2) discrepancies between vaccinations reported by household compared with immunization providers, and (3) differences in racial/ethnic population distribution in the sample compared with racial/ethnic population distribution at birth.

Measure ID: 70502022

Measure Title: Children ages 19-35 months who received 3 or more doses of polio vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2001 to 2018

State: 2000 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 3 doses of the polio antigen

Comments: This measure is referred to as measure IID-7.5 in Healthy People 2020 documentation.

Measure ID: 70502023

Measure Title: Children ages 19-35 months who received 1 or more doses of measles-mumps-rubella vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2001 to 2018

State: 2000 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving at least 1 dose of the combination of measles, mumps, and rubella antigens

Comments: This measure is referred to as measure IID-7.4 in Healthy People 2020 documentation.

Measure ID: 70502025

Measure Title: Children ages 19-35 months who received 3 or more doses of hepatitis B vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2001 to 2018

State: 2000 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of denominator receiving at least 3 doses of the hepatitis B antigen

Comments: This measure is referred to as measure IID-7.3 in Healthy People 2020 documentation.

Measure ID: 70502026

Measure Title: Children ages 19-35 months who received 1 or more doses of varicella vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2001 to 2018

State: 2000 to 2018

Population characteristics: Race, ethnicity, sex, income

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of denominator receiving at least 1 dose of the varicella antigen

Comments: This measure is referred to as measure IID-7.6 in Healthy People 2020 documentation.

Measure ID: 70502027

Measure Title: Children ages 19-35 months who received 4 or more doses of pneumococcal conjugate vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2010 to 2018

State: 2011 to 2018

Population characteristics: Income, race, ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator:

U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator:

Subset of the denominator receiving 4 or more doses of pneumococcal conjugate

Comments:

This measure is referred to as measure IID-7.7 in Healthy People 2020 documentation.

Measure ID: 70502028

Measure Title: Children ages 19-35 months who received a full series of Haemophilus influenzae type B vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: National: 2009 to 2018

State: 2011 to 2018

Population characteristics: Income, race, ethnicity, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of children ages 19-35 months

Numerator: Subset of the denominator receiving a full series of the Haemophilus influenzae B antigen

Comments: This measure is referred to as measure IID-7.2 in Healthy People 2020 documentation.

Measure ID: 70502031

Measure Title: Adolescents ages 13-15 years who received 1 or more doses of meningococcal conjugate vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 13-15

Numerator: Subset of the denominator who received at least 1 dose of meningococcal conjugate vaccine

Comments: This measure is referred to as measure IID-11.3 in Healthy People 2020.

Measure ID: 70502033

Measure Title: Adolescents ages 16-17 years who received 1 or more doses of meningococcal conjugate vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 16-17

Numerator: Subset of the denominator who received at least 1 dose of meningococcal conjugate vaccine

Comments: This measure is referred to as measure IID-11.3 in Healthy People 2020.

Measure ID: 70502041

Measure Title: Adolescents females ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of females ages 13-15

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

Measure ID: 70502042

Measure Title: Adolescents females ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of females ages 16-17

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

Measure ID: 70502043

Measure Title: Adolescents males ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of males ages 13-15

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

Measure ID: 70502044

Measure Title: Adolescents males ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of males ages 16-17

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentation.

Measure ID: 70502045

Measure Title: Adolescents ages 13-15 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 13-15

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentations.

Measure ID: 70502046

Measure Title: Adolescents ages 16-17 who received 3 or more doses of human papillomavirus (HPV) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 16-17

Numerator: Subset of the denominator who received 3 or more doses of human papillomavirus vaccine

Comments: This measure is referred to as measure IID-11.4 in Healthy People 2020 documentations.

Measure ID: 70502051

Measure Title: Adolescents ages 13-15 who received 1 or more doses of tetanus-diphtheria-acellular pertussis (Tdap) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 13-15

Numerator: Subset of the denominator who received 1 or more doses of Tdap vaccine

Comments: This measure is referred to as measure IID-11.1 in Healthy People 2020 documentation.

Measure ID: 70502052

Measure Title: Adolescents ages 16-17 who received 1 or more doses of tetanus-diphtheria-acellular pertussis (Tdap) vaccine

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Race, ethnicity, sex, income, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population ages 16-17

Numerator: Subset of the denominator who received 1 or more doses of Tdap vaccine

Comments: This measure is referred to as measure IID-11.1 in Healthy People 2020 documentation.

Measure ID: 70502061

Measure Title: Children ages 6 months to 17 years who received influenza vaccination in the last flu season

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Table Descriptions:

Geographic representation: National

Years available: 2009 to 2018

Population characteristics: Age, race/ethnicity, health insurance, income, race/ethnicity, sex

Data Sources: CDC, NCHS, NHIS

Denominator: Number of children ages 6 months to 17 years

Numerator: Subset of the denominator who reported they received influenza vaccination

Comments: Estimates are not age adjusted.

Measure ID: 70502071

Measure Title: Adolescents ages 13-15 years (excluding adolescents who have had varicella) vaccinated with at least 2 doses of varicella

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Income, race, ethnicity, sex, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of adolescents ages 13-15 (excluding adolescents who have had varicella)

Numerator: Subset of the denominator receiving at least 2 doses of varicella vaccine

Comments: This measure is referred to as measure IID-11.2 in Healthy People 2020 documentation.

Measure ID: 70502072

Measure Title: Adolescents ages 16-17 years (excluding adolescents who have had varicella) vaccinated with at least 2 doses of varicella

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National, State

Years available: 2008 to 2018

Population characteristics: Income, race, ethnicity, sex, geographic location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey (NIS)

Denominator: U.S. civilian noninstitutionalized population of adolescents ages 16-17 (excluding adolescents who have had varicella)

Numerator: Subset of the denominator receiving at least 2 doses of varicella vaccine

Comments: This measure is referred to as measure IID-11.2 in Healthy People 2020 documentation.

7.5.3 Other Childhood Preventive Care

Measure ID: 70503011

Measure Title: Children who had their height and weight measured by a health provider within the past 2 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18

Numerator: Subset of the denominator who had both height and weight measurements taken within the past 2 years by a health provider

Comments: This is a composite measure combining responses to both height and weight measurements.

"Don't Know" responses to the questions of when the weight and height were measured were excluded.

Measure ID: 70503021

Measure Title: Children ages 2-17 who had a dental visit in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the *Healthy People 2020* Oral Health Objective OH-7 “Increase the proportion of children, adolescents, and adults who used the oral health care system in the past year.” For example, HP2020 OH-7 includes persons age 2 and over and the estimates are age-adjusted. This measure includes persons ages 2-17 and the estimates are not age-adjusted. Information and data for OH-7 are available at: <https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>.

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17 years

Numerator: Subset of denominator who had a dental visit in the calendar year. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Comments: With the exception of the "children with special health care needs" category, the age used to subset the child population was defined as a person’s age on December 31 of the data year. Age at the round 2 and 4 interview date was used for “children with special health care needs” because these questions were asked in rounds 2 and 4.

Measure ID: 70503023

Measure Title: Children ages 5-17 with untreated dental caries

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2001 to 2004, 2005 to 2008, 2011 to 2014, and 2015 to 2018

Population characteristics: Age, gender, family income, ethnicity

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Children ages 5-17 years

Numerator: Subset of denominator with a clinical diagnosis of dental decay in at least one tooth that has not been restored

Comments: This measure is referred to as measure OH-2 in Healthy People 2020 documentation. The age ranges have been modified from the original specification.

Measure ID: 70503025

Measure Title: Children ages 2-17 who received any preventive dental service in the calendar year

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS). This measure is consistent with but not exactly the same as the *Healthy People 2020* Oral Health Objective OH-8 “Increase the proportion of low-income children and adolescents who received any preventive dental service during the past year.” For example, OH-8 includes persons ages 2-18 at or below 200 percent of the Federal poverty level. The QDR measure is for all persons ages 2-17. Information and data for OH-8 are available at:

<https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives>.

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17 years

Numerator: Subset of denominator who received any preventive dental service in the calendar year. Preventive dental service includes: Cleanings, fluoride, sealants, and periodontal recall visits. For more information, see “Detailed Methods for the Medical Expenditure Panel Survey.”

Comments: With the exception of the “children with special health care needs” category, the age used to subset the child population was defined as a person’s age on December 31 of the data year. Age at the interview date for rounds 2 and 4 was used for “children with special health care needs” because these questions were asked in rounds 2 and 4.

Measure ID: 70503032

Measure Title: Children ages 3-5 who ever had their vision checked by a health provider

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 3-5 years

Numerator: Subset of the denominator whose vision had ever been checked by a doctor or other health provider

Comments: Estimates exclude Non-respondents as well as "Don't Know" responses.

Measure ID: 70503041

Measure Title: Children for whom a health provider gave advice in the past 2 years about how smoking in the house can be bad for a child

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 18

Numerator: Subset of the denominator for whom a doctor or other health provider within the past 2 years had given advice about how smoking in the house can be harmful

Comments: Estimates exclude Non-respondents and "Don't Know" responses.

Measure ID: 70503042

Measure Title: Children 0-40 lbs. for whom a health provider gave advice in the past 2 years about using child safety seats when riding in the car

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized child population weighing 0-40 lbs.

Numerator: Subgroup of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using child car safety seats

Comments: Due to 2018 MEPS redesign, data from 2018 may not be comparable with previous years' data.

Measure ID: 70503043

Measure Title: Children 41-80 lbs. for whom a health provider gave advice within the past 2 years about using booster seats when riding in the car

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized child population weighing 41-80 lbs.

Numerator: Subset of the denominator for whom a doctor or other health provider had given advice in the past 2 years about using booster seats

Measure ID: 70503044

Measure Title: Children over 80 lbs. for whom a health provider gave advice within the past 2 years about using lap or shoulder belts when riding in a car

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized child population weighing over 80 lbs.

Numerator: Subset of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using lap and shoulder belts

Comments: Due to 2018 MEPS redesign, data from 2018 may not be comparable with previous years' data.

Measure ID: 70503045

Measure Title: Children ages 2-17 years for whom a health provider gave advice within the past 2 years about using a helmet when riding a bicycle or motorcycle

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population ages 2-17 years

Numerator: Subset of the denominator for whom a doctor or other health provider had given advice within the past 2 years about using a helmet when riding a bicycle or motorcycle

Comments: Estimates exclude Non-respondents and "Don't Know" responses.

Measure ID: 70503061

Measure Title: Children age 0-17 with a wellness checkup in the past 12 months

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS)

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Age, ethnicity, race, sex, income, insurance, location of residence

Data Sources: National Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS). State CDC, Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Children ages 0-17

Numerator: Subset of the denominator who received a wellness checkup in the past 12 month

Comments: This measure is defined based on three survey questions, 1), time since last saw doctor; 2), was the last visit a wellness visit; and 3), time since last wellness visit. Children who visited a doctor in last 12 months (question 1) and the visit was a wellness checkup (question 2) are included in numerator. Children who answered "Within the past year " or "anytime less than 12 months ago" to the third question are also included in the numerator. Children who never visited a doctor, or visited a doctor one year ago, or visited a doctor within one year but the visit was not for wellness checkup are considered not received a wellness checkup. A small fraction of children without clear answer for the three questions are excluded from the denominator.

7.5.4 Overall Preventive Care

Measure ID: 70504011

Measure Title: Long-stay nursing home residents who were assessed and appropriately given the seasonal influenza vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care long-stay residents with a valid target assessment, excluding those not in the facility during the current or most recent influenza season, not eligible due to medical contraindication, and offered and declined the influenza vaccine

Numerator: Subset of the denominator who received an influenza vaccination either in the facility or outside the facility

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70504021

Measure Title: Long-stay nursing home residents who were assessed and appropriately given the pneumococcal vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care nursing home long-stay residents with a valid target assessment,

Numerator: Subset of the denominator who have an up-to-date pneumococcal vaccination, were offered and declined the vaccine, or were ineligible due to contraindications

Comments: Long stay quality measures include all residents in an episode whose cumulative days in the facility is greater than or equal to 101 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70504031

Measure Title: Short-stay nursing home residents who had flu vaccination appropriately given

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Medicare chronic care short-stay residents with a valid target assessment, excluding those not in the facility during the current or most recent influenza season, not eligible due to medical contraindication, and offered and declined the influenza vaccine

Numerator: Subset of the denominator who received an influenza vaccination either in the facility or outside the facility

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70504041

Measure Title: Short-stay nursing home residents who were assessed and appropriately given the pneumococcal vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Nursing Home Quality Initiative (NHQI), Nursing Home Assessment files, Minimum Data Set (MDS)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, marital status, preferred language, and geographic location of facility

Data Sources: CMS, Skilled Nursing Facility (SNF) Quality Reporting Program (QRP), Chronic Conditions Data Warehouse (CCW), Residence Assessment Files, MDS 3.0

Denominator: Short-stay nursing home residents with a valid target assessment

Numerator: Subset of the denominator who have an up-to-date pneumococcal vaccination, were offered and declined the vaccine, or were ineligible due to contraindications

Comments: Short stay quality measures include all residents in an episode whose cumulative days in the facility is less than or equal to 100 days at the end of the target period. An episode is a period of time spanning one or more stays, beginning with an admission and ending with either a discharge or the end of the target period (whichever comes first). The input data were full year files, and the target assessment was the end of the year assessment.

For details about this measure, refer to the MDS 3.0 Quality Measures User's manual, version 14, available at: <https://www.cms.gov/files/zip/users-manuals-updated-10-19-2020.zip>.

Measure ID: 70504051

Measure Title: Home health patients who had influenza vaccination during flu season

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer during year, excluding episodes for which no care was provided during flu season, or the patient died, or the patient does not meet age/condition guidelines for influenza vaccine

Numerator: Number of home health quality episodes during which the patient a) received vaccination from the HHA or b) had received vaccination from HHA during earlier episode of care, or c) was determined to have received vaccination from another provider

Comments: Further information about HHQI measures is available at:

<http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 70504061

Measure Title: Home health patients who had pneumococcal polysaccharide vaccination

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2015 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer during year, excluding episodes for which patient does not meet age/condition guidelines for Pneumococcal Polysaccharide Vaccine

Numerator: Patients have ever received Pneumococcal Polysaccharide Vaccine

Comments: Further information about HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

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Chapter 8. Affordable Care

8.1 Financial Burden of Health Care Cost

Measure ID: 80101011

Measure Title: People under age 65 whose family's health insurance premiums and out-of-pocket medical expenditures were more than 10% of total family income

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65

Numerator: Subset of the denominator whose family's out-of-pocket medical expenditures were more than 10% of total family income

Comments: Health insurance premium is determined as the sum of insurance premiums (imputed) and Medicare Part B expenditures. Total family income is the sum of person-level pretax total income, refund income, and sale income. "Family" is defined in terms of health insurance eligibility units (HIEUs), which are composed of individuals who could be covered as a family under most private health insurance plans. For income, insurance, expenditures, and premiums, a family is defined in terms of HIEUs.

8.2 Usual Source of Care

Measure ID: 80201011

Measure Title: People without a usual source of care who indicated a financial or insurance reason for not having a source of care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population who reported having no usual source of care

Numerator: Subset of the denominator who indicated a financial or insurance reason for not having a usual source of care

Measure ID: 80201021

Measure Title: People unable to get or delayed in getting needed medical care, dental care, or prescription medicines due to cost

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator reporting not able to get or delayed of getting needed medical care, dental care, or prescription medications due to cost

Comments: This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR had a measure of “people unable to get or delayed in getting medical care, dental care, or prescription medications due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting needed medical care, dental care, or prescription medications.

Measure ID: 80201022

Measure Title: People unable to get or delayed in getting needed medical care due to cost

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator who were unable to get or delayed in getting needed medical care due to cost

Comments: HP2020 measure 6.1 is persons unable to obtain or delaying needed medical care, dental care, or prescription medications (percent)

HP2020 measure 6.2 is persons unable to obtain or delaying needed medical care (percent).

This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR had a measure of “people unable to get or delayed in getting medical care due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting needed medical care.

Measure ID: 80201023

Measure Title: People who were unable to get or delayed in getting needed dental care due to cost

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized with a usual source of care

Numerator: Subset of the denominator who were not able to get or delayed in getting dental care due to cost

Comments: This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR has a measure of “people unable to get or delayed in getting dental care due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting dental care.

Measure ID: 80201024

Measure Title: People unable to get or delayed in getting needed prescription medicines due to cost

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator who were unable to get or delaying in getting needed prescription medications due to cost

Comments: This measure is new from 2018 MEPS and the denominator is population with a usual source of care. Previously, the NHQDR has a measure of “people unable to get or delayed in getting prescription medications due to financial or insurance reason,” and the denominator subset the population to those who were unable to get or delayed in getting prescription medications.

Measure ID: 80201031

Measure Title: Adults who needed to see a doctor but could not because of cost in the past year

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and State

Years available: 2013 to 2015 and 2017 to 2019

Population characteristics: Activity limitation, age, education, health insurance, income, race, ethnicity, location of residence, marital status, obesity status, sex

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who report needing to see a doctor in but could not because of cost in the past year

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Chapter 9. Priority Population

9.1 Health Resources and Services Administration (HRSA) - Uniform Data System (UDS) Measures

9.1.1 Clinical Measures

Measure ID: 90501011

Measure Title: Adults treated at a HRSA supported health centers who received weight screening and follow-up

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Adults treated at a HRSA supported health center

Numerator: Subset of the denominator who with (1) BMI charted and (2) follow-up plan documented if patients are overweight or underweight

Measure ID: 90501012

Measure Title: Children ages 3-17 treated at a HRSA supported health centers who received weight screening and follow-up

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Children ages 3-17 treated at a HRSA supported health centers

Numerator: Subset of the denominator who with a BMI percentile, and counseling on nutrition and physical activity documented for the current year

Measure ID: 90501021

Measure Title: Adults ages 18 to 85 treated at a HRSA supported health centers with diagnosed hypertension whose last blood pressure was less than 140/90

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2008 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Adults ages 18 to 85 treated at a HRSA supported health centers with diagnosed hypertension

Numerator: Subset of the denominator whose last blood pressure was less than 140/90

Measure ID: 90501031

Measure Title: Patients ages 5-64 treated at a HRSA supported health centers with diagnosed asthma who have an acceptable pharmacological treatment plan

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2017 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients ages 5-64 treated at a HRSA supported health centers with diagnosed asthma

Numerator: Subset of the denominator who have an acceptable pharmacological treatment plan

Measure ID: 90501041

Measure Title: Tobacco users aged 18 and above who were screened for tobacco use and received cessation advice or medication

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2011 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Adults tobacco users treated at a HRSA supported health center

Numerator: Subset of the denominator who received cessation advice or medication

Measure ID: 90501051

Measure Title: Adults ages 50-75 treated at a HRSA supported health centers with appropriate screening for colorectal cancer

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2012 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Adults ages 50-75 with a medical visit during the measurement period at a HRSA supported health center

Numerator: Subset of the denominator who received appropriate screening for colorectal cancer

Measure ID: 90501061

Measure Title: Adults ages 18-75 diagnosed with type I or II diabetes with Hba1c 9% or lower

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Adults ages 18-75 diagnosed with type I or II diabetes treated at a HRSA supported health centers

Numerator: Subset of the denominator who with HbA1c level 9% or lower

Measure ID: 90501071

Measure Title: Children ages 2 years treated at a HRSA supported health center who received age appropriate vaccines

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Children who had their 2nd birthday during the calendar year treated at a HRSA supported health centers

Numerator: Subset of the denominator who received age appropriate vaccines

9.1.2 Clinical Visits

Measure ID: 90502011

Measure Title: Distribution of visits to HRSA health centers by service category

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2017, 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of visits to HRSA health centers

Numerator: Number of visits to HRSA health centers by each type of service category, including medical, dental, vision, mental health, substance abuse, enabling, and other services.

Comments: The percentages of this measure are distributions by service category at visit level, not patient level.

Measure ID: 90502021

Measure Title: Patients treated at HRSA supported health center who had at least one visit for medical service

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients with at least one visit to a HRSA supported health center

Numerator: Subset of the denominator who had at least one visit for medical service

Measure ID: 90502031

Measure Title: Patients treated at HRSA supported health center who had at least one visit for dental service

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients with at least one visit to a HRSA supported health center

Numerator: Subset of the denominator who had at least one visit for dental service

Measure ID: 90502041

Measure Title: Patients treated at HRSA supported health center who had at least one visit for vision service

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients with at least one visit to a HRSA supported health center

Numerator: Subset of the denominator who had at least one visit for vision service

Measure ID: 90502051

Measure Title: Patients treated at HRSA supported health center who had at least one visit for mental health service

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients with at least one visit to a HRSA supported health center

Numerator: Subset of the denominator who had at least one visit for mental health service

Measure ID: 90502061

Measure Title: Patients treated at HRSA supported health center who had at least one visit for substance use disorder service

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Patients with at least one visit to a HRSA supported health center

Numerator: Subset of the denominator who had at least one visit for substance use disorder service

Measure ID: 90502071

Measure Title: HRSA supported health center clinic visits where services were provided by a physician

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2007 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator where services were provided by a physician

Measure ID: 90502081

Measure Title: HRSA supported health center services provided by a nurse practitioners, a physician assistants, or a certified nurse midwife

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2007 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator who received services provided by a nurse practitioners, a physician assistants, or a certified nurse midwife

Measure ID: 90502082

Measure Title: HRSA supported health center services provided by a nurse

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2016 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator who received services provided by a nurse

9.1.3 Electronic Health Records

Measure ID: 90503081

Measure Title: HRSA supported health centers with electronic health record system installed with capability to exchange key clinical information among providers of care and patient-authorized entities electronically

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of HRSA supported health centers

Numerator: Number of HRSA supported health centers that had a EHR system with a component to exchange clinical information with other key providers/health care settings such as hospitals, emergency rooms, or subspecialty clinicians

Measure ID: 90503091

Measure Title: Virtual visits per 1,000 medical visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of medical visits to HRSA supported health centers

Numerator: Number of medical visits to HRSA supported health centers which were virtual visits

Measure ID: 90503101

Measure Title: Virtual visits per 1,000 dental visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of dental visits to HRSA supported health centers

Numerator: Number of dental visits to HRSA supported health centers which were virtual visits

Measure ID: 90503111

Measure Title: Virtual visits per 1,000 mental healthcare visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of mental healthcare visits to HRSA supported health centers

Numerator: Number of mental healthcare visits to HRSA supported health centers which were virtual visits

Measure ID: 90503121

Measure Title: Virtual visits per 1,000 vision visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of vision visits to HRSA supported health centers

Numerator: Number of vision visits to HRSA supported health centers which were virtual visits

Measure ID: 90503131

Measure Title: Virtual visits per 1,000 substance abuse visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of visits to HRSA supported health centers for substance abuse services

Numerator: Number of visits to HRSA supported health centers for substance abuse services which were virtual visits

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Chapter 15. Supplemental Measures

15.1 Access to Care Measures

15.1.1 Getting Appointments for Care

Measure ID: 150101011

Measure Title: Adults who had an appointment for routine health care in the last 6 months who sometimes or never got an appointment for routine care as soon as needed, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 months, Medicaid

Numerator: Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as needed

Measure ID: 150101012

Measure Title: Adults who had an appointment for routine health care in the last 6 or 12 months who sometimes or never got an appointment for routine care as soon as needed, Medicare Managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as needed

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150101013

Measure Title: Adults who had an appointment for routine health care in the last 6 or 12 months who sometimes or never got an appointment for routine care as soon as needed, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had an appointment for routine health care in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who indicated that they sometimes or never got an appointment for routine care as soon as needed

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150101021

Measure Title: Children who had an appointment for routine health care in last 6 months who sometimes or never got an appointment for routine care as soon as needed, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had an appointment for routine health care in the last 6 months, Medicaid

Numerator: Subset of the denominator indicated that they sometimes or never got appointments for routine care as soon as needed

Measure ID: 150101031

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 months who sometimes or never got care as soon as needed, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never got care as soon as needed

Measure ID: 150101032

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 or 12 months who sometimes or never got care as soon as needed, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who sometimes or never got care as soon as needed

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150101033

Measure Title: Adults who needed care right away for an illness, injury, or condition in the last 6 or 12 months who sometimes or never got care as soon as needed, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed care right away for an illness, injury, or condition in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never got care as soon as needed

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

15.1.2 Workforce Diversity

Measure ID: 150103061

Measure Title: Distribution of total healthcare occupations

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: None

Data Sources: U.S. Census, American Community Survey

Denominator: U.S. total healthcare occupations

Numerator: Number of each type of the healthcare occupations as indicated by the occupation code of either OCCP or SOCP

Comments: The percentages in the data table are distributions of each healthcare occupation over the total number of healthcare occupations.

Measure ID: 150103071

Measure Title: Distribution of physicians

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population subgroups: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of physicians in the United States identified by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of physicians in each race/ethnicity group

Comments: The percentages in the data table are distributions of physicians in each race/ethnicity group over the total number of physicians in the U.S.

Measure ID: 150103081

Measure Title: Distribution of registered nurses

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of registered nurses as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of registered nurses in each race/ethnicity group

Comments: The percentages in the data table are distributions of registered nurses in each race/ethnicity group over the total number of registered nurses in the U.S.

Measure ID: 150103091

Measure Title: Distribution of therapists

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of therapists as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of therapists in each race/ethnicity group

Comments: Therapists include occupational therapists, physical therapists, radiation therapists, recreational therapists, respiratory therapists, speech-language pathologists, and exercise physiologists. The percentages in the data table are distributions of therapists in each race/ethnicity group over the total number of therapists in the U.S.

Measure ID: 150103101

Measure Title: Distribution of healthcare aides

Measure Source: U.S. Census, American Community Survey.

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of healthcare aides as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of healthcare aides in each race/ethnicity group

Comments: Aides include nursing, psychiatric, home health, occupational therapy, and physical therapy assistants and aides. The percentages in the data table are distributions of healthcare aides in each race/ethnicity group over the total number of healthcare aides in the U.S.

Measure ID: 150103111

Measure Title: Distribution of healthcare technologists

Measure Source: U.S. Census, American Community Survey.

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of healthcare technologists as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of healthcare technologists in each race/ethnicity group

Comments: The percentages in the data table are distributions of healthcare technologists in each race/ethnicity group over the total number of healthcare technologists in the U.S.

Measure ID: 150103121**Measure Title:** Distribution of pharmacists**Measure Source:** U.S. Census, American Community Survey**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey**Denominator:** Total number of pharmacists as indicated by the occupation code of either OCCP or SOCP in the United States**Numerator:** Number of pharmacists in each race/ethnicity group**Comments:** The percentages in the data table are distributions of pharmacists in each race/ethnicity group over the total number of pharmacists in the U.S.**Measure ID: 150103131****Measure Title:** Distribution of emergency medical technicians and paramedics**Measure Source:** U.S. Census, American Community Survey**Table Descriptions:**

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey**Denominator:** Total number of emergency medical technicians and paramedics as indicated by the occupation code of either OCCP or SOCP in the United States**Numerator:** Number of emergency medical technicians and paramedics in each race/ethnicity group**Comments:** The percentages in the data table are distributions of emergency medical technicians and paramedics in each race/ethnicity group over the total number of emergency medical technicians and paramedics in the U.S.

Measure ID: 150103141

Measure Title: Distribution of advanced practice registered nurses

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of advanced practice registered nurses as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of advanced practice registered nurses in each race/ethnicity group

Comments: The percentages in the data table are distributions of advanced practice registered nurses in each race/ethnicity group over the total number of advanced practice registered nurses in the U.S.

Measure ID: 150103151

Measure Title: Distribution of dentists

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of dentists as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of dentists in each race/ethnicity group

Comments: The percentages in the data table are distributions of dentists in each race/ethnicity group over the total number of dentists in the U.S.

Measure ID: 150103161

Measure Title: Distribution of physician assistants

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of physician assistants as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of physician assistants in each race/ethnicity group

Comments: The percentages in the data table are distributions of physician assistants in each race/ethnicity group over the total number of physician assistants in the U.S.

Measure ID: 150103171

Measure Title: Distribution of licensed vocational nurses and licensed practical nurses

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of licensed vocational nurses and licensed practical nurses as indicated by the occupation code of either OCCP or SOCP in the United States.

Numerator: Number of licensed vocational nurses and licensed practical nurses in each race/ethnicity group

Comments: The percentages in the data table are distributions of licensed vocational nurses and licensed practical nurses in each race/ethnicity group over the total number of licensed vocational nurses and licensed practical nurses in the U.S.

Measure ID: 150103181

Measure Title: Distribution of other healthcare practitioners

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of other healthcare practitioners as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of other healthcare practitioners in each race/ethnicity group

Comments: Other health practitioners include physician assistants, medical assistants, dental assistants, chiropractors, dietitians and nutritionists, optometrists, podiatrists, and audiologists, as well as massage therapists, medical equipment preparers, medical transcriptionists, pharmacy aides, veterinary assistants and laboratory animal caretakers, phlebotomists, and healthcare support workers. The percentages in the data table are distributions of other healthcare practitioners in each race/ethnicity group over the total number of other healthcare practitioners in the U.S.

Measure ID: 150103191

Measure Title: Distribution of psychologists

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of psychologists as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of psychologists in each race/ethnicity group

Comments: Psychologists include clinical/counseling, school and other psychologists. The percentages in the data table are distributions of psychologists in each race/ethnicity group over the total number of psychologists in the U.S.

Measure ID: 150103201

Measure Title: Distribution of substance abuse and addiction counselors

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of substance abuse and addiction counselors as indicated by the occupation code of either OCCP or SOCP in the United States

Numerator: Number of substance abuse and addiction counselors in each race/ethnicity group

Comments: The percentages in the data table are distributions of substance abuse and addiction counselors in each race/ethnicity group over the total number of substance abuse and addiction counselors in the U.S.

Measure ID: 150103211

Measure Title: Distribution of other healthcare occupations

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2019

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of other healthcare occupations which are not specified in other categories in the United States

Numerator: Number of other healthcare occupations in each race/ethnicity group

Comments: The percentages in the data table are distributions of other healthcare occupations in each race/ethnicity group over the total number of other healthcare occupations in the U.S.

15.1.3 Focus on the Healthcare Safety Net

Measure ID: 150104011

Measure Title: Percent of hospital discharges where expected payer is Medicaid or uninsured

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2018

Population characteristics: Bed size (hospital), geographic location (hospital), ownership of hospital, region, teaching status of hospital

Data Source: AHRQ, HCUP, National Inpatient Sample (NIS)

Denominator: All discharges in community hospitals in the U.S., excluding rehabilitation and long-term, acute care hospitals

Numerator: Subset of the denominator with an expected primary payer of Medicaid or uninsured (including self-pay, charity, and no charge)

Comments: The HCUP National Inpatient Sample (NIS) is drawn from all States participating in HCUP, covering more than 96 percent of the U.S. population. The NIS approximates a 20-percent stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. The large sample size in the enables analyses of rare conditions, uncommon treatments, and special patient populations. Observed (un-adjusted) rates are reported.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150104012

Measure Title: Hospital costs where expected payer is Medicaid or uninsured

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2018

Population characteristics: Bed size (hospital), geographic location (hospital), ownership of hospital, region, teaching status of hospital

Data Source: AHRQ, HCUP, National Inpatient Sample (NIS)

Denominator: Total costs of all community hospital discharges in the U.S., excluding rehabilitation and long-term, acute care hospitals

Numerator: Costs where expected primary payer of Medicaid or uninsured (including self-pay, charity, and no charge)

Comments: The HCUP National Inpatient Sample (NIS) is drawn from all States participating in HCUP, covering more than 96 percent of the U.S. population. The NIS approximates a 20-percent stratified sample of discharges from U.S. community hospitals, excluding rehabilitation and long-term acute care hospitals. The large sample size in the enables analyses of rare conditions, uncommon treatments, and special patient populations. Observed (un-adjusted) rates are reported.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

15.1.4 Patient Perceptions of Need

Measure ID: 150107012

Measure Title: Adults who needed to see a specialist in the last 6 or 12 months who sometimes or never found it easy to see a specialist, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150107013

Measure Title: Adults who needed to see a specialist in the last 6 or 12 months who sometimes or never found it easy to see a specialist, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150107017

Measure Title: Adults who needed to see a specialist in the last 6 months who sometimes or never found it easy to see a specialist, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who needed to see a specialist in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

Measure ID: 150107018

Measure Title: Children who needed to see a specialist in the last 6 months who sometimes or never found it easy to see a specialist, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who needed to see a specialist in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to see a specialist

Measure ID: 150107051

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment.

Comment: This measure is new from the 2017 NHQDR report.

Measure ID: 150107052

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment, Medicare managed care

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment

Comment: This measure is new from the 2017 NHQDR report.

Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150107053

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months and needed care, tests, or treatment, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment.

Comment: This measure is new from the 2017 NHQDR report.

Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

Measure ID: 150107061

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment who sometimes or never found it easy to get the care, tests, or treatment, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months and needed care, tests, or treatment, Medicaid

Numerator: Subset of the denominator who sometimes or never found it easy to get the care, tests, or treatment

Comment: This measure is new for the 2017 NHQDR report.

15.2 Person-Centered Care

15.2.1 Patient Experience of Care

Measure ID: 150301012

Measure Title: Adults who had a doctor's office or clinic visit whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

Measure ID: 150301013

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301015

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, and spent enough time with them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Sources: State: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully, explained things clearly, respected what they had to say, or spent enough time with them

Measure ID: 150301021

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: National: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure

Numerator: Subset of the denominator whose parents or guardians responded "Always" to any of the four questions making up this composite measure

Comments: Estimates are weighted and adjusted for nonresponse based on the number of questions (out of four) with a valid response. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 150301022

Measure Title: Children who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicaid

Numerator: Subset of the denominator whose health providers always listened carefully, explained things clearly, respected what they or their parents had to say, or spent enough time with them

Measure ID: 150301032

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully to them, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully to them

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301033

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never listened carefully to them, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully to them

Comments: Before 2018, the survey asked 12-month look back period. From 2018, the survey asked 6-month look back period.

Measure ID: 150301035

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never listened carefully to them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers sometimes or never listened carefully to them

Measure ID: 150301041

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers always listened carefully

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?" Non-respondents and respondents indicating "Don't Know" were excluded

Numerator: Subset of the denominator who, according to their parents or guardians, responded "Always" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Before 2017, NHQDR used "Sometimes or never" estimates. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 150301042

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always listened carefully, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always listened carefully

Measure ID: 150301052

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose doctor sometimes or never explained things in a way they could understand, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301053

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose doctor sometimes or never explained things in a way they could understand, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301055

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose doctor sometimes or never explained things in a way they could understand, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2019

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose doctor sometimes or never explained things in a way they could understand

Measure ID: 150301061

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers always explained things in a way they or their parents could understand

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: National: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source:

AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who had a doctor's office or clinic visit in the last 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did [the person's] doctors or other health providers explain things in a way you could understand?"

Numerator: Subset of the denominator whose parent or guardian responded "Always" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 150301062

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always explained things clearly to their parents, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always explained things clearly to their parents

Measure ID: 150301063

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always explained things clearly to the child, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always explained things clearly to the child

Measure ID: 150301072

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never showed respect for what they had to say, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301073

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never showed respect for what they had to say, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301075

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never showed respect for what they had to say, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers sometimes or never showed respect for what they had to say

Measure ID: 150301081

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers always showed respect for what they or their parents had to say

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: Children under age 18 who had a doctor's office or clinic visit in the last 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers show respect for what you had to say?"

Numerator: Subset of the denominator whose parent or guardian responded "always" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 150301082

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always showed respect for what they or their parents had to say, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always showed respect for what they or their parents had to say

Measure ID: 150301092

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never spent enough time with them, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose health providers sometimes or never spent enough time with them

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301093

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months whose health providers sometimes or never spent enough time with them, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose health providers sometimes or never spent enough time with them

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301095

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months whose health providers sometimes or never spent enough time with them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers sometimes or never spent enough time with them

Measure ID: 150301101

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers always spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

Numerator: Subset of the denominator who responded "Always" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 50301102

Measure Title: Children who had a doctor's office or clinic visit in the last 6 months whose health providers always spent enough time with them, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: State

Years available: 2010, 2014 to 2020

Population characteristics: None

Data Sources: CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator whose health providers always spent enough time with them

Measure ID: 150301112

Measure Title: Rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade)

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301113

Measure Title: Rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade)

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150301115

Measure Title: Rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade) by adults who had a doctor's office or clinic visit in the last 6 months, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Source: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients under age 18 who had a doctor's office or clinic visit in the last 12 months, Medicaid

Numerator: Subset of the denominator whose parents gave a rating of health care 0-6 on a scale from 0 (worst grade) to 10 (best grade)

Measure ID: 150301191

Measure Title: Adult hospital patients who always had good communication with doctors in the hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems(HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who reported that they always had good communication with doctors in the hospital

Comments: The measure flipped from "Sometimes or never" to "Always" from 2017 NHQDR report.

Measure ID: 150301201

Measure Title: Adult hospital patients who always had good communication with nurses in the hospital

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems(HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2009 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who reported that they always had good communication with nurses in the hospital

Comments: The measure flipped from "Sometimes or never" to "Always" from 2017 NHQDR report.

Measure ID: 150301211

Measure Title: Adult hospital patients who strongly agree that they understood how to manage their health after discharge

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2014 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who strongly agree that they understood how to manage their health after discharge

Comments: The measure flipped from "Strongly disagree or disagree" to "Strongly agree" from 2017 NHQDR report.

Measure ID: 150301221

Measure Title: Adult hospital patients who strongly agree that they understood the purpose for taking each of their medications after discharge

Measure Source: Centers for Medicare & Medicaid Services (CMS), Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2014 to 2019

Population characteristics: Age, ethnicity, race, education, language spoken at home

Data Sources: CMS, HCAHPS

Denominator: Adult hospital patients

Numerator: Subset of the denominator who strongly agree that they understood the purpose for taking each of their medications after discharge

Comments: The measure flipped from "Strongly disagree or disagree" to "Strongly agree " from 2017 NHQDR report.

15.3 Care Coordination

15.3.2 Preventable Emergency Department Visits

Measure ID: 150402011

Measure Title: Emergency department visit per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2006 to 2018

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Total number of emergency department visits

Comments: The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates. Observed (un-adjusted) rates are reported.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150402021

Measure Title: Emergency department visits with a first-listed diagnosis related to mental health, alcohol, or substance abuse, per 100,000 population

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, sex, geographic location (residence), median household income of patient's ZIP Code, region

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population

Numerator: Emergency department visits in the U.S. with a first-listed diagnosis related to mental health disorders or substance use (see comments)

Comments: Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System (ICD-10-CM/PCS). ICD-10-CM coding for mental health disorders listed under measure specification ID HCUP_52; ICD-10-CM coding for substance use listed under measure specification ID HCUP_53. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150402031

Measure Title: Percent of emergency department visits with any diagnosis of dementia, adults age 65 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

Table Description

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits in the U.S. for patients age 65 years or older who were not transferred

Numerator: Subset of denominator with any diagnosis of dementia

ICD-10-CM Code	ICD-10-CM Description
Vascular dementia	
F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
Dementia in other diseases classified elsewhere	
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
Unspecified dementia	
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
Delirium, not induced by alcohol and other psychoactive substances	
F05	Delirium due to known physiological condition
Alzheimer's disease	
G300	Alzheimer's disease with early onset

G301	Alzheimer's disease with late onset
G308	Other Alzheimer's disease
G309	Alzheimer's disease, unspecified

Comments: The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates. Observed (un-adjusted) rates are reported.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150402041

Measure Title: Emergency department visits with any diagnosis of dementia per 100,000 population, adults age 65 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP).

Table Description

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population aged 65 or older

Numerator: Emergency department visits in the U.S. for patients age 65 years or older with any diagnosis of dementia, excluding those who were transferred

ICD-10-CM Code	ICD-10-CM Description
Vascular dementia	

F0150	Vascular dementia without behavioral disturbance
F0151	Vascular dementia with behavioral disturbance
Dementia in other diseases classified elsewhere	
F0280	Dementia in other diseases classified elsewhere without behavioral disturbance
F0281	Dementia in other diseases classified elsewhere with behavioral disturbance
Unspecified dementia	
F0390	Unspecified dementia without behavioral disturbance
F0391	Unspecified dementia with behavioral disturbance
Delirium, not induced by alcohol and other psychoactive substances	
F05	Delirium due to known physiological condition
Alzheimer's disease	
G300	Alzheimer's disease with early onset
G301	Alzheimer's disease with late onset
G308	Other Alzheimer's disease
G309	Alzheimer's disease, unspecified

Comments: The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates. Observed (un-adjusted) rates are reported.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

15.3.3 Preventable Hospitalizations

Measure ID: 150403021

Measure Title: Potentially avoidable hospitalizations for all conditions per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Adults with hospitalizations who qualified for any of the following PQI measures:

- PQI 1: Diabetes, short-term complications
- PQI 3: Diabetes, long-term complications
- PQI 5: Chronic obstructive pulmonary disease or asthma
- PQI 7: Hypertension
- PQI 8: Heart failure
- PQI 10: Dehydration
- PQI 11: Bacterial pneumonia
- PQI 12: Urinary tract infections
- PQI 14: Uncontrolled diabetes
- PQI 15: Asthma in younger adults
- PQI 16: Lower extremity amputations among patients with diabetes

Comments: This measure is based on the 11 AHRQ PQIs for asthma, bacterial pneumonia, chronic obstructive pulmonary disease, heart failure, dehydration, diabetes, hypertension, and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150403041

Measure Title: Potentially avoidable hospitalizations for all conditions per 100,000 population, age 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of children ages 6 to 17 years

Numerator: Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 14: Asthma
- PDI 15: Diabetes, short-term complications
- PDI 16: Gastroenteritis
- PDI 18: Urinary tract infection

Comments: This measure is based on the four AHRQ PDIs for asthma, diabetes, gastroenteritis, and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150403051

Measure Title: Potentially avoidable hospitalizations for acute conditions per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, and region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Adults with hospitalizations who qualified for any of the following PQI acute care measures:

- PQI 10: Dehydration
- PQI 11: Bacterial pneumonia
- PQI 12: Urinary tract infections

Comments: This measure is based on the three AHRQ PQIs for dehydration, bacterial pneumonia, and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150403061

Measure Title: Potentially avoidable hospitalizations for acute conditions per 100,000 population, age 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of children ages 6 to 17 years

Numerator: Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 16: Gastroenteritis
- PDI 18: Urinary tract infection

Comments: This measure is based on the two AHRQ PDIs for gastroenteritis and urinary tract infection. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150403081

Measure Title: Potentially avoidable hospitalizations for chronic conditions per 100,000 population, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, geographic location (residence), income, region

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population age 18 and over

Numerator: Adults with hospitalizations who qualified for any of the following PQI chronic condition measures:

- PQI 1: Diabetes, short-term complications
- PQI 3: Diabetes, long-term complications
- PQI 5: Chronic obstructive pulmonary disease or asthma
- PQI 7: Hypertension
- PQI 8: Heart failure
- PQI 14: Uncontrolled diabetes
- PQI 15: Asthma in younger adults
- PQI 16: Lower extremity amputations among patients with diabetes

Comments: This measure is based on the eight AHRQ PQIs for asthma, chronic obstructive pulmonary disease, diabetes, heart failure, and hypertension. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The

two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150403101

Measure Title: Potentially avoidable hospitalizations for chronic conditions per 100,000 population, age 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, critical access hospital, safety net hospital, minority serving hospital, ownership/control of hospital, patient location, hospital location, region, bed size of hospital, teaching status of hospital

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: U.S. resident population of children ages 6 to 17 years

Numerator: Hospitalizations of children who qualified to be in the numerator for any of the following PDI measures:

- PDI 14: Asthma

- PDI 15: Diabetes, short-term complications

Comments: This measure is based on the 2 AHRQ PDIs for asthma and diabetes. Rates prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Risk-adjusted rates are available in the AHRQ QI v2020.1 software.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

15.3.4 Potentially Harmful Services Without Benefit

Measure ID: 150404012

Measure Title: Perforated appendixes per 1,000 admissions with appendicitis, age 18 and over, in Indian Health Service, tribal, and contract hospitals

Measure Source: Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

Table descriptions:

Geographic representation: National

Years Available: 2003 to 2020

Population characteristics: Age, sex

Data Sources: IHS, NPIRS, NDW

Denominator: Inpatient discharges containing a diagnosis code for appendicitis in Indian Health Service, Tribal, and contract hospitals

Numerator: Subset of the denominator for inpatient discharges containing a diagnosis code for perforation or abscess of appendix

Comments: Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

Measure ID: 150404021

Measure Title: Hospital admissions for urinary tract infections per 100,000 population age 18 and over in Indian Health Service area

Measure Source: Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

Table descriptions:

Geographic representation: National

Years Available: 2003 to 2020

Population characteristics: Age, sex

Data Sources: IHS, NPIRS, NDW

Denominator: American Indian and Alaska Native population age 18 and over in Indian Health Service areas

Numerator: Discharges with principal diagnosis of urinary tract infection, without mention of kidney or urinary tract disorder, or immune compromised

Comments: Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

15.3.5 Electronic Health Records in Hospitals or in Physician Practices

Measure ID: 150405011

Measure Title: Hospitals with computerized system that supports medication lists

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, "Does your hospital currently have a computerized system which allows for medication management for comparing a patient's inpatient and preadmission medication lists, providing an updated medication lists at the time of discharge, checking the inpatient prescriptions against an internal formulary, tracking automatically medications with an electronic medication administration, and prescribing electronically discharge medication orders?"

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405012

Measure Title: Hospitals with computerized system that supports drug decision

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, "Does your hospital currently have a computerized system which supports drug decisions including drug allergy alerts, drug-drug interaction alerts, drug-lab interaction alerts, and drug dosing support (e.g., renal dose guidance)?"

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405022

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including physician notes

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, "Does your hospital currently have a computerized system which allows for electronic clinical documentation including physician notes?"

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405023

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including nursing notes

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including nursing notes?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405024

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including problem lists

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including problem lists?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405025

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including medication lists

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including medication lists?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405026

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including discharge summaries

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including discharge summaries?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405027

Measure Title: Hospitals with computerized system that supports electronic clinical documentation including advanced directives

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic clinical documentation including advanced directives (e.g., DNR)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405028

Measure Title: Hospitals with computerized system that supports electronic clinical documentation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for medication management for comparing a patient’s inpatient and preadmission medication lists, providing an updated medication lists at the time of discharge, checking the inpatient prescriptions against an internal formulary, tracking automatically medications with an electronic medication administration, and prescribing electronically discharge medication orders?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405031

Measure Title: Hospitals with computerized system that allows for results viewing including laboratory reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing of laboratory reports?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405032

Measure Title: Hospitals with computerized system that allows for results viewing including radiology reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology reports?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405033

Measure Title: Hospitals with computerized system that allows for results viewing including radiology images

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology images?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405034

Measure Title: Hospitals with computerized system that allows for results viewing including diagnostic test results

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including diagnostic test results (e.g., EKG report, Echo report)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405035

Measure Title: Hospitals with computerized system that allows for results viewing including diagnostic test images

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including diagnostic test images (e.g., EKG tracing)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405036

Measure Title: Hospitals with computerized system that allows for results viewing including consultant reports

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including consultant reports?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405041

Measure Title: Hospitals with computerized system that allows for decision support including clinical guidelines

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical guidelines (e.g., Beta blockers post-MI, ASA in CAD)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405042

Measure Title: Hospitals with computerized system that allows for decision support including clinical reminders

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical reminders (e.g., Pneumococcal vaccine)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405043

Measure Title: Hospitals with computerized system that allows for decision support including drug allergy alerts

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug allergy alerts?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405044

Measure Title: Hospitals with computerized system that allows for decision support including drug-drug interaction alerts

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug-drug interaction alerts?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405045

Measure Title: Hospitals with computerized system that allows for decision support including drug-lab interaction alerts

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for drug-lab interaction alerts?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405046

Measure Title: Hospitals with computerized system that allows for decision support including drug dosing support

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows decision support for drug dosing support (e.g., renal dose guidance)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405047

Measure Title: Hospitals with computerized system that allows for decision support

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for decision support for clinical guidelines (e.g., Beta blockers post-MI, ASA in CAD), clinical reminders (e.g., Pneumococcal vaccine), drug allergy alerts, drug-drug interaction alerts, drug-lab interaction alerts, and drug dosing support (e.g., renal dose guidance)?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405051

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including laboratory tests

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of laboratory tests?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405052

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including radiology tests

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of radiology tests?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405053

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including consultation requests

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows computerized provider order entry of consultation requests?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405054

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including nursing orders

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of nursing orders?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405055

Measure Title: Hospitals with computerized system that allows for computerized provider order entry

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry [Provider (e.g., MD, APN, NP) directly enters own orders that are transmitted electronically] for laboratory tests, radiology tests, medications, consultation requests, and nursing orders?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405056

Measure Title: Hospitals with computerized system that allows for results viewing

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for results viewing including radiology images, diagnostic test results (e.g., EKG report, Echo report), diagnostic test images (e.g., EKG tracing), consultant reports, laboratory tests, and radiology tests?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405057

Measure Title: Hospitals with computerized system that allows for computerized provider order entry including medications

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for computerized provider order entry of medications?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405061

Measure Title: Hospitals with fully implemented electronic medical record system

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: 2014 to 2019

Population characteristics: Hospital bed size, control, geographic location, graduate medical education program, hospital type, medical school affiliation, member of Council of Teaching Hospitals, region

Data Sources: AHA Survey, IT Supplement

Denominator: Number of hospitals that responded to the question, “Does your hospital currently have a computerized system which allows for electronic documentation of patient demographics, physician notes, nursing notes, problem lists, medication lists, discharges summaries, and advanced directives?”

Numerator: Subset of the denominator that responded positively to all components of the question

Comments: The 2019 AHA IT Supplement was sent to 6,090 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 54.7 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405071

Measure Title: Office-based physicians with a computerized system ordering prescriptions

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system ordering prescriptions electronically to the pharmacy

Measure ID: 150405072

Measure Title: Office-based physicians with a computerized system for sending prescriptions electronically to the pharmacy

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for sending prescriptions electronically to the pharmacy

Measure ID: 150405073

Measure Title: Office-based physicians who have an electronic-prescribing system for providing warnings of drug interactions or contraindications

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing warnings of drug interactions or contraindications

Measure ID: 150405074

Measure Title: Office-based physicians with a computerized system for providing reminders for guideline-based interventions or screening tests

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing reminders

Measure ID: 150405075

Measure Title: Office-based physicians with a computerized system for providing clinical decision support

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing clinical decision support. Computerized systems with clinical support are those that have the capability to both provide reminders and provide warnings of drug interactions or contraindications. The survey does not have a separate variable measuring availability of clinical decision support; availability of two other capabilities (warning system and reminder system) are combined to create this measure.

Measure ID: 150405076

Measure Title: Office-based physicians with a computerized system for recording patient history and demographic information

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for recording patient history and demographic information

Measure ID: 150405077

Measure Title: Office-based physicians with a computerized system for providing clinical notes

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for providing clinical notes

Measure ID: 150405078

Measure Title: Office-based physicians who use any computerized system (not including billing).

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator who use any computerized system (not including billing).

Measure ID: 150405081

Measure Title: Office-based physicians who have a computerized system for discharge summaries

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of physicians in the denominator with a computerized system for discharge summaries

Measure ID: 150405084

Measure Title: Office-based physicians who have a computerized system for hospital discharge summaries

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Electronic Health Records Survey (NEHRS)

Table Descriptions:

Geographic representation: National

Years available: 2012 to 2017

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Physicians in the United States providing direct patient care in office-based practices and clinicians in community health centers. Physicians with specialties in radiology, anesthesiology, and pathology are excluded.

Numerator: Subset of denominator with a computerized system for hospital discharge summaries

15.4 Effectiveness of Care

15.4.1 Hospitalizations for Diabetes

Measure ID: 150502022

Measure Title: Hospital admissions for uncontrolled diabetes, per 100,000 population age 18 and over in Indian Health Service areas

Measure Source: Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

Table descriptions:

Geographic representation: National

Years Available: 2000 to 2020

Population characteristics: Age, sex

Data Sources: IHS, NPIRS, NDW

Denominator: American Indian and Alaska Native population age 18 and over in Indian Health Service areas

Numerator: Discharges with a principal diagnosis of uncontrolled diabetes and without mention of short-term or long-term complications

Comments: Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

Measure ID: 150502023

Measure Title: Hospital admissions for short-term complications of diabetes per 100,000 population age 18 and over in Indian Health Service areas

Measure Source: Indian Health Service (IHS), Office of Information Technology/National Patient Information Reporting System (NPIRS), National Data Warehouse (NDW)

Table descriptions:

Geographic representation: National

Years Available: 2000 to 2020

Population characteristics: Age, sex

Data Sources: IHS, NPIRS, NDW

Denominator: American Indian and Alaska Native population age 18 and over in Indian Health Service areas

Numerator: Discharges with principal diagnosis of short term complications of diabetes

Comments: Indian Health Service Areas of Portland and California excluded due to having no inpatient facilities.

15.4.2 HIV/AIDS

Measure ID: 150503018

Measure Title: Ryan-White HIV patients with at least one HIV care visit and at least 2 ambulatory visit dates at least 90 days apart during the year

Measure Source: Health Resources and Services Administration (HRSA), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau

Table Descriptions:

Geographic representation: National, State

Years available: 2010 to 2018

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk

Data Sources: HRSA, HIV/AIDS Bureau

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year. Measurement year is January 1 - December 31.

Numerator: Number of patients with at least two medical visits 90 days apart during the measurement year with the first visit prior to September 1st

Comments: The Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Program Services Report (RSR) comment.

Measure ID: 150503019

Measure Title: Ryan-White HIV patients with at least one HIV care visit and most recent viral load <200 during the year

Measure Source: Health Resources and Services Administration (HRSA), Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS) Bureau

Table Descriptions:

Geographic representation: National, State

Years available: 2010 to 2018

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk

Data Sources: HRSA, HIV/AIDS Bureau

Denominator: Number of patients, regardless of age, with a diagnosis of HIV with at least one medical visit in the measurement year

Numerator: Number of patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the measurement year

Comments: The Ryan White HIV/AIDS Program (RWHAP) and the Ryan White Program Services Report (RSR) comment.

15.4.3 Mental Health & Substance Abuse

Measure ID: 150504021

Measure Title: Adults who received mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Description:

Geographic representation: National, State

Years available: National: 2002 to 2019

State: 2011 to 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: US civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of mental health treatment or counseling in the past year

Measure ID: 150504031

Measure Title: Adults who received outpatient mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National, State

Years available: National: 2002 to 2019

State: 2011 to 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of outpatient mental health treatment or counseling in the past year

Measure ID: 150504041

Measure Title: Adults who received prescription medications for mental health treatment in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National, State

Years available: National: 2002 to 2019

State: 2011 to 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: US civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of prescription medications for treatment of a mental health condition or problem in the past year

Measure ID: 301581041

Measure Title: Adults who received inpatient mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of inpatient mental health treatment or counseling in the past year

Comments: This measure is retired from NHQDR in 2019

15.4.4 Maternal & Child Health

Measure ID: 150506011

Measure Title: Cesarean delivery of low risk births giving birth for first time

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Children born via cesarean delivery to mothers who were at low risk and gave birth for first time

Comments: Low-risk cesarean rate is defined as the number of singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic, cesarean deliveries.

Measure ID: 150506021

Measure Title: Cesarean delivery of low risk births with prior cesarean births

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2017

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Children born via cesarean delivery to mothers who were low risk and with prior cesarean births

Comments: Low-risk cesarean rate is defined as the number of singleton, term (37 or more weeks of gestation based on obstetric estimate), cephalic, cesarean deliveries.

Measure ID: 150506031

Measure Title: Total cesarean births

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2009 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born via cesarean delivery

Measure ID: 150506041

Measure Title: Total preterm births

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS) - Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were preterm

Comments: Preterm birth is the birth of an infant prior to 37 weeks of pregnancy.

Measure ID: 150506051

Measure Title: Late preterm or live births at 34 to 36 weeks of gestation

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born at 34 to 36 weeks of gestation

Measure ID: 150506061

Measure Title: Women who completed a pregnancy in the last 12 months who received prenatal care in the first trimester

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2008 to 2016

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births occurring to residents in those States that use the 2003 revised birth certificate

Numerator: Subset of the denominator who received prenatal care in the first trimester

Comments: Prenatal care data in this report represent the trimester prenatal care began for mothers residing and giving birth in the 38 states and the District of Columbia using the 2003 Standard Certificate of Live Birth in 2012 (California, Colorado, Delaware, District of Columbia, Florida, Georgia, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Washington, Wisconsin, and Wyoming). This information is collected from the question "Date of first prenatal visit".

In general, data on prenatal care utilization based on the 2003 revised birth certificate are substantially lower than those based on the 1989 birth certificate. Much, if not all of the difference is related to changes in reporting and not to changes in prenatal care utilization.

Completeness of reporting varies by item and state. One state was missing responses on more than 10% of the birth certificates (GA-13.3%). The impact of the comparatively high level of unknown data is not clear. Comparisons including information from this state should be made with caution.

More detailed information is available in the 2012 Natality Data Users Guide:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/DVS/natality/UserGuide2012.pdf.

15.4.5 Others

Measure ID: 150507011

Measure Title: Patients who received appropriate care for severe sepsis and septic shock

Measure Source: Centers for Medicare & Medicaid Services (CMS), Quality Improvement Organization (QIO) for Hospital Inpatient Quality Reporting (HIQR) Program

Table Descriptions:

Geographic representation: National, State

Years available: 2016 to 2018

Population characteristics: Age, sex, race, ethnicity

Data Sources: CMS, Hospital Quality Initiative, HIQR Program

Denominator: Inpatients ages 18 and over with an ICD-10-CM Principal or Other Diagnosis Code of Sepsis, Severe Sepsis, or Septic Shock

Numerator: The numerator for this measure is patients from the denominator who had their lactate levels measured, had blood cultures obtained prior to receiving antibiotics, and who received broad spectrum antibiotics within three hours of presentation of severe sepsis, and who had a repeat lactate level drawn within six hours of presentation of severe sepsis if the initial lactate was elevated. If septic shock is present, the patients also must receive 30 ml/kg of crystalloid fluids for hypotension or lactate ≥ 4 mmol/L within three hours of septic shock presentation. Within six hours of presentation of septic shock vasopressors should be given (for hypotension that does not respond to initial fluid resuscitation or lactate is ≥ 4 mmol/L) and reassessment of volume status and tissue perfusion performed.

Comments: Information and resources regarding this measure can be accessed on *QualityNet* at <http://www.qualitynet.org/>, by selecting the “Specifications Manual” link under the “Hospital-Inpatient” tab in the left navigation bar, and then the “Fact Sheets” and SEP-1 Fact Sheet.

15.5 Lifestyle Modification

Measure ID: 150602021

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 months who sometimes or never got advice to quit smoking from provider, Medicaid

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2014 to 2020

Population characteristics: None

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 months, Medicaid

Numerator: Subset of the denominator who sometimes or never got advice to quit smoking from provider

Measure ID: 150602022

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months who sometimes or never got advice to quit smoking from provider, Medicare managed care

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare managed care

Numerator: Subset of the denominator who sometimes or never got advice to quit smoking from provider

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

Measure ID: 150602023

Measure Title: Adults who had a doctor's office or clinic visit in the last 6 or 12 months who sometimes or never got advice to quit smoking from provider, Medicare fee-for-service

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Quality Improvement and Patient Safety (CQIPS), Consumer Assessment of Healthcare Providers and Systems (CAHPS) Database

Table Descriptions:

Geographic representation: States

Years available: 2010 to 2011, 2013 to 2019

Population characteristics: Race, ethnicity, and education

Data Sources: AHRQ, CQIPS, CAHPS Database

Denominator: Ambulatory care patients age 18 and over who had a doctor's office or clinic visit in the last 6 or 12 months, Medicare fee-for-service

Numerator: Subset of the denominator who sometimes or never got advice to quit smoking from provider

Comments: Before 2018, the survey asked for a 12-month look back period. From 2018, the survey asked for a 6-month look back period.

15.6 Affordable Care

15.6.1 Financial Burden of Health Care Cost

Measure ID: 50701041

Measure Title: Distribution of levels I and II trauma centers utilization per 100 emergency department visits related to all injuries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, geographic location (residence), income, region, sex

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits related to all injuries

Numerator: Subset of the denominator who utilized level I and II trauma centers

Comments: Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1, 2, 3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150701042

Measure Title: Distribution of level III trauma center utilizations per 100 emergency department visits related to all injuries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, geographic location (residence), income, region, sex

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits related to all injuries

Numerator: Subset of the denominator who utilized trauma level III centers

Comments: Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1,2, 3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150701043

Measure Title: Distribution of non-trauma centers utilizations per 100 emergency department visits related to all injuries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: Age, geographic location (residence), income, region, sex

Data Sources: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: Emergency department visits related to all injuries

Numerator: Subset of the denominator who utilized non-trauma centers

Comments: Trauma centers treat both adults and children. Designation of trauma center levels I, II, and III is based on criteria developed by the American College of Surgeons' Committee on Trauma (ACS/COT). Injury records were identified with a principal diagnosis related to injury

defined using ICD-10-CM diagnosis codes S00-S99; T07-T34; T36-T50 with a 6th character of 1,2, 3, or 4 (except T36.9, T37.9, T39.9, T41.4, T42.7, T43.9, T45.9, T47.9, and T49.9 with a 5th character of 1, 2, 3, or 4); T51-T65; T66-T76; T79; T84.01; T84.02; and O9A.2-O9A.5. Observed (un-adjusted) rates are reported.

The HCUP Nationwide Emergency Department Sample (NEDS) was created to enable analyses of emergency department (ED) utilization patterns and is the largest all-payer ED database that is publicly available in the United States. The NEDS is a 20-percent stratified sample of hospital-owned EDs in the United States. The NEDS is drawn from statewide data organizations that provide HCUP with data from ED visits that may or may not have resulted in hospital admission. Weights are provided to calculate national estimates.

For more information, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

15.6.2 Cost of Hospitalization

Measure ID: 150703021

Measure Title: Cost for hospitalizations for urinary tract infection (UTI), adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for urinary tract infection, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703031

Measure Title: Cost for hospitalizations for urinary tract infection (UTI), children ages 3 months to 17 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for urinary tract infection, children ages 3 months to 17 years

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703041

Measure Title: Cost for hospitalizations for pediatric gastroenteritis, children ages 3 months to 17 years

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDI)

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for pediatric gastroenteritis, children ages 3 months to 17 years

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary

procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703051

Measure Title: Cost for hospitalizations for hypertension, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for hypertension, adults age 18 and over

Numerator: Not applicable

Comments Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703071

Measure Title: Cost for hospitalizations for chronic obstructive pulmonary disease (COPD), adults age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for chronic obstructive pulmonary disease (COPD), adults age 40 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total

hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703081

Measure Title: Cost for hospitalizations for bacterial pneumonia, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for bacterial pneumonia, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703091

Measure Title: Cost for potentially avoidable hospital admissions for all conditions, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for all conditions, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC

facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703111

Measure Title: Cost for potentially avoidable hospital admissions for all conditions, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for all conditions, children ages 6-17

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core

set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703121

Measure Title: Cost for potentially avoidable hospital admissions for acute conditions, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable hospital admissions for acute conditions, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703131

Measure Title: Cost for potentially avoidable hospital admissions for acute conditions, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for acute conditions, children ages 6-17

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file

was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703141

Measure Title: Cost for potentially avoidable hospital admissions for chronic conditions, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for chronic conditions, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including

Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703161

Measure Title: Cost for potentially avoidable hospital admissions for chronic conditions, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for potentially avoidable admissions for chronic conditions, children ages 6-17

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703181

Measure Title: Cost for hospitalizations for heart failure (HF), adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for heart failure (HF), adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703191

Measure Title: Cost for hospitalizations for uncontrolled diabetes without complications, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for uncontrolled diabetes without complications, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the

PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703201

Measure Title: Cost for hospitalizations for short-term complications of diabetes, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for short-term complications of diabetes, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703211

Measure Title: Cost for hospitalizations for short-term complications of diabetes, children ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for short-term complications of diabetes, children ages 6-17

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703221

Measure Title: Cost for hospitalizations for diabetes with long-term complications, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for diabetes with long-term complications, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary

procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703231

Measure Title: Cost for hospitalizations for lower-extremity amputation among patients with diabetes, adults age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for lower-extremity amputation among patients with diabetes, adults age 18 and over

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of

uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703241

Measure Title: Cost for hospitalizations for asthma, adults ages 18-39

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for asthma, adults ages 18-39

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

Measure ID: 150703251

Measure Title: Cost for hospitalizations for asthma, children ages 2-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDIs)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2018

Population characteristics: missing

Data Sources: AHRQ, HCUP, State Inpatient Databases (SID) weighted to provide national estimates, and AHRQ Quality Indicators, v2020.1

Denominator: The table includes weighted number of discharges, total cost and average cost per discharge for asthma, children ages 2-17

Numerator: Not applicable

Comments: Costs prior to 2016 are not reported because of the transition to the International Classification of Diseases, Tenth Edition, Clinical Modification/ Procedure Coding System. Total hospital charges were converted to costs using HCUP cost-to-charge ratios based on hospital accounting reports from the Centers for Medicare and Medicaid Services. For more information about the HCUP cost-to-charge ratios, visit the HCUP-US Web site (<https://hcup-us.ahrq.gov/db/state/costtocharge.jsp>). Observed (un-adjusted) rates are reported.

The HCUP State Inpatient Databases (SID) include a powerful set of hospital databases from HCUP Partner organizations in 47 States and the District of Columbia. Together, the SID encompasses about 97 percent of all U.S. community hospital discharges. SID contains a core set of clinical and nonclinical information on all patients, regardless of payer, including Medicare, Medicaid, private insurance, and self-pay/no charge. In addition to the core set of uniform data elements common to all SID, some databases within SID include other elements, such as the patient's race.

Beginning with the 2020 NHQDR, two versions of the nationally weighted NHQDR analysis file were used for reporting national QI estimates. Both used the SID, but were limited to community hospitals, excluding rehabilitation and long-term acute care (LTAC) facilities. The two versions were specific to the data elements needed for the different QI modules. For the PQIs, IQIs, and area-based PDIs, the nationally weighted file included data from SID that included information on race/ethnicity of the patient. After hospitals that failed the race/ethnicity edits were excluded, all remaining discharges in the selected SID were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities. Because the PSIs and related PDIs require knowing if the patient safety event occurred in the hospital and the timing of procedures, a second version of the nationally weighted file was created using the following criteria: (1) the SID included the data elements indicating diagnoses were POA, (2) the SID included information on day of principal and secondary procedure days, and (3) the SID included information on the race/ethnicity of the patient. Hospitals in qualifying SID were excluded if they failed POA and race/ethnicity edits. All remaining discharges were weighted to the universe of community hospitals in the United States, excluding rehabilitation and LTAC facilities.

For more information on the sampling approach and included States by data year, see the HCUP Methods Series Report on Methods Applying AHRQ Quality Indicators to HCUP Data (<https://www.hcup-us.ahrq.gov/reports/methods/methods.jsp>).

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Chapter 17. Retired Measures

Measure ID: 300201082

Measure Title: Home health patients who had multifactor fall risk assessment on age 18 and over and ambulating

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Source: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with discharge or transfer to inpatient facility during the reporting period, other than those covered by generic or measure-specific exclusions

Numerator: Number of home health quality episodes in which patients had a multi-factor fall risk assessment at start/resumption of care

Measure ID: 300201111

Measure Title: Short-stay home health patients who had diabetic foot care and patient education

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with discharge or transfer to inpatient facility during the year, excluding episodes where patient was not diabetic or was a bilateral amputee at start (resumption) of care

Numerator: Number of home health quality episodes in which the physician-ordered plan of care includes regular monitoring for the presence of skin lesions on the lower extremities and patient education on proper diabetic foot care

Comments: This measure retired since 2019 QDR. Further information about risk adjustment and the HHQI measures is available at: <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 300201161

Measure Title: People with a usual source of care who presented and explained all treatment options

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Source: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population with a usual source of care

Numerator: Subset of the denominator who reported that their health care providers explained and provided them with all treatment options

Measure ID: 300206011

Measure Title: Children who needed care right away for an illness, injury, or condition in the last 12 months who sometimes or never got care as soon as needed

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who had an illness or injury that needed care right away in the past 12 months with a valid response to the question, "In the last 12 months, when [the person] needed care right away for an illness or injury, how often did [person] get care as soon as you wanted?"

Numerator: Subset of the denominator whose parents or guardians' answered the above question "sometimes" or "never"

Comments: Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206021

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully, explained things clearly, respected what they or their parents had to say, and spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months, excluding those with missing or invalid responses to all of the questions that make up this composite measure

Numerator: Subset of the denominator whose parents or guardians responded "sometimes" or "never" to any of the four questions making up this composite measure

Comments: Estimates are weighted and adjusted for nonresponse based on the number of questions (out of four) with a valid response. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206031

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never listened carefully

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did doctors or other health providers listen carefully to you?" Non-respondents and respondents indicating "Don't Know" were excluded

Numerator: Subset of the denominator who, according to their parents or guardians, responded "sometimes" or "never" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206041

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never explained things in a way they or their parents could understand

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who had a doctor's office or clinic visit in the last 12 months whose parents or guardians provided a valid response to the question, "In the last 12 months how often did [the person's] doctors or other health providers explain things in a way you could understand?"

Numerator: Subset of the denominator whose parent or guardian responded "sometimes" or "never" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206051

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never showed respect for what they or their parents had to say

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: Children under age 18 who had a doctor's office or clinic visit in the last 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers show respect for what you had to say?"

Numerator: Subset of the denominator whose parent or guardian responded "sometimes" or "never" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206061

Measure Title: Children who had a doctor's office or clinic visit in the last 12 months whose health providers sometimes or never spent enough time with them

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who visited a doctor's office or clinic to get health care in the past 12 months and whose parent or guardian provided a valid response to the question, "In the last 12 months how often did doctors or other health providers spend enough time with you?"

Numerator: Subset of the denominator who responded "sometimes" or "never" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded.

Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300206071

Measure Title: Rating of health care 0-6 on a scale from 0 to 10 (best grade) for children who had a doctor's office or clinic visit in the last 12 months

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2017

Population subgroups: Age, children with special health care needs, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized children under age 18 who had a doctor's office or clinic visit in the last 12 months and whose parents or guardians provided a valid response to the question, "We want to know your rating of all your health care in the last 12 months from all doctors and other health providers. Use any number from 0 to 10 where 0 is the worst health care possible and 10 is the best health care possible. How would you rate all your health care?"

Numerator: Subset of the denominator whose parents or guardians rated their health care as less than 7 on a scale from 0 to 10

Comments: Non-respondents and "Don't Know" responses were excluded. Since the 2018 MEPS survey redesign, the questions for this measure are asked every other year.

Measure ID: 300304016

Measure Title: Home health patients who had drug education on all medications

Measure Source: Centers for Medicare & Medicaid Services (CMS), Home Health Quality Initiative (HHQI)

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2018

Population characteristics: Age, gender, race/ethnicity, and health insurance coverage

Data Sources: CMS, HHQI, OASIS, Chronic Conditions Data Warehouse (CCW)

Denominator: Number of home health quality episodes ending with a discharge or transfer to inpatient facility during the year, excluding episodes for which the patient was not taking any drugs since the last OASIS assessment prior to transfer/discharge, or the patient died

Numerator: Number of home health quality episodes during which patient/caregiver was instructed on how to monitor the effectiveness of drug therapy, how to recognize potential adverse effects, and how and when to report problems (at the time of or at any time since the most recent SOC/ROC assessment)

Comments: The OASIS instrument measures management of oral medications on a 4-level scale from 0 (fully independent) to 3 (entirely dependent) and refers to ability, not medication compliance. Further information about HHQI measures is available at <http://www.cms.hhs.gov/HomeHealthQualityInits/>. The sample included the latest episode per patient in each calendar year. The estimates are not risk-adjusted.

Measure ID: 300603012

Measure Title: Adult hemodialysis patients with adequate dialysis - (Kt/V) 1.2 or higher

Measure Source: University of Michigan Kidney Epidemiology and Cost Center (UM-KECC), Dialysis Facility Report (DFR)

Table Descriptions:

Geographic representation: National and State

Years available: 2015 to 2019

Population characteristics: Age, ESRD Cause, Ethnicity, Race, Sex

Data Sources: ESRD Integrated Data Sources used by UM-KECC

Denominator: Total number of patient-months for patients who had end-stage renal disease (ESRD) for more than 90 days, were receiving hemodialysis in a facility in the state for at least one whole calendar month during the reporting period (i.e., “assigned” facility), and dialyzed thrice weekly the entire month

Numerator: Total number of patient-months with a Kt/V (K-dialyzer clearance of urea; t-dialysis time; V-patient’s total body water) value equal or higher than 1.2 among the denominator population

Comments: Patient-months with a missing or out of range Kt/V are included in the denominator but not the numerator.

For more information, see section XII of the Guide to the Dialysis Facility Reports for Fiscal Year 2021 available at <https://dialysisdata.org/sites/default/files/content/DFRGuide.pdf>. This measure is retired since the 2021 NHQDR.

Measure ID: 300711011

Measure Title: Live-born infants with very low birth weight (less than 1,500 g)

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2008 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Live-born infants whose birth weight was under 1,500 grams

Comments: Excluded from these analyses are States that did not use the 2003 Revision to Birth Certificate.

Measure ID: 300711021

Measure Title: Live births at 32 to 33 weeks of gestation

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Descriptions:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born at 32 to 33 weeks of gestation

Measure ID: 300711031

Measure Title: Very preterm or live births at less than 32 weeks of gestation

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)

Table Description:

Geographic Representation: National

Years Available: 2007 to 2019

Population Characteristics: mother's age, mother's race, mother's ethnicity, sex, and location

Data Sources: CDC, NCHS, NVSS-Natality

Denominator: Live births to U.S. residents

Numerator: Subset of the denominator who were born at less than 32 weeks of gestation

Measure ID: 300811011

Measure Title: People under age 65 with private insurance whose family's out-of-pocket medical expenditures were more than 10% of total family income

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Center for Financing, Access, and Cost Trends (CFACT), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2018

Population subgroups: Disability status, age, education, employment status, ethnicity, gender, family income, health insurance, perceived health status, language spoken at home, Medicaid/CHIP, race, residence location, and U.S. born

Data Sources: AHRQ, CFACT, MEPS

Denominator: U.S. civilian noninstitutionalized population under age 65 who had private insurance, including employer-sponsored and nongroup coverage

Numerator: Subset of the denominator whose family's out-of-pocket medical expenditures were more than 10% of total family income

Comments: Total family income was determined as the sum of person-level pretax total income, refund income, and sale income. "Family" is defined in terms of health insurance eligibility units (HIEUs), which are composed of individuals who could be covered as a family under most private health insurance plans. For income, insurance, expenditures, and premiums, a family is defined in terms of HIEUs. Private health insurance includes:

- Private, employer sponsored: people who had at least 1 month of employer-sponsored insurance and zero months uninsured during the year.
- Private, nongroup: people who had least 1 month of nongroup private insurance and zero months uninsured during the year.

This measure was retired since the 2017 NHQDR.

Measure ID: 300905035

Measure Title: HRSA supported health centers with computerized, clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of HRSA supported health centers

Numerator: Number of HRSA supported health centers with EHR capacity to provide clinical decision support such as alerts for drug allergies, checks for drug-drug interactions, reminders for preventive screening tests, or other similar functions

Measure ID: 300905037

Measure Title: HRSA supported health centers with electronic health record system installed

Measure Source: Health Resources and Services Administration, Bureau of Primary Health Care, Uniform Data System

Table Description:

Geographic representation: State

Years available: 2010 to 2019

Population characteristics: State

Data Sources: HRSA

Denominator: Total number of HRSA supported health centers

Numerator: Number of HRSA supported health centers with electronic health record system installed

Measure ID: 301581041

Measure Title: Adults who received inpatient mental health treatment or counseling in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2019

Population characteristics: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 18 and over

Numerator: Subset of the denominator who reported receipt of inpatient mental health treatment or counseling in the past year

Comments: This measure is retired from NHQDR in 2019

Measure ID: 301581051

Measure Title: Adolescents and adults who received any treatment for illicit drug use or an alcohol problem in the last 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies, National Survey on Drug Use and Health (NSDUH)

Table Descriptions:

Geographic representation: National

Years available: 2010 to 2019

Population characteristics: Age, education, income, location (residence), race/ethnicity, sex

Data Sources: SAMHSA, NSDUH

Denominator: U.S. civilian noninstitutionalized population age 12 and over who needed treatment for any illicit drug use or alcohol problem

Numerator: Subset of the denominator who received any treatment for illicit drug use or in the last 12 months

Comments: Respondents were classified as needing treatment for an illicit drug or alcohol problem if they met at least one of three criteria during the past year:

- (1) dependent on illicit drugs or alcohol
- (2) abuse of illicit drugs or alcohol, or
- (3) received treatment for an illicit drug or alcohol problem at a specialty facility (i.e., drug and alcohol rehabilitation facilities [inpatient or outpatient], hospitals [inpatient only] and mental health centers).

Illicit drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics (nonmedical use) (based on data from original questions) not including methamphetamine items added in 2005 and 2006.

Receipt of illicit drug or alcohol treatment at a specialty facility refers to treatment received at a hospital (inpatient), a rehabilitation facility (inpatient or outpatient), or mental health center in order to reduce or stop illicit drug or alcohol use, or for medical problems associated with illicit drug or alcohol use.

Estimates include people who received treatment specifically for illicit drugs or alcohol, as well as people who received treatment but did not specify for what substances.

Comments: This measure is retired from NHQDR in 2019. Data prior to 2010 are dropped because they are not appropriate for trend analysis due to survey and questionnaire changes.

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