

2023 National Healthcare Quality and Disparities Report

Measure Specifications

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Agency for Healthcare Research and Quality
5600 Fishers Lane
Rockville, MD 20857
<https://www.ahrq.gov>

December 2023

<https://www.ahrq.gov/research/findings/nhqrdr/index.html>



This document is in the public domain and may be used and reprinted without permission. Citation of the source is appreciated. Suggested citation: 2023 National Healthcare Quality and Disparities Report Measure Specifications. Rockville, MD: Agency for Healthcare Research and Quality; November 2023.

Contents

- Introduction 6
- Chapter 2. Access to Care 6
 - 2.1 Getting Appointments for Care 6
 - 2.2 Waiting Time 8
 - 2.3 Health Insurance 12
 - 2.4 Usual Source of Care 18
 - 2.5 Patient Perceptions of Need 19
- Chapter 3. Patient Safety 22
 - 3.1 Healthcare-Associated Infections 22
 - 3.2 Surgical Care 27
 - 3.3 Other Complications of Hospital Care 40
 - 3.4 Complications of Medication 52
 - 3.5 Birth-Related Complications 56
 - 3.6 Inappropriate Treatment 71
 - 3.7 Supportive and Palliative Care 72
 - 3.8 Home Health Communication 76
- Chapter 4. Person-Centered Care 79
 - 4.1 Patient Experience Care 79
 - 4.2 Hospital Communication 87
 - 4.3 Home Health Communication 87
 - 4.4 Hospice Care 92
- Chapter 5. Care Coordination 98
 - 5.1 Transitions of Care 98
 - 5.2 Medication Information 99
 - 5.3 Preventable Emergency Department Visits 100
 - 5.4 Preventable Hospitalizations 136
 - 5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients 146
 - 5.7 Supportive and Palliative Care 148
 - 5.8 Potentially Avoidable Admissions 151
- Chapter 6. Effectiveness of Care 158
 - 6.1 Cancer 158
 - 6.1.1 Breast Cancer 158

6.1.2 Cervical Cancer.....	162
6.1.3 Colorectal Cancer	163
6.1.4 Other Cancers	165
6.2 Cardiovascular Disease	166
6.2.1 Prevention of Heart Disease	166
6.2.2 Treatment of Heart Attack.....	167
6.2.3 Treatment of Heart Failure	170
6.2.4 Surgery for Heart and Vascular Disease	173
6.2.5 Stroke	177
6.3 Chronic Kidney Disease.....	177
6.3.1 Chronic Care of End Stage Renal Disease	177
6.4 Diabetes	181
6.4.1 Management of Diabetes	181
6.4.2 Control of Diabetes	184
6.4.3 Hospitalization for Diabetes	186
6.5 HIV/AIDS.....	188
6.5.1 Management of HIV/AIDS.....	188
6.7 Mental Health and Substance Abuse.....	192
6.7.1 Treatment of Depression	192
6.7.2 Treatment of Substance Abuse.....	198
6.8 Musculoskeletal Disease	211
6.9 Respiratory Diseases.....	212
6.9.1 Treatment of Respiratory Infections	212
6.9.3 Management of Asthma	215
Chapter 7. Healthy Living.....	218
7.1 Maternal and Child Health.....	218
7.2 Lifestyle Modification	222
7.3 Functional Status Preservation and Rehabilitation	231
7.4 Supportive and Palliative Care	235
7.5 Clinical Preventive Services.....	242
7.5.1 Adult Preventive Care	242
7.5.2 Childhood Immunization.....	252
7.5.3 Other Childhood Preventive Care	264

7.5.4 Overall Preventive Care	271
Chapter 8. Affordable Care	275
8.1 Financial Burden of Health Care Cost	275
8.2 Usual Source of Care	276
Chapter 9. Priority Population	279
9.1 Health Resources and Services Administration (HRSA) - Uniform Data System (UDS) Measures.....	279
9.1.1 Clinical Measures	279
9.1.2 Clinical Visits.....	283
9.1.3 Electronic Health Records.....	286
Chapter 15. Supplemental Measures	289
15.1 Access to Care Measures	289
15.1.1 Getting Appointments for Care	289
15.1.3 Workforce Diversity	293
15.1.4 Focus on the Healthcare Safety Net	294
15.1.7 Patient Perceptions of Need	295
15.3 Person-Centered Care.....	300
15.3.1 Patient Experience of Care	300
15.4 Care Coordination.....	317
15.4.2 Preventable Emergency Department Visits.....	317
15.4.3 Preventable Hospitalizations	321
15.4.4 Potentially Harmful Services Without Benefit.....	329
15.4.5 Electronic Health Records in Hospitals or in Physician Practices	330
15.4.6 Telehealthcare	360
15.5 Effectiveness of Care.....	368
15.5.2 Hospitalizations for Diabetes.....	368
15.5.3 HIV/AIDS.....	369
15.5.4 Mental Health & Substance Abuse	370
15.5.6 Maternal & Child Health	376
15.5.7 Others	378
15.6 Lifestyle Modification	378
15.7 Affordable Care.....	381
15.7.1 Financial Burden of Health Care Cost	381

15.7.3 Cost of Hospitalization	383
15.7.4 Deferred Care Due to Cost.....	408
Chapter 16. Retired Measures.....	414
Chapter 17. COVID-19 Experiences.....	428
17.1 COVID-19 Infection and Death.....	428
17.1.1 COVID-19 Infection	428
17.1.2 COVID-19 Death	434
17.2 COVID-19 Vaccination.....	435
17.2.1 Recommending COVID-19 Vaccination	435
17.2.2 Population COVID-19 Vaccination	437
17.2.3 Barriers to COVID-19 Vaccination.....	443
17.2.4 Healthcare Worker COVID-19 Vaccination	449
17.3 Access During COVID-19 Pandemic	453
17.3.1 Care Access During COVID-19 Pandemic.....	453
17.3.2 Telehealthcare During COVID-19 Pandemic.....	459
17.4 Mental Health and Substance Use During COVID-19 Pandemic	460
17.4.1 Perceived COVID-19 Effect on Mental Health	460
17.4.2 Perceived COVID-19 Effect on Substance Use.....	475

Introduction

This document briefly describes the definitions of the 2023 *National Healthcare Quality and Disparities Report (NHQDR)* measures which are posted on the NHQDR website at <https://nhqrnet.ahrq.gov/inhqdr>. The descriptions for each measure include a measure title, a measure source, data source, 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. The specifications are based on information from the source data system websites or from the NHQDR source data contributing agencies and organizations.

Chapter 2. Access to Care

2.1 Getting Appointments for Care

Measure ID: 020101011

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: 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 Source: 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, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

Measure ID: 020101021

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 and 2019

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 Source: 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: Non-respondents and "Don't Know" responses were excluded. Data are from the MEPS Child Health section. Since the 2018 MEPS redesign, data for this measure are collected in odd years.

Measure ID: 020101031

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: 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 Source: 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, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

2.2 Waiting Time

Measure ID: 020201021

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

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 2021

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, "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: 020201031

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 2019-2020

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

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," doc07.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS. 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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

Measure ID: 020201041

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 Description:

Geographic representation: National

Years available: 2006-2007 to 2019-2020

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

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," doc07.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS. 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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

Measure ID: 020201051

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 Description:

Geographic representation: National

Years available: 2006-2007 to 2019-2020

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

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," doc07.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS. 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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

Measure ID: 020201071

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 2019, and 2020-2021

Population characteristics: Age, gender, race, ethnicity

Data Sources: CMS, QIO, HIQR

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 <http://www.qualitynet.cms.gov/inpatient/qdr>.

The 2020-2021 pooled data are only available for age categories and national total.

Measure ID: 020201081

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 2019, and 2020-2021

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: 020201111

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 2019, and 2020-2021

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: 020501031

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 to 2021

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

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: 020501051

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 to 2021

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

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: 020501061

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 to 2021

Population characteristics: race, ethnicity, gender, income, education, location of residence, veteran status, disability status, and social vulnerability index

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: 020501071

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 2020

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 Source: 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: 020501081

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 2020

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 Source: AHRQ, CFACT, MEPS

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

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

Measure ID: 020501091

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 to 2021

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

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: 020501101

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 to 2021

Population characteristics: race, ethnicity, gender, income, education, location of residence, veteran status, disability status, and social vulnerability index

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: 020501111

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 2020

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 Source: 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: 020501121

Measure Title: People under age 65 with any period of private 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 2020

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 Source: AHRQ, CFACT, MEPS

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

Numerator: Subset of the denominator who reported they had private 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: 020501131

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 to 2021

Population characteristics: race, ethnicity, gender, income, education, location of residence, veteran status, disability status, and social vulnerability index

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: 020501141

Measure Title: Adults age 65 and over with dual eligible 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 to 2021

Population characteristics: race, ethnicity, gender, income, education, location of residence, veteran status, disability status, and social vulnerability index

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: 020601011

Measure Title: People with a specific source of ongoing care

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2019 to 2021

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

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: 020601041

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 to 2021

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

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: 020601051

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 to 2021

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

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: 020701051

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: 2002 to 2020

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 reported having a usual source of care, excluding hospital emergency rooms

Numerator: Subset of the denominator who reported that their provider has night or weekend office hours

Measure ID: 020701061

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 2020

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: 020701071

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: 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 Source: 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: 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, data for this measure are collected in odd years. Data before 2019 were dropped because the estimates are not comparable with the 2019 data.

Measure ID: 020701081

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: 2019

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 Source: 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, data for this measure are collected in odd years only. Data before 2019 were dropped because the estimates were not comparable with the 2019 data.

Chapter 3. Patient Safety

3.1 Healthcare-Associated Infections

Measure ID: 030101011

Measure Title: Postoperative sepsis per 1,000 elective-surgery 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 and state

Years available: 2016 to 2020

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

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 (PSI13) 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>) accessed 25Sep2023.

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 2020

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

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 (PSI07) 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> accessed 25Sep2023).

Measure ID: 030101041

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 less than 18 years

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

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

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

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 less than 18 years

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

Comments: The AHRQ PDI (PDI12) 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> accessed 25Sep2023).

Measure ID: 030101051

Measure Title: Hospital admissions with pressure ulcers per 1,000 medical and surgical discharges of length 3 or more days, 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 and state

Years available: 2016 to 2020

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

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 with a length of stay of 3 or more days, age 18 years and over

Numerator: Subset of the denominator with any secondary diagnosis of pressure ulcers

Comments: The AHRQ PSI (PSI03) software requires that the pressure ulcers 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> accessed 25Sep2023).

Measure ID: 030101061

Measure Title: Adult inpatients with one or more pressure ulcer adverse events during hospital stay

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRs, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: All patients in the sample

Numerator: Patients with a hospital acquired pressure ulcer, patients who develop osteomyelitis, tunneling, or fissure as a secondary morbidity contiguous to any pressure ulcer, patients with a pressure ulcer present on admission that advances to stage 3 or stage 4

Comment: QSRs data are abstracted from the medical record for the index hospital stay. This measure includes new and worsening pressure ulcers.

3.2 Surgical Care

Measure ID: 030201011

Measure Title: Adult surgery patients with postoperative pneumonia or venous thromboembolic events

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QRSR, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: All patients from the QRSR sample who had a surgical procedure (for postoperative pneumonia these patients also have a LOS>2 days and pneumonia is not present on admission; for venous thromboembolic events, these patients were not on comfort care, did not have prior or chronic deep vein thrombosis and/or pulmonary embolism or unilateral swelling on admission)

Numerator: Postoperative Pneumonia: Patients without pneumonia present on admission and all of the following; 1) radiographic evidence of infiltrate, consolidation or cavitation: 2) systemic findings within 3 days before or after the chest radiograph of fever (> 38' C) or leukopenia (<4000 WBC/mm³) or leukocytosis (>12,000 WBC/mm³) or a decline in mental status 3.) any of the following pulmonary findings within 3 days before or 3 days after the chest radiograph; new onset of purulent sputum, change in character or quantity of sputum, increased respiratory secretions, new onset or worsening cough, dyspnea, tachypnea, rales, bronchial breath sounds or oxygen saturation that decreases following admission and reaches less than 94 percent

Venous Thromboembolic Events: Patients with a diagnosis of deep vein thrombosis, patients with a diagnosis of pulmonary embolism or patients with a diagnosis of both during the index hospital stay

Comments: QRSR measures all hospital acquired pneumonia and venous thromboembolic events. To provide this data we restricted the results to patients who underwent a surgical procedure.

Measure ID: 030201021

Measure Title: Adult surgery patients with postoperative pneumonia events

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Centers for Medicare & Medicaid Services (CMS), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: All patients from the QSRS sample who had a surgical procedure (for postoperative pneumonia these patients also have a LOS>2 days and pneumonia is not present on admission; for venous thromboembolic events, these patients were not on comfort care, did not have prior or chronic deep vein thrombosis and/or pulmonary embolism or unilateral swelling on admission)

Numerator: Postoperative Pneumonia: Patients without pneumonia present on admission and all of the following; 1) radiographic evidence of infiltrate, consolidation or cavitation: 2) systemic findings within 3 days before or after the chest radiograph of fever (> 38' C) or leukopenia (<4000 WBC/mm3) or leukocytosis (>12,000 WBC/mm3) or a decline in mental status 3.) any of the following pulmonary findings within 3 days before or 3 days after the chest radiograph; new onset of purulent sputum, change in character or quantity of sputum, increased respiratory secretions, new onset or worsening cough, dyspnea, tachypnea, rales, bronchial breath sounds or oxygen saturation that decreases following admission and reaches less than 94 percent

Comments: QSRS measures all hospital acquired pneumonia and venous thromboembolic events. To provide this data we restricted the results to patients who underwent a surgical procedure.

Measure ID: 030201031

Measure Title: Adult surgery patients with postoperative venous thromboembolic events

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patients who had a surgical procedure, were not on comfort care, did not have prior or chronic deep vein thrombosis and/or pulmonary embolism or unilateral swelling on admission

Numerator: Patients with a diagnosis of deep vein thrombosis, patients with a diagnosis of pulmonary embolism or patients with a diagnosis of both during the index hospital stay

Comments: QSRS data are abstracted from the medical record for the index hospital stay. QSRS measures all venous thromboembolic events. To provide this data we restricted the results to patients who underwent a surgical procedure.

Measure ID: 030201041

Measure Title: Perioperative hemorrhage or hematoma with surgical drainage or evacuation per 1,000 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 2020

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

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

Denominator: Inpatient hospital surgical discharges age 18 and over, excluding obstetric

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

Comments: The AHRQ PSI (PSI09) 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> accessed 25Sep2023).

Measure ID: 030201051

Measure Title: 'Postoperative pulmonary embolism or deep vein thrombosis per 1,000 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 2020

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

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

Denominator: Inpatient hospital surgical discharges 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 (PSI12) 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> accessed 25Sep2023).

Measure ID: 030201061

Measure Title: Postoperative respiratory failure, prolonged mechanical ventilation, or reintubation per 1,000 elective-surgery 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 2020

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

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 (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 (PSI11) 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> accessed 25Sep2023).

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 2020

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

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 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 (PSI10) 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> accessed 25Sep2023).

Measure ID: 030201091

Measure Title: Postoperative hip fractures per 1,000 surgical admissions who were not susceptible to falling, 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 2020

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

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

Denominator: Inpatient hospital surgical discharges, 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 (PSI08) 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> accessed 25Sep2023).

Measure ID: 030201101

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

Years available: 2016 to 2020

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

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) discharges 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: The AHRQ PSI (PSI12) software requires that the reclosure of postoperative disruption of abdominal wall 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> accessed 25Sep2023).

Measure ID: 030201121

Measure Title: Adult inpatient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patient underwent operating room procedure and/or anesthesia during stay

Numerator: Includes surgical events, injuries sustained during an operating room procedure, anesthesia events, complications manifested postoperatively, and major complications associated with either surgery or anesthesia (see Table 1 for a complete list of inclusions).

Comment: QSRS data are abstracted from the medical record for the index hospital stay.

Table 1. Inclusions: Patient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay
Retained object not present on admission)
Unplanned return to operating room
Bleeding
Revision of operative site
Incorrect OR procedure
Unplanned removal of normal organ
Injuries during OR procedure
Burn or Electric Shock
Dental injury
Ocular injury
Peri-operative injury
Injury to peripheral or cranial nerve or spinal cord
Iatrogenic pneumothorax
Unintended laceration or puncture
Air or other gas embolus
Complications manifested post-op
Dehiscence, flap or wound failure or disruption, or graft failure
Unintended blockage, obstruction, or ligation
Post dural puncture headache (PDPH)
Anesthesia events
Death during or shortly after anesthesia in ASA Class 1 patient
Unintended awareness (during general anesthesia)
Malignant hyperthermia
Unplanned anesthesia intervention
Unplanned conversion to general anesthesia
High spinal requiring intubation and/or assisted ventilation
Major complication associated with either surgery or anesthesia
Cardiac or circulatory event during or within 48 hours of OR procedure or administration of anesthesia

Table 1. Inclusions: Patient sustained one or more adverse outcomes from one or more operating room procedures or instance of anesthesia during stay
Cardiac arrest
Acute Myocardial Infarction (AMI)
Central nervous system event (e.g., CVA, seizures, coma)
Respiratory failure indicated by unplanned respiratory support within 24 hours of OR procedure or administration of anesthesia
Prolonged ventilator support
Re-institution of ventilator

Measure ID: 030201151

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 2021

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 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: 030301011

Measure Title: Bloodstream infections or mechanical adverse events in adult hospital patients receiving central venous catheter placement per 1000 patients

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: For bloodstream infection; central line in place > 2 calendar days during stay. For mechanical adverse events; central line during stay

Numerator: Bloodstream Infections (CLABSI): Laboratory confirmed bloodstream infection while catheter was in place, or within 1 day after its removal, as identified by either of the following: positive blood culture with recognized pathogen* or both of the following: two or more blood cultures growing the same common commensal** drawn separately on the same day, or on consecutive days and at least one of the following symptoms within 3 days before or after the first positive blood culture: fever greater than 38°, chills, hypotension. Also, absence of a likely source of blood stream infection from another body site (excluding artery, vein, vascular graft, shunt, fistula, or episiotomy site) documented prior to, or on the same day as, the first positive blood culture.

Comments: QSRS data are abstracted from the medical record for the index hospital stay. Central lines present on admission and accessed during the hospital stay or inserted during the hospital stay are included in this measure.

Measure ID: 030301021

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

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Central line in place > 2 calendar days during stay

Numerator: Laboratory confirmed bloodstream infection while catheter was in place, or within 1 day after its removal, as identified by either of the following: positive blood culture with recognized pathogen* or both of the following: two or more blood cultures growing the same common commensal** drawn separately on the same day, or on consecutive days and at least one of the following symptoms within 3 days before or after the first positive blood culture: fever greater than 38°, chills, hypotension. Also, absence of a likely source of blood stream infection from another body site (excluding artery, vein, vascular graft, shunt, fistula, or episiotomy site) documented prior to, or on the same day as, the first positive blood culture.

Comments: QSRS data are abstracted from the medical record for the index hospital stay. Note all central lines are included in the denominator, including those present on admission. The term central line is used in place of central venous catheter in QSRS.

Measure ID: 030301041

Measure Title: Accidental puncture or laceration during procedure per 1,000 medical and 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 2020

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

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 (PSI15) 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> accessed 25Sep2023).

Measure ID: 030301051

Measure Title: Accidental puncture or laceration during procedure per 1,000 medical and surgical admissions, age less than 18 years

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

Table Description:

Geographic representation: National

Years available: 2016 to 2020

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

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 (PDI01) 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> accessed 25Sep2023).

Measure ID: 030301061

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

Years available: 2016 to 2020

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

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 (PSI06) 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> accessed 25Sep2023).

Measure ID: 030301071

Measure Title: Deaths per 1,000 elective-surgery admissions who 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 and state

Years available: 2016 to 2020

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

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, 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 (PSI04) 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> accessed 25Sep2023).

Measure ID: 030301081

Measure Title: Deaths per 1,000 discharges with expected low-mortality, 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 (PSI02)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

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: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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 (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.

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> accessed 25Sep2023).

Measure ID: 030301111

Measure Title: Adult inpatients sustained one or more adverse outcomes related to receipt of blood or blood product transfusion

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patients who received a transfusion of blood or blood product during the hospital stay

Numerator: Notation in the medical record of a transfusion reaction or administration of incompatible ABO type whole blood or red cells.

Comments: QSRS data are abstracted from the medical record for the index hospital stay. Transfusion reaction is determined by appropriate ICD-10 codes or notation of reaction in the medical chart.

Measure ID: 030301121

Measure Title: Adult inpatients with one or more falls during hospital stay

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: All patients in the sample

Numerator: Patients with at least one fall during admission, with or without injury, whether or not fall was assisted

Comment: QSRS data are abstracted from the medical record for the index hospital stay. All falls assisted and unassisted and with and without injury are included in this measure.

Measure ID: 030301131

Measure Title: Adults inpatients with a new diagnosis of deep vein thrombosis or pulmonary embolism during hospital stay

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: All patients who are not on comfort care or who did not have prior or chronic Deep Vein Thrombosis (DVT) and/or Pulmonary Embolism (PE) with unilateral swelling on admission

Numerator: Patients with a diagnosis of deep vein thrombosis, patients with a diagnosis of pulmonary embolism or patients with a diagnosis of both during the index hospital stay

Comment: QSRS data are abstracted from the medical record for the index hospital stay.

Measure ID: 030301141

Measure Title: Adult inpatients with an adverse event associated with arterial puncture (excluding air embolism) during hospital stay

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patients who underwent arterial puncture during the hospital stay

Numerator: Adverse outcome from arterial puncture includes infection, bleeding, clotting, gangrene, loss of body part or function

Comments: QSRS data are abstracted from the medical record for the index hospital stay. Adverse events associated with arterial puncture are abstracted as part of the other outcomes of interest module.

3.4 Complications of Medication

Measure ID: 030401021

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

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patients with IV heparin administered during the hospital stay

Numerator: Administration of IV heparin during hospital stay and both of the following: 1) Either of the following lab values or actions; partial thromboplastin time greater than 100. Administration of any of the following; protamine, fresh frozen plasma, blood or red cell transfusion with no surgical operation 2) any of the following adverse outcomes more than 24 hours after admission and within 1 day, either before or after any of the circumstances listed above; hemoglobin decrease of ≥ 5 mg/dL or a $\geq 15\%$ absolute decrease in the hematocrit following anticoagulant administration if more than 48 hours after admission, bleeding not present on admission, cardiac arrest/emergency measures to sustain life/call for rapid response team, death

Comments: QSRS data are abstracted from the medical record for the index hospital stay.

Measure ID: 030401031

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

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patients with low molecular weight heparin, thrombin inhibitor, or a factor Xa inhibitor administered during the hospital stay

Numerator: Administration of low molecular weight heparin, thrombin inhibitor, or a factor Xa inhibitor during hospital stay, and both of the following: 1) administration of any of the following: protamine, fresh frozen plasma, recombinant factor VIIa, decompressing acetate, cryoprecipitate, antifibrinolytic therapy, blood or red cell transfusion with no surgical operation

2) any of the following adverse outcomes more than 24 hours after admission and within 1 day, either before or after any of the circumstances listed above; hemoglobin decrease of ≥ 5 mg/dL or a $\geq 15\%$ absolute decrease in the hematocrit following anticoagulant administration if more than 48 hours after admission, bleeding not present on admission, cardiac arrest/emergency measures to sustain life/call for rapid response team, death

Comments: QSRS data are abstracted from the medical record for the index hospital stay. Low molecular weight heparin (LMWH), thrombin inhibitors and factor Xa inhibitors are included in this measure.

Measure ID: 030401041

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

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRS, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patient with a hypoglycemic agent administered during the hospital stay

Numerator: Patients with administration of insulin and/or other hypoglycemic agent during hospital stay and blood glucose documented as > 50 and ≤ 70 mg/dL, and being administered 50% dextrose, 10% dextrose, or glucagon more than 24 hours after admission.

Comments: QSRS data are abstracted from the medical record for the index hospital stay.

Measure ID: 030401051

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 2021

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 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.

Measure ID: 030401061

Measure Title: Adult inpatients with an adverse event within 24 hours following opioid administration

Measure Source: Agency for Healthcare Research and Quality (AHRQ), The Quality Safety and Review System (QSRS)

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Age, gender, race/ethnicity, Diabetes, Obesity, Valvular heart disease, Congestive heart failure, Pulmonary circulation disease, Peripheral vascular disease, Paralysis, Other neurological disorders, Hypertension, Chronic obstructive pulmonary disease, Hypothyroidism, Renal failure, Liver disease, Peptic ulcer, HIV/AIDs, Lymphoma, Metastatic cancer, Tumor, Rheumatoid arthritis, Coagulopathy, Weight loss, Fluid disorders, Chronic blood loss anemia, Blood deficiency, Alcohol abuse, Drug abuse, Psychoses, Depression

Data Source: AHRQ, QSRs, a sample of randomly selected hospitals using a sampling strategy designed by the Centers for Medicare and Medicaid Services (CMS) and includes both Medicare Fee-For-Service and Medicare Advantage patients.

Denominator: Patient received an opioid during the hospital stay

Numerator: Administration of intravenous (IV) naloxone, unless administered for reasons other than suspected overdose. Respiratory arrest, unless attributed to underlying condition or diagnosis or anticipated. Unresponsiveness or response only to noxious stimulation, unless attributed to underlying condition or diagnosis, or anticipated.

Comments: QSRs data are abstracted from the medical record for the index hospital stay.

3.5 Birth-Related Complications

Measure ID: 030501011

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 (PSI17)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Sex, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

National Denominator: All newborns

National 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> accessed 25Sep2023).

Measure ID: 030501021

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 (PSI19)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of

hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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> accessed 25Sep2023).

Measure ID: 030501031

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

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Patient Safety Indicators (PSI18)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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> accessed 25Sep2023).

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 Description

Geographic representation: National

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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
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

Pulmonary Embolism or Deep Vein Thrombosis Diagnosis Codes
I80292 =Phlebitis and thrombophlebitis of other deep vessels of left lower extremity
I80293 =Phlebitis and thrombophlebitis of other deep vessels of lower extremity, bilateral
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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Measure ID: 030501051

Measure Title: Severe maternal morbidity 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 Description

Geographic representation: National

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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 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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Measure ID: 030501061

Measure Title: Severe postpartum hemorrhage 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 Description

Geographic representation: National

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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
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 (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 Description

Geographic representation: National

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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 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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Measure ID: 030501081

Measure Title: Cesarean deliveries per 1,000 deliveries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI21).

Table Description

Geographic representation: National and state

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

Denominator: Inpatient stays for women aged 10-54 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 cesarean deliveries

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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Measure ID: 030501091

Measure Title: Vaginal birth after cesarean per 1,000 women with previous cesarean deliveries, uncomplicated

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI22).

Table Description

Geographic representation: National and state

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

Denominator: Inpatient stays for women aged 10-54 with previous cesarean deliveries, and with delivery diagnosis, procedure, or DRG, and with previous cesarean deliveries. Excluding those with any indication of abortion

Numerator: Subset of the denominator with any diagnosis of vaginal delivery

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')

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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

Measure ID: 030501101

Measure Title: First-time cesarean deliveries (identified by no previous cesarean delivery diagnosis on the record) per 1,000 deliveries

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI33).

Table Description

Geographic representation: National and state

Years available: 2016-2020

Population subgroups: Age, race/ethnicity, expected primary payer, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region of hospital location, metropolitan status of hospital location, ownership or control of hospitals, hospital bed size, hospital teaching status, critical access hospitals, safety net hospitals, and minority serving hospitals

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

Denominator: Inpatient stays for women aged 10-54 with delivery diagnosis, procedure, or DRG, excluding those with any indication of abortion or with previous cesarean deliveries

Numerator: Subset of the denominator with any diagnosis of first-time cesarean deliveries

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')

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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

3.6 Inappropriate Treatment

Measure ID: 030601011

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 2020

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 Source: 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: 030601021

Measure Title: Adults age 65 and over who received in the calendar year at least 1 of 33 potentially inappropriate prescription medications^a 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 2020

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 Source: 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: 030701011

Measure Title: High-risk, long-stay nursing home patients with stages 2-4 pressure ulcer or unstable 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: 2020 to 2021

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 or unstable 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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023)

Measure ID: 030701021

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023)

Measure ID: 030701031

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment->

[Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf](#)
(accessed 27Sep2023)

Measure ID: 030701041

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 030701052

Measure Title: Short-stay nursing home patients with pressure ulcers that are new or 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 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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

CMS changed the specification for this measure since 2019. The NHQDR measure has not been updated.

3.8 Home Health Communication

Measure ID: 030801021

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 (HHAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 030801031

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 (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 030801041

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 (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 030801071

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 2021

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: 030801081

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 2021

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: 030801091

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 2021

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.

Chapter 4. Person-Centered Care

4.1 Patient Experience Care

Measure ID: 040101011

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101031

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101051

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101071

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101091

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101111

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 and 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 Source: 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: 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, data for this measure are collected in odd years.

Measure ID: 040101131

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: 2018-2020

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

Data Source: 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: 040101132

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: 2018-2020

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

Data Source: 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: 040101151

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 2020

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

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: 040101161

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 and 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 Source: 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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2023).

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

Measure ID: 040101171

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 and 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 Source: 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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2023).

The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

Measure ID: 040101181

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 and 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 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://wayback.archive-it.org/5774/20220414154252/https://www.healthypeople.gov/2020/topics-objectives/topic/health-communication-and-health-information-technology/objectives> (accessed 26Sep2023). The survey questions for this measure are from the MEPS Self-Administered Questionnaire (SAQ). Since the 2018 MEPS redesign, data for this measure are collected in odd years.

4.2 Hospital Communication

Measure ID: 040201031

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 2021

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: 040301011

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 (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 "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: 040301061

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 (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 040301101

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 (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 040301111

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 (HHCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 as gently as possible?"

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

Measure ID: 040301121

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 2021

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: 040301131

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 2021

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: 040301141

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 2021

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: 040301151

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 (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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, 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: 040301161

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 (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 040401011

Measure Title: Hospice patients whose hospice care team always communicated well with their family caregivers about taking care of 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 2021

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>, accessed 27Sep2023.

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

Measure ID: 040401021

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 2021

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>, accessed 27Sep2023.

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

Measure ID: 040401031

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 2021

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>, accessed 27Sep2023.

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

Measure ID: 040401041

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 2021

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>, accessed 27Sep2023.

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: 040401051

Measure Title: Family members who definitely received trainings about taking care of 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 2021

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>, accessed 27Sep2023.

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

Measure ID: 040401061

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 2021

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>, accessed 27Sep2023.

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: 040401071

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 2021

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>, accessed 27Sep2023.

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: 040401081

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 2021

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.hospicecahpsurvey.org/en/scoring-and-analysis>, accessed 27Sep2023.

The possible responses include "Definitely no", "Probably no", "Probably yes", and "Definitely yes".

Chapter 5. Care Coordination

5.1 Transitions of Care

Measure ID: 050101021

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 2021

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: 050101031

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 patients 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 2021

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 patients discharge health care would be

5.2 Medication Information

Measure ID: 050201011

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 2020

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 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: 2016-2020

Population subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region

Data Source: 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
'F40233'	Fear of injury
'F40240'	Claustrophobia
'F40241'	Acrophobia
'F40242'	Fear of bridges

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'F648'	Other sex identity disorders
'F649'	Gender identity disorder, unspecified
'F938'	Other childhood emotional disorders
'R45850'	Homicidal ideations

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F819'	Developmental disorder of scholastic skills, unspecified
'F82'	Specific developmental disorder of motor function
'F840'	Autistic disorder
'F842'	Rett's syndrome
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'F23'	Brief psychotic disorder
'F24'	Shared psychotic disorder
'F250'	Schizoaffective disorder, bipolar type
'F251'	Schizoaffective disorder, depressive type

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F451'	Undifferentiated somatoform disorder
'F4520'	Hypochondriacal disorder, unspecified
'F4529'	Other hypochondriacal disorders
'F4541'	Pain disorder exclusively related to psychological factors
'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 protozoa, 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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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 parasymphomimetics, self-harm, init
'T442X2A'	Poisoning by ganglionic blocking drugs, self-harm, init
'T443X2A'	Poison by oth parasymph 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
'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 anti allerg/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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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 oxytotic 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
'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 opth 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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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 Portuguese 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
'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 nitrodrv/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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'X72XXXA'	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
'X75XXXA'	Intentional self-harm by explosive material, init encntr
'X76XXXA'	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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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> accessed 25Sep2023).

Measure ID: 050301023

Measure Title: Emergency department visits with a principal diagnosis related to substance use disorder 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: 2016-2020

Population subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code, region

Data Source: 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 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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F12288'	Cannabis dependence with other cannabis-induced disorder
'F1229'	Cannabis dependence with unsp cannabis-induced disorder
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F16283'	Hallucinogen dependence w hallucinogen 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
'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'	Hallucinogen use, unsp w hallucinogen 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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F11220'	Opioid dependence with intoxication, uncomplicated
'F11221'	Opioid dependence with intoxication delirium
'F11222'	Opioid dependence w intoxication with perceptual disturbance
'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
'P961'	Neonatal w/drowal 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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'F19251'	Oth psychoactv substance depend w psych disorder w hallucin

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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/drawal 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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'F13230'	Sedatv/hyp/anxiolytc dependence w withdrawal, uncomplicated
'F13231'	Sedatv/hyp/anxiolytc dependence w withdrawal delirium
'F13232'	Sedatv/hyp/anxiolytc depend w w/drawal w perceptual disturb
'F13239'	Sedatv/hyp/anxiolytc dependence w withdrawal, unsp
'F1324'	Sedative, hypnotic or anxiolytic dependence w mood disorder

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F13250'	Sedativ/hyp/anxiolytic depend w psychotic disorder w delusions
'F13251'	Sedativ/hyp/anxiolytic depend w psychotic disorder w hallucin
'F13259'	Sedativ/hyp/anxiolytic dependence w psychotic disorder, unsp
'F1326'	Sedativ/hyp/anxiolytic depend w persisting amnestic disorder
'F1327'	Sedativ/hyp/anxiolytic dependence w persisting dementia
'F13280'	Sedativ/hyp/anxiolytic dependence w anxiety disorder
'F13281'	Sedativ/hyp/anxiolytic 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'	Sedativ/hyp/anxiolytic use, unsp w intoxication, uncomplicated
'F13921'	Sedativ/hyp/anxiolytic use, unsp w intoxication delirium
'F13929'	Sedativ/hyp/anxiolytic use, unsp w intoxication, unsp
'F13930'	Sedativ/hyp/anxiolytic use, unsp w withdrawal, uncomplicated
'F13931'	Sedativ/hyp/anxiolytic use, unsp w withdrawal delirium
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'F14159'	Cocaine abuse with cocaine-induced psychotic disorder, unsp
'F14180'	Cocaine abuse with cocaine-induced anxiety disorder
'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
'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

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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
'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
'F15922'	Oth stimulant use, unsp w intox w perceptual disturbance
'F15929'	Other stimulant use, unsp with intoxication, unspecified

ICD-10-CM DIAGNOSIS	DESCRIPTION
'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> accessed 25Sep2023).

Measure ID: 050301024

Measure Title: Composite measure: Emergency department visits with a principal diagnosis related to co-occurring mental health, alcohol, and substance use disorder, 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: 2016-2020

Population subgroups: Age, sex, geographic location (residence), 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 first-listed 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> accessed 25Sep2023).

Measure ID: 050301031

Measure Title: Emergency department visits with a principal diagnosis related to dental conditions

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

Table Descriptions:

Geographic representation: National

Years available: 2016-2020

Population subgroups: Age, sex, geographic location (residence), median household income of the patient's ZIP Code

Data Source: AHRQ, HCUP, Nationwide Emergency Department Sample (NEDS)

Denominator: U.S. resident population, all ages

Numerator: Emergency department visits in the U.S. with a principal 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> accessed 25Sep2023).

Measure ID: 050301041

Measure Title: Emergency department encounters for asthma, 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: 2016-2020

Population subgroups: Sex, geographic location (residence), median household income of the patient's ZIP Code, region of hospital

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> accessed 25Sep2023).

Measure ID: 050301042

Measure Title: Emergency department encounters 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: 2016-2020

Population subgroups: Age, sex, geographic location (residence), median household income of patient's ZIP Code, region of hospital

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> accessed 25Sep2023).

Measure ID: 050301043

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 2018-2020

Population characteristics: Age, sex, race, ethnicity, location of hospital, health insurance

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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

Measure ID: 050301044

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 2018-2020

Population characteristics: Sex, race, ethnicity

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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

Measure ID: 050301045

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 2018-2020

Population characteristics: Sex, race, ethnicity

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: doc09.pdf, https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS.

5.4 Preventable Hospitalizations

Measure ID: 050401011

Measure Title: Hospital admissions for uncontrolled diabetes without complications 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 (PQI14)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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, 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> accessed 25Sep2023).

Measure ID: 050401021

Measure Title: Hospital admissions with diabetes with short-term complications 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 (PQI01)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 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> accessed 25Sep2023).

Measure ID: 050401022

Measure Title: Hospital admissions with diabetes with short-term complications per 100,000 population, ages 6-17

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Pediatric Quality Indicators (PDI15)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 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> accessed 25Sep2023).

Measure ID: 050401031

Measure Title: Hospital admissions with diabetes with long-term complications 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 (PQI03)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 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> accessed 25Sep2023).

Measure ID: 050401041

Measure Title: Lower extremity amputations among admissions for diabetes 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 (PQI16)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region 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 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> accessed 25Sep2023).

Measure ID: 050401051

Measure Title: Composite measure: Hospital admissions for one or more diabetes complications (short-term complications, long-term complications, uncontrolled diabetes, or lower-extremity amputation) 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 (PQI93)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 age 18 and over

Numerator: Adult discharges age 18 and over with a principal diagnosis of diabetes with short-term complications, long-term complications, uncontrolled diabetes, or lower-extremity amputation

Comments: The AHRQ PQI software requires diabetes to be the principal diagnosis and a diagnosis code of short-term complications, long-term complications, or uncontrolled diabetes, or a procedure code for lower-extremity amputation. Short-term complications include ketoacidosis, hyperosmolarity, and coma. Long-term complications include renal, eye, neurologic, circulatory, and other unspecified complications.

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> accessed 25Sep2023).

Measure ID: 050401071

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 (PQI15)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 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> accessed 25Sep2023).

Measure ID: 050401072

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 (PDI14)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, location of residence, region 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 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> accessed 25Sep2023).

5.5 Preventable Hospitalizations Among Home Health and Nursing Home Patients

Measure ID: 050501031

Measure Title: Hospitalizations and emergency department encounters for heart failure

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: 2016-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and United States region of hospital

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 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

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.

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> accessed 25Sep2023).

Measure ID: 050501042

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 2021

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 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: 050701011

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 2021

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: 050701021

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 2021

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: 050701031

Measure Title: Home health care 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 2021

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.

Measure ID: 050701041

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 (HCAHPS)

Table Descriptions:

Geographic representation: National, State

Years available: 2012 to 2021

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 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: 050801011

Measure Title: Hospital admissions with hypertension 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 (PQI07)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 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> accessed 25Sep2023).

Measure ID: 050801031

Measure Title: Hospital admissions with chronic obstructive pulmonary disease or asthma per 100,000 population, age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQI05)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 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> accessed 25Sep2023).

Measure ID: 050801041

Measure Title: Hospital admissions for community-acquired pneumonia 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 (PQI11)

Table Descriptions:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 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> accessed 25Sep2023).

Measure ID: 050801051

Measure Title: Hospital admissions for urinary tract infection 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 (PQI12)

Table Descriptions:

Geographic representation: National

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 adults age 18 and older

Numerator: Hospital admissions of adults with a principal diagnosis of urinary tract infection.

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> accessed 25Sep2023).

Measure ID: 050801052

Measure Title: Hospital admissions for urinary tract infection 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 (PDI18)

Table Description:

Geographic representation: National

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 3 months to 17 years

Numerator: Hospital inpatient discharges with a principal diagnosis of urinary tract infection 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> accessed 25Sep2023).

Measure ID: 050801061

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 (PDI16)

Table Description:

Geographic representation: National

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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 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> accessed 25Sep2023).

Chapter 6. Effectiveness of Care

6.1 Cancer

6.1.1 Breast Cancer

Measure ID: 060101011

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 2020

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: 060101021

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 2020

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: 060101031

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 2021

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: 060101041

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 2020

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: 060101051

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 2020

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: 060101061

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 2020

Population characteristics: Age, health insurance, income, race/ethnicity, geographic location (residence)

Data Sources: CoC, ACoS and ACS, NCDB

Denominator: Women under 70 with AJCC T1cN0MO 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: 060102011

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 2020

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: 060102021

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 2020

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: 060103011

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 2020

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.

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: 060103021

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 2021

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.

Measure ID: 060103031

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 2020

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: 060104011

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 2021

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: 060104031

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 2021

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: 060201011

Measure Title: Adults with hypertension whose blood pressure is under control

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2001-2004, 2005-2008, 2009-2012, 2013-2016, 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, and Immigration status

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.

After the 2017-2018 data collection cycle, blood pressure (BP) measurement was changed from auscultatory (AP) method to oscillometric (OC) method and the number of BP measurements changed from 4 to 3. While investigation contrasting AP to OC showed some between-protocol differences, stage I hypertension estimates generally agreed. Additional details and results from a methodology study, comparing auscultatory and oscillometric BP measurement, are available in an NCHS Vital and Health Statistics Series 2 Report at NCHS website (Ostchega et al, 2021).

6.2.2 Treatment of Heart Attack

Measure ID: 060202011

Measure Title: Deaths per 1,000 hospital admissions with acute myocardial infarction, age 18 and over, without transfer cases

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI15)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

Measure ID: 060202041

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 2019

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: 060202061

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 2019, and 2020-2021

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: 060202071

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 2019, and 2020-2021

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, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Prevention Quality Indicators (PQI08)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, metropolitan status of patient residence, United States region 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, 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> accessed 25Sep2023).

Measure ID: 060203031

Measure Title: Deaths per 1,000 hospital admissions with heart failure, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI15)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

6.2.4 Surgery for Heart and Vascular Disease

Measure ID: 060204011

Measure Title: Deaths per 1,000 adult hospital admissions with abdominal aortic aneurysm repair, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI11)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

Measure ID: 060204021

Measure Title: Deaths per 1,000 hospital admissions with coronary artery bypass graft surgery, age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI12)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

Measure ID: 060204031

Measure Title: Deaths per 1,000 hospital admissions with percutaneous coronary intervention, age 40 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI30)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

6.2.5 Stroke

Measure ID: 060205081

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 2019, and 2020-2021

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/#/MeasureView?variantId=684§ionNumber=1>.

6.3 Chronic Kidney Disease

6.3.1 Chronic Care of End Stage Renal Disease

Measure ID: 060301011

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 2020; National: 2005 to 2020

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: 060301031

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 Description:

Geographic representation: State

Years available: 2000 to 2021

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> (accessed 27Sep2023).

Measure ID: 060301041

Measure Title: Dialysis patients who were registered on a waiting list for transplantation

Measure Source: Healthy People 2020

Table Description:

Geographic representation: National, State

Years available: 2000 to 2019

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: 060301051

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 Description:

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 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: 060301061

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 Description:

Geographic representation: National and State

Years available: 2015 to 2021

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 2016-2020 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> (accessed 27Sep2023).

Measure ID: 060301071

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 2020

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: 060401011

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 2020

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> (accessed 25Sep2023), 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: 060401021

Measure Title: Adults age 40 and over with diagnosed diabetes who received at least two hemoglobin A1c tests in the calendar year

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: State

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Adults age 40 and over with diabetes

Numerator: Adults with diabetes who had at least two hemoglobin A1c test in the survey year

Comments: This measure is referred to as measure D-11 in Healthy People 2020 documentation. Estimates are age adjusted to the U.S. 2000 standard population using two age groups: 40-59 and 60 and over.

Measure ID: 060401031

Measure Title: Adults age 40 and over with diagnosed diabetes who received a dilated eye examination in the calendar year

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: State

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources:

Centers for Disease Control and Prevention (CDC), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Adults age 40 and over with diabetes

Numerator: Adults with diabetes who had at least one retinal eye examination in the survey year

Comments: This measure is referred to as measure D-10 in Healthy People 2020 documentation. Estimates are age adjusted to the U.S. 2000 standard population using two age groups: 40-59 and 60 and over.

Measure ID: 060401041

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: Healthy People 2020

Table Descriptions:

Geographic representation: State

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Adults age 40 and over with diabetes

Numerator: Subset of denominator who had one or more foot examinations in the survey year

Comments: This measure is referred to as measure D-9 in Healthy People 2020 documentation. Estimates are age adjusted to the U.S. 2000 standard population using two age groups: 40-59 and 60 and over.

Measure ID: 060401051

Measure Title: Adults age 40 and over with diagnosed diabetes who received an influenza vaccination in the past 12 months

Measure Source: National Diabetes Quality Improvement Alliance, National Quality Forum

Table Descriptions:

Geographic representation: State

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: Adults age 40 and over with diabetes

Numerator: Subset of the denominator who had an influenza immunization in the survey year

Comments: Estimates are age adjusted to the U.S. 2000 standard population using two age groups: 40-59 and 60 and over.

Measure ID: 060401061

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

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. The 2020 data include the first quarter only.

6.4.2 Control of Diabetes

Measure ID: 060402011

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, race/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: 060402013

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

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.

Measure ID: 060402031

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

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. The 2020 data include the first quarter only.

6.4.3 Hospitalization for Diabetes

Measure ID: 060403061

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 2020

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: 060403063

Measure Title: Kidney failure due to diabetes among people 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 2020

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: 060403071

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

Years available: 2009 to 2021

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> (accessed 27Sep2023).

6.5 HIV/AIDS

6.5.1 Management of HIV/AIDS

Measure ID: 060501011

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 2021

Population characteristics: Age, sex, race/ethnicity

Data Sources: CDC, NCHHSTP, DHAP, NHSS

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>, accessed 27Sep2023.

Measure ID: 060501021

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 2021

Population characteristics: Age, sex, race/ethnicity

Data Sources: CDC, NCHHSTP, DHAP, NHSS

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>, accessed 27Sep2023.

Measure ID: 060501031

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 2021

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>, accessed 27Sep2023. The indicator is knowledge of HIV status (diagnosed infections among persons living with HIV infection).

Measure ID: 060501041

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: 2017 to 2021

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: All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>, accessed 27Sep2023.

Measure ID: 060501051

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: 2017 to 2021

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 recent viral load less than 200 copies/mL

Comments: All of the data were downloaded from the NCHHSTP AtlasPlus, <https://www.cdc.gov/nchhstp/atlas/index.htm>, accessed 27Sep2023.

Measure ID: 060501061

Measure Title: HIV infection deaths per 100,000 population

Measure Source: Healthy People 2020

Table Description:

Geographic Representation: National, State

Years Available: 2000 to 2021

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.

Measure ID: 060501071

Measure Title: Adolescents and adults ages 16-64 with HIV testing

Measure Source: National Diabetes Quality Improvement Alliance, National Quality Forum

Table Descriptions:

Geographic representation: National

Years available: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, Immigration status

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: People age 16-64

Numerator: Subset of the denominator who responded yes to the question "Except for tests {you/SP} may have had as part of blood donations, {have you/has he/has she} ever had {your/his/her} blood tested for the AIDS virus infection?"

6.7 Mental Health and Substance Abuse

6.7.1 Treatment of Depression

Measure ID: 060701011

Measure Title: Adults with a major depressive episode in the past year who received treatment for depression in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with a major depressive episode in the past year

Numerator: Subset of the denominator who received treatment for depression in the past year

Comments: Major depressive episode (MDE) is based on the definition found in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Individuals were classified as having an MDE in the past year if they (1) had a lifetime MDE, (2) had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and (3) reported during this period of 2 weeks or longer in the past 12 months they had “some of the other problems” they reported for a lifetime MDE. Consistent with the DSM-5 criteria, NSDUH does not exclude MDEs that occurred exclusively in the context of bereavement.

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.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line

and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060701021

Measure Title: Children ages 12-17 with a major depressive episode in the past year who received treatment for depression in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents ages 12-17 with an MDE in the past year

Numerator: Subset of the denominator who received treatment for depression in the past year

Comments: Major depressive episode (MDE) is based on the definition found in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5). Individuals were classified as having an MDE in the past year if they (1) had a lifetime MDE, (2) had a period of time in the past 12 months when they felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer, and (3) reported during this period of 2 weeks or longer in the past 12 months they had "some of the other problems" they reported for a lifetime MDE. Consistent with the DSM-5 criteria, NSDUH does not exclude MDEs that occurred exclusively in the context of bereavement.

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.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060701041

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: 2008 to 2021

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: 060701051**Measure Title:** Long-stay nursing home residents with depression 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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).**Measure ID: 060701061****Measure Title:** Short-stay nursing home patients given antipsychotic medication**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: 2019 to 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023) 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> (accessed 27Sep2023).

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. Residents with schizophrenia, Tourette's syndrome, or Huntington's disease are excluded from the 2019 data in the NHQDR tables.

Measure ID: 060701071

Measure Title: Long-stay nursing home patients given antipsychotic medication

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: 2019 to 2021

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/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 060701081

Measure Title: Primary care physician office visits where adults were screened for depression

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: Pooled data for 2016+2018 and 2018-2019

Population characteristics: Age, sex, race, and ethnicity

Data Sources: CDC, NCHS, NAMCS

Denominator: Physician office visits by adults age 18 and over

Numerator: Physician office visits by adults who received screening for depression

Comments: Because of improvements in methodology, estimates from 2018-2019 NAMCS might not be directly comparable with estimates from previous years of NAMCS. For more information, see:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2018-508.pdf.

Unweighted race (28.2% in 2016 and 2018, 21.1% in 2018-2019) and ethnicity (42% in 2016 and 2018, 17.4% in 2018-2019) data were missing in each year. In 2009, National Center for Health Statistics 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: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHAMCS/doc09.pdf.

6.7.2 Treatment of Substance Abuse

Measure ID: 060702011

Measure Title: People age 12 and over who needed treatment for illicit drug use or an alcohol problem who received such treatment at a specialty facility in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who needed treatment for a substance use problem

Numerator: Subset of the denominator who received treatment for a substance use problem at a specialty facility in the past year

Comments: Respondents were classified as needing substance use treatment if they met the DSM-5 criteria for an illicit drug or alcohol use disorder or received treatment for illicit drug or alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center). Substance use treatment questions are asked of respondents who used alcohol or illicit drugs in their lifetime. Respondents who used prescription drugs but who did not misuse prescription drugs in their lifetime may not receive these questions.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line

and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060702021

Measure Title: People age 12 and over who needed treatment for illicit drug use who received such treatment at a specialty facility in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who needed for any illicit drug use

Numerator: Subset of the denominator who received treatment for any illicit drug use at a specialty facility in the last 12 months

Comments: Respondents were classified as needing illicit drug use treatment if they met the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for an illicit drug use disorder or received treatment for illicit drug use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the

Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060702031

Measure Title: People age 12 and over who needed treatment for an alcohol problem who received such treatment at a specialty facility in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who needed treatment for alcohol use

Numerator: Subset of the denominator who received treatment for alcohol use at a specialty facility in the past year

Comments: Respondents were classified as needing alcohol use treatment if they met the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5) criteria for an alcohol use disorder or received treatment for alcohol use at a specialty facility (i.e., drug and alcohol rehabilitation facility [inpatient or outpatient], hospital [inpatient only], or mental health center).

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the

U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060702041

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 and state

Years available: State: 2009 to 2020; National: 2009 to 2020

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, 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; 2019 data excluded Oregon, Washington, West Virginia; 2020 Idaho, Maryland, New Mexico, Oregon, Utah, West Virginia.

Measure ID: 060702071

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 2020

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.shtm (accessed 25Sep2023); 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 (accessed 25Sep2023). 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: 060702081

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 2020

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 (accessed 25Sep2023); 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 (accessed 25Sep2023). 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 2103-2017 and includes adults age 18 and over.

Measure ID: 060702091

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), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older

Numerator: Subset of the denominator with opioid (either prescription opioid or heroin) use disorder in the last 12 months

Comments: Respondents were classified as having an opioid use disorder if they met criteria in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5), for heroin use disorder, prescription pain reliever use disorder, or both in the past year. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. These estimates include prescription drug use disorder data from all past year users of prescription drugs.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

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 and state

Years available: 2005-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, metropolitan status 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: 060702111

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 and state

Years available: 2005-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, metropolitan status 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: 060702121

Measure Title: Drug overdose deaths involving any opioid per 100,000 resident population

Measure Source: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2021

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: CDC, NCHS, 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: 060702131

Measure Title: Drug overdose deaths involving natural and semisynthetic opioids per 100,000 resident population

Measure Source: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2021

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: CDC, NCHS, 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: 060702141

Measure Title: Drug overdose deaths involving other synthetic opioids (other than methadone) per 100,000 resident population

Measure Source: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Table Description:

Geographic Representation: National, State

Years Available: 1999 to 2021

Population characteristics: Age, race, ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: CDC, NCHS, 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: 060702151

Measure Title: People age 12 and over with opioid use disorder who received medication-assisted treatment for opioids in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year opioid use disorder

Numerator: Subset of the denominator who received medication-assisted treatment for opioids in the past year

Comments: Medication-assisted treatment for opioids refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of opioids. Respondents who used prescription pain relievers but did not misuse prescription pain relievers in their lifetime may not receive medication-assisted treatment questions.

Opioid use disorder (OUD) estimates are based on DSM-5 criteria. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table do not include prescription drug use disorder data from the past year users of prescription drugs who were not also misusers of prescription drugs.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 060702161

Measure Title: People age 12 and over who received medication-assisted treatment for opioids in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older

Numerator: Subset of the denominator who received medication-assisted treatment for opioids in the past year

Comments: Medication-assisted treatment for opioids refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of opioids. Respondents who used prescription pain relievers but did not misuse prescription pain relievers in their lifetime may not receive medication-assisted treatment questions.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

6.8 Musculoskeletal Disease

Measure ID: 060801051

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: 060901011

Measure Title: Doctor's office 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: 2016 and 2018

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

Data Sources: CDC, NCHS, NAMCS

Denominator: U.S. civilian noninstitutionalized population

Numerator: Number of visits in the denominator with a sole diagnosis of common cold for which antibiotics were prescribed or continued

Comments: Rates per 10,000 population were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. Visits for colds were defined as a visit with only one listed diagnosis that included the following ICD-9-CM codes (2015): 460, 472.0, 465.0, 465.8, or 465.9; or the following ICD-10-CM codes (2016): J00, J310, J060, or J069. Data from 2017 NAMCS are unavailable. Because of improvements in methodology, estimates from 2018 NAMCS might not be directly comparable with estimates from previous years of NAMCS. For more information, see:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2018-508.pdf.

A proportion of visit data were missing for race: 41% (2016 and 2018). Missing data were imputed consistent with guidance described at "2009 NAMCS Microdata File Documentation," ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc09.pdf.

Measure ID: 060901012

Measure Title: 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 Hospital Ambulatory Medical Care Survey (NHAMCS)

Table Description:

Geographic representation: National

Years available: 2017-2018 to 2018-2019

Population characteristics: Sex, race, ethnicity, location of services

Data Sources: CDC, NCHS, NHAMCS

Denominator: U.S. civilian population

Numerator: Number of visits to an emergency department visits with antibiotics prescribed for a diagnosis of common cold

Measure ID: 060901031

Measure Title: Deaths per 1,000 adult hospital admissions with pneumonia, age 18 and over

Measure Source: Agency for Healthcare Research and Quality (AHRQ), Healthcare Cost and Utilization Project (HCUP), Inpatient Quality Indicators (IQI20)

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

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

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> accessed 25Sep2023).

Measure ID: 060901041

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 Description:

Geographic representation: National and State

Years available: National: 2004 to 2019; State: 2008 to 2019

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, 2020, available at:

<https://www.cdc.gov/tb/statistics/reports/2020/default.htm> (accessed 25Sep2023)

6.9.3 Management of Asthma

Measure ID: 060903011

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 to 2020

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 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: 060903041

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: 060903043

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: 060903044

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: 060903051

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 2020

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.

Chapter 7. Healthy Living

7.1 Maternal and Child Health

Measure ID: 070101011

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 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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: 070101021

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: 2018-2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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: 070101031

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 2020

Population characteristics: Mother's age, sex, race, ethnicity, mother's education, 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: 070101033

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 2020

Population characteristics: Mother's age, sex, race, ethnicity, mother's education, 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: 070101034

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 2020

Population characteristics: Mother's age, sex, race, ethnicity, mother's education, 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: 070101035

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 2020

Population characteristics: Mother's age, sex, race, ethnicity, mother's education, 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: 070101051

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 2020; State: 2016 to 2020

Population characteristics: Mother's age, race/ethnicity, income, mother's education, health insurance, location of residence, 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://wayback.archiveit.org/5774/20211119104323/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 2008 birth cohort are obtained from NIS 2009, 2010, and 2011.

7.2 Lifestyle Modification

Measure ID: 070201011

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 (CFAC), Medical Expenditure Panel Survey (MEPS)

Table Descriptions:

Geographic representation: National

Years available: 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 Source: 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.

Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only. Data before 2019 were dropped because the estimates were not comparable with 2019 data.

Measure ID: 070201012

Measure Title: Adults smokers who receive advice to quit from health professional

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: 2020

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

Data Sources: NHIS, CDC/NCHS

Denominator: Number of adults aged 18 years and over

Numerator: Subset of the denominator who received advice to quit from health professional

Comments: Estimates are age adjusted to the 2000 U.S. standard population.

Measure ID: 070201013

Measure Title: Adults current smokers who tried to quit for at least one day

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: 2020

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

Data Sources: NHIS, CDC/NCHS

Denominator: Number of adults aged 18 years and over

Numerator: Subset of the denominator who tried to quit for at least one day

Comments: Estimates are age adjusted to the 2000 U.S. standard population.

Measure ID: 070201014

Measure Title: Adults smokers who successfully quit

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: 2020

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

Data Sources: NHIS, CDC/NCHS

Denominator: Number of adults aged 18 years and over

Numerator: Subset of the denominator who successfully quit

Comments: Estimates are age adjusted to the 2000 U.S. standard population.

Measure ID: 070201021

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 to 2021

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

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: 070201023

Measure Title: Tobacco cessation medications prescribed or tobacco education delivered for tobacco use among adults age 18 and over per 1,000 population

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: Pooled data for 2016+2018, and 2018-2019

Population characteristics: Age, sex, health insurance, race, and ethnicity

Data Sources: CDC, NCHS, NAMCS

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

Numerator: Physician office visits where patients received tobacco cessation medications, or health education and counseling

Comments: Rates per 1,000 population were computed using 2010-based postcensal estimates of the civilian noninstitutionalized population as of July 1 of each data year. At each visit, information for up to 30 drugs was collected. A drug could be provided or prescribed. Tobacco cessation medications and health education and counseling related to tobacco use were identified using the Cerner Multum second-level therapeutic category code (320) and the Cerner Multum Lexicon Plus codes (00123, 00150, 00317, 01064, 01302, 03156, 03184, 04623, 06192, 07081, 07229, 08323, 08378, 09252, 09587, 09903, 61025, 61605, 93071, 93105, 93106, 93107, 93128, 93355, 97034, 10070, 10256, 12013, 12105, 01297, 06192, 97034, 08378, 01064, 03156, 03184, 07081, 07229, 09252, 09587, 10070, 12182, 16031, 61605, 93355, 50714, 53919, 56540, 70137, 70242, d00316, d05807, d00181), available from:

<https://www.cerner.com/solutions/drug-database>. Tobacco use is defined as smoking cigarettes/cigars, using snuff, or chewing tobacco. All estimates were computed using 2016 and 2018 NAMCS. Data from 2017 NAMCS are unavailable. Because of improvements in methodology, estimates from 2018 NAMCS might not be directly comparable with estimates from previous years of NAMCS. For more information, see:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2018-508.pdf.

A proportion of visit data were missing for race (19%) and ethnicity (20.4%). Missing data were imputed consistent with the guidance in "2009 NAMCS Microdata File Documentation," ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc09.pdf.

Measure ID: 070201031

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, gender, family income, race/ethnicity, health insurance, immigration status

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

Comments: The 2020 data include the first quarter only.

Measure ID: 070201032

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

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. The 2020 data include the first quarter only.

Measure ID: 070201041

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, gender, income, race/ethnicity, health insurance, immigration status

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: 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. The 2020 data included data collected before the COVID-19 started.

Measure ID: 070201053

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, 2018, and 2020

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. Since the 2018 MEPS survey redesign, body mass data are collected in even years only. 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: 070201061

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, and 2020

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070201081

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, and 2020

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 healthy eating

Comments: Estimates exclude Non-respondents and "Don't Know" responses. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070201091

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, 2018, and 2020

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: Since the 2018 MEPS redesign, body max data are available in even years only.

Measure ID: 070201092

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

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: Pregnant females were excluded from analysis. Except for age categories, estimates were age adjusted to the 2000 standard population using 3 age groups, ages 20-39, 40-59, and 60 and over. Estimates for education categories were adjusted using age groups of 25-39, 40-59, and 60 and over. Estimates for health insurance categories were adjusted using age groups of 20-39, 40-59, and 60-64. The 2020 data included data collected before the COVID-19 pandemic started.

Measure ID: 070201101

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: 2002 to 2020

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: 070201111

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: Pooled data for 2005-2007, 2008-2010, 2011-2013, 2014-2016, 2016+2018, and 2018-2019

Population characteristics: Age, 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

Comments: Adults with a body mass index greater than or equal to 30 kilograms per square meters are considered with obesity. The presence of obesity was based on documentation in the medical record of obesity, regardless of the diagnosis for the current visit.

Because of improvements in methodology, estimates from 2018-2019 NAMCS might not be directly comparable with estimates from previous years of NAMCS.

The estimates were computed using 2016 and 2018 NAMCS because data from 2017 are unavailable. Because of improvements in methodology, estimates from 2018 NAMCS might not be directly comparable with estimates from previous years of NAMCS.

Unweighted percentage of visit data were missing for race: 2005-2007 (20.2%), 2008-2010 (19.7%), 2011-2013 (24.4%), 2014-2016 (20.5%), 2016+2018 (21.2%), and 2018-2019 (17.2%). Because of improvements in methodology, estimates from 2018-2019 NAMCS might not be directly comparable with estimates from previous years of NAMCS.

For more information, see:

https://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NAMCS/doc2018-508.pdf.

7.3 Functional Status Preservation and Rehabilitation

Measure ID: 070301011

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 2021

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 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: 070301021

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 2021

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

Data Source: 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: 070301031

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 2021

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 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: 070301041

Measure Title: Home health care 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 2021

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 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: 070301051

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070301061

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

7.4 Supportive and Palliative Care

Measure ID: 070401011

Measure Title: Long-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 and 2019 to 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070401021

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070401031

Measure Title: Low-risk long-stay nursing home residents with loss of control of their bowels 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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070401041

Measure Title: Long-stay nursing home residents with physical restraints

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070401051

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 and 2019 to 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070401061

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 2021

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 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: 070401081

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 2021

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 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: 070401091

Measure Title: Home health care 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 2021

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 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: 070401101

Measure Title: Home health care 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 2021

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 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: 070401111

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 2021

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 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: 070501011

Measure Title: Women ages 50-74 who received a mammogram in the last 2 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: States

Years available: 2014, 2016, 2018, and 2020

Population characteristics: Race, ethnicity, income, education, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), 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: This measure 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: 070501012

Measure Title: Breast cancer diagnosed at advanced stage in women age 40 and over

Measure Source: Centers for Disease Control and Prevention (CDC) and the National Cancer Institute (NCI), United States Cancer Statistics (USCS)

Table Descriptions:

Geographic representation: National, States

Years available:

National: 2000 to 2019

States: 2004 to 2019

Population characteristics: Age, race, ethnicity

Data Sources: CDC, NCI, USCS

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) summary stage summary stage. Data includes CDC's National Program of Cancer Registries (NPCR) and National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) registries meeting U.S. Cancer Statistics publication criteria by year. 2018-2019 covers 99% of the U.S. population (Nevada excluded); 2003-2017 covers 100% of the US population; 2001-2002 covers 99% of the US population (Mississippi excluded); and 2000 covers 99% of the total U.S. population (Mississippi, South Dakota excluded).

Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population (19 age groups - Census P25-1130).

Measure ID: 070501021

Measure Title: Women ages 21-65 who received a Pap smear in the last 3 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: States

Years available: 2014, 2016, 2018, and 2020

Population characteristics: Race, ethnicity, income, education, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: US female civilian noninstitutionalized population ages 21-65

Numerator: Subset of denominator women who have not had a hysterectomy and 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.

Measure ID: 070501022

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) and the National Cancer Institute (NCI), United States Cancer Statistics (USCS)

Table Descriptions:

Geographic representation: National, States

Years available:

National: 2000 to 2019

States: 2004 to 2019

Population characteristics: Age, race, ethnicity

Data Sources: CDC, NCI, USCS

Denominator: Number of women age 20 and over

Numerator: Subset of denominator with a new invasive cervical cancer diagnosed in the survey years

Comments: Data includes CDC's National Program of Cancer Registries (NPCR) and National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) registries meeting U.S. Cancer Statistics publication criteria by year. 2018-2019 covers 99% of the U.S. population (Nevada excluded); 2003-2017 covers 100% of the US population; 2001-2002 covers 99% of the US population (Mississippi excluded); and 2000 covers 99% of the total U.S. population (Mississippi, South Dakota excluded).

Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population (19 age groups - Census P25-1130).

Measure ID: 070501031

Measure Title: Adults ages 50-75 who received any type of colorectal cancer screening

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: States

Years available: 2014, 2016, 2018, and 2020

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: US civilian noninstitutionalized population ages 50-75

Numerator: 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 U.S. 2000 standard population using two age groups: 50-64 and 65-75.

Measure ID: 070501032

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) and the National Cancer Institute (NCI), United States Cancer Statistics (USCS)

Table Descriptions:

Geographic representation: National, States

Years available:

National: 2000 to 2019

States: 2004 to 2019

Population characteristics: Age, race, ethnicity

Data Sources: CDC, NCI, USCS

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: Advanced stage for this table refers to regional (spread to regional lymph nodes) and distant (cancer has metastasized) summary stage summary stage. Data includes CDC's National Program of Cancer Registries (NPCR) and National Cancer Institute's Surveillance, Epidemiology and End Results (SEER) registries meeting U.S. Cancer Statistics publication criteria by year. 2018-2019 covers 99% of the U.S. population (Nevada excluded); 2003-2017 covers 100% of the US population; 2001-2002 covers 99% of the US population (Mississippi excluded); and 2000 covers 99% of the total U.S. population (Mississippi, South Dakota excluded).

Rates are per 100,000 and age-adjusted to the 2000 U.S. standard population (19 age groups - Census P25-1130).

Measure ID: 070501041

Measure Title: Adults without hypertension who had their blood pressure measured in the past 2 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2019, 2021

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

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: 070501042

Measure Title: Adults who received a blood cholesterol measurement in the last 5 years

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: State

Years available: 2013, 2015, 2017, 2019, and 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Behavioral Risk Factor Surveillance System (BRFSS)

Denominator: US 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: 070501061

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: States

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

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 ages 18-64 who have a high-risk condition

Numerator: Subset of the denominator who report receiving an influenza vaccination in the past 12 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: 070501062

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: 2019 to 2021

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, veteran status, 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 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: 070501071

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: States

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

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 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: 070501081

Measure Title: Hospital admissions for immunization-preventable influenza per 100,000 population, age 65 and over

Measure Source: Healthy People 2010

Table Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

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> accessed 25Sep2023).

Measure ID: 070501091

Measure Title: Adults ages 18-64 at high risk (e.g., COPD) who ever received a pneumococcal vaccination

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National and States

Years available:

National: 2019 to 2021

State: 2013 to 2020

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education, location of residence, veteran status, 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 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: 070501101

Measure Title: Adults age 65 and over who ever received a pneumococcal vaccination

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: States

Years available: 2013 to 2021

Population characteristics: Race, ethnicity, income, education, sex, and insurance

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 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: 070501131

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 adults age 18 and over and the estimates are not age-adjusted. Information and data for OH-7 are available at: <https://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2023).

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2020

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: 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: 070501132

Measure Title: Adults age 18 and over 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 NHQDR measure is for all adults age 18 and over. Information and data for OH-8 are available at: <https://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2023).

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2020

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 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.”

Measure ID: 070501141

Measure Title: Dentate adults age 20 and over with untreated dental caries in permanent teeth

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, education, gender, income, race/ethnicity, health insurance, immigration status

Data Sources: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health and Nutrition Examination Survey (NHANES)

Denominator: Dentate adults age 20 and over with at least one permanent tooth

Numerator: Subset of denominator with one or more untreated decayed permanent teeth

Comments: Estimates are age-adjusted.

7.5.2 Childhood Immunization

Measure ID: 070502011

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 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502021

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 2021; State: 2000 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502022

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 2021; State: 2000 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502023

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 2021; State: 2000 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502025

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 2021; State: 2000 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502026

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 2021; State: 2000 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502027

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 2021; State: 2011 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502028

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 2021; State: 2011 to 2021

Population characteristics: Race, ethnicity, gender, income, location type, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502031

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 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502033

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 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502041

Measure Title: Adolescent 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: 2019 to 2021

Population characteristics: Race, ethnicity, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502042

Measure Title: Adolescent 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: 2019 to 2021

Population characteristics: Race, ethnicity, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502043

Measure Title: Adolescent 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: 2019 to 2021

Population characteristics: Race, ethnicity, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502044

Measure Title: Adolescent 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: 2019 to 2021

Population characteristics: Race, ethnicity, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502045

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: 2019 to 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502046

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: 2019 to 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502051

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 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502052

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 2021

Population characteristics: Race, ethnicity, sex, income, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502061

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: 2019 to 2021

Population characteristics: Age, race, ethnicity, gender, health insurance, income, location of residence

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: 070502071

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 2021

Population characteristics: Income, race, ethnicity, sex, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070502072

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 2021

Population characteristics: Income, race, ethnicity, sex, geographic location, US born, insurance status, insurance covers all cost of vaccine, language of interview, and social vulnerability index

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: 070503011

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, and 2020

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503021

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://wayback.archive-it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives> (accessed 26Sep2023).

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2020

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: 070503022

Measure Title: Children ages 2-19 with untreated dental caries

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2001-2004, 2013-2016, and 2017-March 2020

Population characteristics: Age, gender, income, race/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: Children ages 2-19 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: 070503023

Measure Title: Children ages 5-17 with untreated dental caries

Measure Source: Healthy People 2020

Table Descriptions:

Geographic representation: National

Years available: 2001-2004, 2005-2008, 2011-2014, and 2015-2018

Population characteristics: Age, gender, income, race/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: 070503024

Measure Title: Children ages 3-19 received dental sealants on permanent teeth

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: 2001-2004, 2005-2008, 2009-2012, 2013-2016, and 2017-March 2020

Population characteristics: Age, gender, income, race/ethnicity, health insurance, immigration status

Data Sources: CDC, NCHS, NHANES

Denominator: Children ages 3-19 years with at least one permanent tooth present and eligible for sealants, including permanent molars, premolars or upper lateral incisors

Numerator: Subset of denominator with one or more permanent teeth with pit and fissure sealants

Comments: 2005-2010 estimates shown for presence of at least one tooth with a dental preventive sealant.

Measure ID: 070503025

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 NHQDR measure is for children ages 2-17. Information and data for OH-8 are available at: <https://wayback.archive->

[it.org/5774/20220415164224/https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives](https://www.healthypeople.gov/2020/topics-objectives/topic/oral-health/objectives) (accessed 26Sep2023).

Table Descriptions:

Geographic representation: National

Years available: 2002 to 2020

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: 070503032

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, and 2020

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503041

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, and 2020

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. Since the 2018 MEPS, survey redesign data for this measure are collected in even years only.

Measure ID: 070503042

Measure Title: Children 0-40 pounds 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, and 2020

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, MEP

Denominator: U.S. civilian noninstitutionalized child population weighing 0-40 pounds

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503043

Measure Title: Children 41-80 pounds 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, and 2020

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 pounds

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.

Comments: Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503044

Measure Title: Children over 80 pounds 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, and 2020

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 pounds

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503045

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, and 2020

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. Since the 2018 MEPS survey redesign, data for this measure are collected in even years only.

Measure ID: 070503061

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 to 2021

Population characteristics: Age, race, ethnicity, gender, health insurance, income, 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: 070504011

Measure Title: Long-stay nursing home residents who were assessed and appropriately given a 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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070504021

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070504031

Measure Title: Short-stay nursing home patients 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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070504041

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 2021

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 11, available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Downloads/MDS-30-QM-Users-Manual-V11-Final.pdf> (accessed 27Sep2023).

Measure ID: 070504051

Measure Title: Home health care 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: 2015 to 2021

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 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: 070504061

Measure Title: Home health care 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 2021

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 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.

Chapter 8. Affordable Care

8.1 Financial Burden of Health Care Cost

Measure ID: 080101011

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 2020

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: 080201011

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 2020

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 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: 080201021

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 to 2020

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 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: 080201022

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 to 2020

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: 080201023

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 to 2020

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: 080201024

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 to 2020

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: 080201031

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 2021

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

Chapter 9. Priority Population

9.1 Health Resources and Services Administration (HRSA) - Uniform Data System (UDS) Measures

9.1.1 Clinical Measures

Measure ID: 090501011

Measure Title: Adults treated at a HRSA supported health centers who received weight screening and follow-up

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2011 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090501012

Measure Title: Children ages 3-16 treated at a HRSA supported health centers who received weight screening and follow-up

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2020 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

Denominator: Children ages 3-16 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: 090501021

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 mmHg

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2008 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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 mmHg

Measure ID: 090501031

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2017 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090501041

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2011 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

Denominator: Adults tobacco users treated at a HRSA supported health center

Numerator: Subset of the denominator who received cessation advice or medication

Measure ID: 090501051

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2012 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090501061

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090501071

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502011

Measure Title: Distribution of visits to HRSA health centers by service category

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2007 to 2020

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502021

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502031

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502041

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502051

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502061

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090502071

Measure Title: HRSA supported health center clinic visits where services were provided by a physician

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2007 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator where services were provided by a physician

Measure ID: 090502081

Measure Title: HRSA supported health center services provided by nurse practitioners, physician assistants, or certified nurse midwives

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2007 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

Denominator: Number of visits to a HRSA supported health centers

Numerator: Subset of the denominator who received services provided by nurse practitioners, physician assistants, or certified nurse midwives

Measure ID: 090502082

Measure Title: HRSA supported health center services provided by a nurse

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2016 to 2021

Population characteristics: State

Data Sources HRSA, BPHC, UDS

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: 090503081

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 (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2010 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090503091

Measure Title: Virtual visits per 1,000 medical visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090503101

Measure Title: Virtual visits per 1,000 dental visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090503111

Measure Title: Virtual visits per 1,000 mental healthcare visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090503121

Measure Title: Virtual visits per 1,000 vision visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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: 090503131

Measure Title: Virtual visits per 1,000 substance abuse visits to HRSA supported health centers

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2021

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 2022

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, 2021 to 2022

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, 2021 to 2022

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.

15.1.3 Workforce Diversity

Measure ID: 150103061

Measure Title: Distribution of healthcare occupations

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Race/ethnicity

Data Sources: U.S. Census, American Community Survey

Denominator: Total healthcare occupations in the United States

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: 2021

Population subgroups: Age, gender, race, ethnicity, and Asian subgroups

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

Numerator: Number of physicians in each population subgroup

Comments: The percentages in the data table are distributions of physicians (including surgeons) in each population subgroup over the total number of physicians in the U.S.

Measure ID: 150103091

Measure Title: Distribution of clinical psychologists

Measure Source: U.S. Census, American Community Survey

Table Descriptions:

Geographic representation: National

Years available: 2020-2021

Population characteristics: Race/ethnicity and education

Data Sources: U.S. Census, American Community Survey

Denominator: Total number of clinical psychologists in the United States as indicated by the occupation code of either OCCP or SOCP

Numerator: Number of psychologists in each population subgroup

Comments: Psychologists include clinical and counseling psychologists. The percentages in the data table are distributions of psychologists in each population subgroup over the total number of psychologists in the U.S.

15.1.4 Focus on the Healthcare Safety Net

Measure ID: 150104011

Measure Title: Short-term acute 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: 2012-2020

Population subgroups: United States region of hospital, ownership or control of hospitals, hospital teaching status, and hospital bed size

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> accessed 25Sep2023).

Measure ID: 150104012

Measure Title: Cost of short-term acute hospital charges 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: 2012-2020

Population subgroups: United States region of hospital, ownership or control of hospitals, hospital teaching status, and hospital bed size

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> accessed 25Sep2023).

15.1.7 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, 2021 to 2022

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, 2021 to 2022

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 2021 to 2022

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 2022

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: 2010 to 2011, 2014 to 2022

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, 2021 to 2022

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: 2010 to 2011, 2013 to 2019, 2021 to 2022

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 2022

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.

15.3 Person-Centered Care

15.3.1 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, 2021 to 2022

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, 2021 to 2022

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 2022

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 and 2019

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, data for this measure are collected in odd years only.

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 and 2019

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, data for this measure are collected in odd years only.

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 and 2019

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, data for this measure are collected in odd years only.

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 2022

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 and 2019

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, data for this measure are collected in odd years only.

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 and 2019

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, data for this measure are collected in odd years only.

Measure ID: 150301102

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 2022

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, 2021 to 2022

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, 2021 to 2022

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 2022

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 2021

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 2021

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 2021

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 2021

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.

15.4 Care Coordination

15.4.2 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: 2006-2020

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> accessed 25Sep2023).

Measure ID: 150402021

Measure Title: Composite measure: Emergency department visits with a principal diagnosis related to mental health, alcohol, or substance use disorder, 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: 2016-2020

Population subgroups: Age, sex, median household income of patient's ZIP Code, metropolitan status of patient residence, United States region of hospital

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> accessed 25Sep2023).

Measure ID: 150402031

Measure Title: 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: 2016-2020

Population subgroups: 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 (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: 2016-2020

Population subgroups: 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 (www.hcup-us.ahrq.gov/reports/methods/methods.jsp).

15.4.3 Preventable Hospitalizations

Measure ID: 150403021

Measure Title: Composite measure: Hospitalizations for all conditions 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 and state

Years available: 2016 to 2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States

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> accessed 25Sep2023).

Measure ID: 150403041

Measure Title: Composite measure: Hospital admissions for all conditions per 100,000 population, 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 and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

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> accessed 25Sep2023).

Measure ID: 150403051

Measure Title: Composite measure: Hospital admissions for acute conditions 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 and state

Years available: 2016 to 2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States

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> accessed 25Sep2023).

Measure ID: 150403061

Measure Title: Composite measure: Hospital admissions for acute conditions per 100,000 population, 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 and state

Years available: 2016 to 2020

Population subgroups: Age, sex, race/ethnicity, median household income of the patient's ZIP Code, urbanized location, region of the United States

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> accessed 25Sep2023).

Measure ID: 150403081

Measure Title: Composite measure: Hospital admissions for chronic conditions 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 Description:

Geographic representation: National and state

Years available: 2016 to 2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States

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> accessed 25Sep2023).

Measure ID: 150403101

Measure Title: Composite measure: Hospital admissions for chronic conditions per 100,000 population, 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 and state

Years available: 2016 to 2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, urbanized location, and region of the United States

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> accessed 25Sep2023).

15.4.4 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 Description:

Geographic representation: National

Years Available: 2003 to 2022

Population characteristics: Age, sex

Data Source: 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 Description:

Geographic representation: National

Years Available: 2003 to 2022

Population characteristics: Age, sex

Data Source: 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.

15.4.5 Electronic Health Records in Hospitals or in Physician Practices

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: 2009 to 2015, 2018, 2019, 2021

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: 2009 to 2015, 2018, 2019, 2021

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: 2009 to 2015, 2018, 2019

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: 2009 to 2015, 2018, 2019

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: 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: 2009 to 2015, 2018, 2019, 2021

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: 150405091

Measure Title: Hospital enabled for electronic prescribing of controlled substances

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Is your hospital enabled for electronic prescribing of controlled substances (EPCS)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405101

Measure Title: Hospital provides outpatient care to patients

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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 provide outpatient care to patients?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405111

Measure Title: Hospital with more than one primary EMR/EHR system in use across outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Is there more than one primary EMR/EHR system in use across your outpatient site(s)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405121

Measure Title: View their health/medical information online in their portal - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to view their health/medical information online in their portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405131

Measure Title: View their health/medical information online in their portal – some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to view their health/medical information online in their portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405141

Measure Title: Download health medical information from their medical record from your portal - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to download health medical information from their medical record from your portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405151

Measure Title: Download health medical information from their medical record from your portal - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to download health medical information from their medical record from your portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405161

Measure Title: Import their medical records from other organizations into your portal - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to import their medical records from other organizations into your portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405171

Measure Title: Import their medical records from other organizations into your portal - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to import their medical records from other organizations into your portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405181

Measure Title: Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405191

Measure Title: Electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to electronically transmit (send) health/medical information to a third party from your portal (in any format) including scanned or structured documents?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405201

Measure Title: Electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDAs) - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDAs)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405211

Measure Title: Electronically transmit (send) health/medical information to a third party from your portal in a structured format such as CCDAs - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 202; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to electronically transmit (send) health/medical information to a third party from your portal (in a structured format such as CCDAs)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405221

Measure Title: Request an amendment to change/update their medical record online - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to request an amendment to change/update their medical record online?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405231

Measure Title: Request an amendment to change/update their medical record online - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to request an amendment to change/update their medical record online?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405241

Measure Title: Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access) - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405251

Measure Title: Designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access)- some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to designate family member or caregiver to access their health/medical information on behalf of the patient (e.g., proxy access)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405261

Measure Title: View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to view their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405271

Measure Title: View their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to view their clinical notes (e.g., visit notes including consultation, progress, history and physical) in their portal?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405281

Measure Title: Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405291

Measure Title: Access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to access their health/medical information using applications (apps) configured to meet the application programming interfaces (API) specifications in your EHR?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405301

Measure Title: Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405311

Measure Title: Access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications - some or all outpatient site(s)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to access their health/medical information using applications (apps) configured to meet Fast Healthcare Interoperability Resource (FHIR) specifications?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405321

Measure Title: Submit patient generated data (e.g., blood glucose, weight) - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to submit patient generated data (e.g., blood glucose, weight)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405331

Measure Title: Submit patient generated data (e.g., blood glucose, weight) - some or all outpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to submit patient generated data (e.g., blood glucose, weight)?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405341

Measure Title: Send/receive secure message with providers - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to send/receive secure message with providers?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405351

Measure Title: Send/receive secure message with providers - some or all outpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to send/receive secure message with providers?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405361

Measure Title: Pay bills online - inpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your hospital able to pay bills online?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405371

Measure Title: Pay bills online - some or all outpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to pay bills online?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405381

Measure Title: Request refills for prescriptions online - some or all outpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to request refills for prescriptions online?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405391

Measure Title: Schedule appointments on-line - some or all outpatient sites

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Are patients who receive care provided by your outpatient site(s) able to schedule appointments on-line?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405401

Measure Title: Level of HIE or HIO participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Please indicate your level of participation in a state, regional, and/or local health information exchange (HIE) or health information organization (HIO).”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405411

Measure Title: CommonWell Health Alliance participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: CommonWell Health Alliance

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405421

Measure Title: e-Health Exchange participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: e-Health Exchange

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405431

Measure Title: Strategic Health Information Exchange Collaborative (SHIEC)/Patient Centered Data Home (PCDH) participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: Strategic Health Information Exchange Collaborative (SHIEC)/Patient Centered Data Home (PCDH)

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405441

Measure Title: Carequality (network-to-network) trust/governance framework participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: Carequality (network-to-network) trust/governance framework

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405451

Measure Title: EHR vendor-based-network that enables record location and exchange within the EHR vendor's network of users (e.g., Epic's Care Everywhere) participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, "Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?"

Numerator: Subset of the denominator that responded to the question with: EHR vendor-based-network that enables record location and exchange within the EHR vendor's network of users (e.g., Epic's Care Everywhere)

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405461

Measure Title: Other national health exchange network participation

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: Other national health exchange network

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405471

Measure Title: Does not participate in any national health information exchange networks (either via vendor or directly)

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “Which of the following national health information exchange networks does your hospital currently actively participate in (i.e., operational exchange)?”

Numerator: Subset of the denominator that responded to the question with: Does not participate in any national health information exchange networks (either via vendor or directly)

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405481

Measure Title: Regularly provide electronic notification to primary care physician after ED visit

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “When a patient visits your Emergency Department (ED), do you provide electronic notification to the patient’s primary care physician?”

Numerator: Subset of the denominator that responded positively to the question

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405491

Measure Title: Regularly Provide electronic notification to primary care physician after ED visit - Inside the system

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “If yes, are electronic notifications provided to primary care physicians below?”

Numerator: Subset of the denominator that responded to the question with “inside the system”.

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405501

Measure Title: Regularly Provide electronic notification to primary care physician after ED visit - Outside the system

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “If yes, are electronic notifications provided to primary care physicians below?”

Numerator: Subset of the denominator that responded to the question with “outside the system”.

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405511

Measure Title: Syndromic surveillance reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to syndromic surveillance reporting”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405521

Measure Title: Immunization registry reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to immunization registry reporting”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405531

Measure Title: Electronic case reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to electronic case reporting”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405541

Measure Title: Public health registry reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to public health registry reporting”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405551

Measure Title: Clinical data registry reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to clinical data registry reporting”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

Measure ID: 150405561

Measure Title: Electronic reportable laboratory result reporting

Measure Source: American Hospital Association (AHA) Survey, Information Technology (IT) Supplement

Table Descriptions:

Geographic representation: National, State

Years available: State, 2020; National, 2020

Population subgroups: 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, “What is your hospital’s current stage of active engagement towards electronically submitting data for public health reporting related to electronic reportable laboratory result reporting?”

Numerator: Subset of the denominator that responded to the question with “actively electronically submitting production data”

Comments: The 2020 AHA IT Supplement was sent to 6,093 non-federal acute care hospitals in the United States, including non-AHA member hospitals. The response rate was 46.9 percent. If data are missing, the hospital is not included in the numerator or denominator of measures.

15.4.6 Telehealthcare

Measure ID: 150406011

Measure Title: Doctor's office visits where the visits were televisits 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: 2021

Population subgroups: age, ethnicity, family income, residence location, and percentages of households in county with internet access

Data Source: AHRQ, CFACT, MEPS

Denominator: Doctor's office visits made by U.S. civilian noninstitutionalized population in the calendar year

Numerator: Subset of the denominator where the visits were any type of televisits

Measure ID: 150406021

Measure Title: Televisits to doctor's offices where the visits were video 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

Population subgroups: age, ethnicity, family income, residence location, and percentages of households in county with internet access

Data Source: AHRQ, CFACT, MEPS

Denominator: Televisits to doctor's office visits made by U.S. civilian noninstitutionalized population in the calendar year

Numerator: Subset of the denominator where the visits were video visit

Measure ID: 150406031

Measure Title: Hospital outpatient department visits where the visits were televisits 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: 2021

Population subgroups: Age, ethnicity, family income, residence location, and percentages of households in county with internet access

Data Source: AHRQ, CFACT, MEPS

Denominator: Hospital outpatient department visits made by U.S. civilian noninstitutionalized population in the calendar year

Numerator: Subset of the denominator where the visits were any type of televisits

Measure ID: 150406041

Measure Title: Televisits to hospital outpatient department where the visits were video 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

Population subgroups: Age, ethnicity, family income, residence location, and percentages of households in county with internet access

Data Source: AHRQ, CFACT, MEPS

Denominator: Televisits to hospital outpatient department made by U.S. civilian noninstitutionalized population in the calendar year

Numerator: Subset of the denominator where the visits were video visit

Measure ID: 150406051

Measure Title: Practices that use any telemedicine technology

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: 2019, 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices 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 practices in the denominator with telemedicine technology for patient visits

Measure ID: 150406061

Measure Title: Practices that report at least 25% of patient visits occurring through telemedicine since March 2020

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report at least 25% of patient visits occurring through telemedicine since March 2020

Measure ID: 150406071

Measure Title: Practices that use telephone audio for telemedicine visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that use telephone audio for telemedicine visits

Measure ID: 150406081

Measure Title: Practices that use videoconference software with audio for telemedicine visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that use videoconference software with audio for telemedicine visits

Measure ID: 150406091

Measure Title: Practices that use telemedicine platform not integrated with EHR for telemedicine visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that use telemedicine platform not integrated with EHR for telemedicine technology

Measure ID: 150406101

Measure Title: Practices that use telemedicine platform integrated with EHR for telemedicine visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that use telemedicine platform integrated with EHR for telemedicine technology

Measure ID: 150406111

Measure Title: Practices that report limited internet access and/or speed issues as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report limited internet access and/or speed issues as affecting their use of telemedicine for office visits

Measure ID: 150406121

Measure Title: Practices that report telemedicine platform not easy to use or not meeting needs as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that telemedicine platform not easy to use or not meeting needs as affecting their use of telemedicine for office visits

Measure ID: 150406131

Measure Title: Practices that report telemedicine inappropriate for specialty/type of patients as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report telemedicine inappropriate for specialty/type of patients as affecting their use of telemedicine for office visits

Measure ID: 150406141

Measure Title: Practices that report improved reimbursement and relaxation of rules related to use of telemedicine visits as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report improved reimbursement and relaxation of rules related to use of telemedicine visits as affecting their use of telemedicine for office visits

Measure ID: 150406151

Measure Title: Practices that report limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet) as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report limitations in patients' access to technology (e.g., smartphone, computer, tablet, Internet) as affecting their use of telemedicine for office visits

Measure ID: 150406161

Measure Title: Practices that report patients' difficulty using technology/telemedicine platform as affecting their use of telemedicine for office visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report patients' difficulty using technology/telemedicine platform as affecting their use of telemedicine for office visits

Measure ID: 150406171

Measure Title: Practices that describe being able to provide similar quality care during telemedicine visits as during in-person visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that report being able to provide fully or to a great extent similar quality of care during telemedicine office visits

Measure ID: 150406181

Measure Title: Practices very or somewhat satisfied with using telemedicine technology for patient visits

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator that are very or somewhat satisfied with using telemedicine technology for patient visits

15.5 Effectiveness of Care

15.5.2 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 Description:

Geographic representation: National

Years Available: 2000 to 2022

Population characteristics: Age, sex

Data Source: 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 Description:

Geographic representation: National

Years Available: 2000 to 2022

Population characteristics: Age, sex

Data Source: 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.

15.5.3 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 2021

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk by gender

Data Sources: HRSA, Ryan-White HIV/AIDS Program (RWHAP)

Denominator: HIV positive patients who received at least one outpatient ambulatory health services (OAHS) from the Ryan White HIV/AIDS Program during the calendar year

Numerator: HIV positive patients who received at least two OAHS services 90 days apart during the calendar year

Comments: Patients must had at least one OAHS visit during the first 8 months of the calendar year (i.e., January 1 through August 31) in order to allow for a second care visit to occur at least 90 days later during that calendar year. The data are from the Ryan White Program Services Report (RSR).

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 2021

Population characteristics: Age, income, insurance, sex, race/ethnicity, housing status, transmission risk by gender

Data Sources: HRSA, Ryan-White HIV/AIDS Program (RWHAP)

Denominator: HIV positive patients who received at least one outpatient ambulatory health services (OAHS) from the Ryan White HIV/AIDS Program (RWHAP) during the calendar year

Numerator: Patients in the denominator with a HIV viral load less than 200 copies/mL at last HIV viral load test during the calendar year

Comments: The data are from the Ryan White Program Services Report (RSR).

15.5.4 Mental Health & Substance Abuse

Measure ID: 150504021

Measure Title: Adults who received mental health treatment or counseling in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who reported receipt of mental health treatment or counseling in the past year

Comments: Mental health services including virtual services for adults includes inpatient treatment/counseling; outpatient treatment/counseling; use of prescription medication for problems with emotions, nerves, or mental health; and virtual services. Respondents with unknown mental health services including virtual services information were excluded.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line

and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 150504031

Measure Title: Adults who received outpatient mental health treatment or counseling in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who reported receipt of outpatient mental health treatment or counseling in the past year

Comments: Respondents were classified as having received mental health services as an outpatient in the past 12 months if they reported receiving outpatient treatment or counseling for any problem they were having with their emotions, nerves, or mental health at any of the following locations: (1) outpatient mental health clinic or center; (2) office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic; (3) doctor's office that was not part of a clinic; (4) outpatient medical clinic; (5) partial day hospital or day treatment program; and (6) some other place. Respondents who reported "some other place" were asked to type in a description of this other place. Estimates for commonly reported other places are included in the 2021 Detailed Tables. Respondents could report receiving services in more than one outpatient setting.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 150504041

Measure Title: Adults who received prescription medications for mental health treatment in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who reported receipt of counseling or prescription medications for treatment of a mental health condition or problem in the past year

Comments: Respondents were classified as having used prescription medication as a mental health service if they reported taking prescription medications prescribed for them to treat a mental or emotional condition.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 150504101

Measure Title: Adults who usually or always receive the social and emotional support they need

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older.

Numerator: Subset of the denominator who reported usually or always receiving the social and emotional support they need.

Measure ID: 150504121

Measure Title: People age 12 and over who received medication-assisted treatment for alcohol use in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older

Numerator: Subset of the denominator who received Medication-Assisted Treatment for alcohol use in the past year

Comments: Medication-assisted treatment for alcohol use refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of alcohol. People who did not know whether they received medication-assisted treatment for alcohol use or did not respond to the question were classified as not having received it.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 150504131

Measure Title: People age 12 and over with alcohol use disorder who received medication-assisted treatment for opioids in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with an alcohol use disorder in the past year

Numerator: Subset of the denominator who received Medication-Assisted Treatment for alcohol use in the past year

Comments: Medication-assisted treatment for alcohol use refers to medication prescribed by a doctor or other health professional to help reduce or stop the use of alcohol. People who did not know whether they received medication-assisted treatment for alcohol use or did not respond to the question were classified as not having received it.

Alcohol use disorder estimates are based on DSM-5 criteria.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

15.5.6 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 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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: 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: 2009-2010, 2013-2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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

15.5.7 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 2019, and 2020-2021

Population characteristics: Age, sex, race, ethnicity

Data Sources: CMS, QIO, HIQR

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.cms.gov/inpatient/gdr>, 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. The 2020-2021 pooled data are only available for age categories and national total.

15.6 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 2022

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 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, 2021 to 2022

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 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, 2021 to 2022

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 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: 150602031

Measure Title: Adults who received an influenza vaccination 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older.

Numerator: Subset of the denominator who reported receiving an influenza vaccination in the past 12 months.

Measure ID: 150602041

Measure Title: Children who received an influenza vaccination 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

Population characteristics: Age, race, ethnicity, gender, health insurance, income, location of

residence, disability status, and social vulnerability index

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years.

Numerator: Subset of the denominator who reported receiving an influenza vaccination in the past 12 months.

15.7 Affordable Care

15.7.1 Financial Burden of Health Care Cost

Measure ID: 150701041

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: 2016-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

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> accessed 25Sep2023).

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: 2016-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

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> accessed 25Sep2023).

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: 2016-2020

Population subgroups: Age, sex, median household income of the patient's ZIP Code, location of patient residence, and region of hospital

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> accessed 25Sep2023).

15.7.3 Cost of Hospitalization

Measure ID: 150703021

Measure Title: Cost for hospitalizations for urinary tract infection, 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703031

Measure Title: Cost for hospitalizations for urinary tract infection, 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 (PDIs)

Geographic representation: National

Years available: 2016 to 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703071

Measure Title: Cost for hospitalizations for chronic obstructive pulmonary disease, 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 2020

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

Denominator: Not applicable. 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>). accessed 25Sep2023).

Measure ID: 150703081

Measure Title: Cost for hospitalizations for community-acquired 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703091

Measure Title: Cost for 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 2020

Population subgroups: race/ethnicity, median income of patient's ZIP code

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703111

Measure Title: Cost for 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703121

Measure Title: Cost for 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 2020

Population subgroups: race/ethnicity, median income of patient's ZIP code

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703131

Measure Title: Cost for 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703141

Measure Title: Cost for 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 2020

Population subgroups: race/ethnicity, median income of patient's ZIP code

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703151

Measure title: Cost for hospital admissions for 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 2020

Population subgroups: race/ethnicity, median income of patient's ZIP code

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

Denominator: Not applicable. The table includes weighted number of discharges, total cost and average cost per discharge for 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>). accessed 25Sep2023).

Measure ID: 150703161

Measure Title: Cost for 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

Measure ID: 150703181

Measure Title: Cost for hospitalizations for heart failure, 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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

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 2020

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

Denominator: Not applicable. 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> accessed 25Sep2023).

15.7.4 Deferred Care Due to Cost

Measure ID: 150704011

Measure Title: Adults who did not get needed medical care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported not getting needed care because of cost in the past 12 months

Measure ID: 150704021

Measure Title: Children who did not get needed medical care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator who reported not getting care because of cost in the past 12 months

Measure ID: 150704031

Measure Title: Adults who did not get needed mental health care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported not getting needed mental health care because of cost

Measure ID: 150704041

Measure Title: Children who did not get needed mental health care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator who reported not getting needed mental health care because of cost

Measure ID: 150704051

Measure Title: Adults who delayed getting mental health care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported delaying mental health care because of cost

Measure ID: 150704061

Measure Title: Children who delayed getting mental health care because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator who reported delaying mental health care because of cost

Measure ID: 150704081

Measure Title: Children in households that had problems paying or were unable to pay their medical bills 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator that reported having problems paying or were unable to pay their medical bills in the past 12 months

Measure ID: 150704091

Measure Title: Adults in households that currently have any medical bills they are unable to pay at all

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator that reported currently having any medical bills they are unable to pay at all

Measure ID: 150704101

Measure Title: Children in households that currently have any medical bills they are unable to pay at all

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator that reported currently having any medical bills they are unable to pay at all

Measure ID: 150704111

Measure Title: Adults taking prescription medications who skipped medication doses to save money 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who took prescription medication in the past 12 months

Numerator: Subset of the denominator who reported skipping medication doses to save money in the past 12 months

Measure ID: 150704121

Measure Title: Adults taking prescription medications who took less medication to save money 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who took prescription medication in the past 12 months

Numerator: Subset of the denominator who reported taking less medication to save money in the past 12 months

Measure ID: 150704131

Measure Title: Adults taking prescription medications who delayed filling a prescription to save money 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who took prescription medication in the past 12 months

Numerator: Subset of the denominator who reported delaying filling a prescription to save money in the past 12 months

Measure ID: 150704141

Measure Title: Adults who needed a prescription but did not get it because of cost 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported needing a prescription but did not get it because of cost in the past 12 months

Chapter 16. Retired Measures

Measure ID: 300201082

Measure Title: Home health care patients who had multifactor fall risk assessment, age 18 and over and ambulatory

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

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2021

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: 300201141

Measure Title: Home health care patients who had depression assessment, United States

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

Table Descriptions:

Geographic representation: National, State

Years available: 2013 to 2021

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 depression assessment

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 2020

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 and 2019

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 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, data for this measure are collected in odd years only.

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 and 2019

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 "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, data for this measure are collected in odd years only.

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 and 2019

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 "sometimes" or "never" to the above question

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

Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

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 and 2019

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 "sometimes" or "never" to the above question

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

Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

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 and 2019

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 "sometimes" or "never" to the above question

Comments: Non-respondents and respondents indicating "Don't Know" were excluded. Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

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 and 2019

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 "sometimes" or "never" to the above question

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

Since the 2018 MEPS survey redesign, data for this measure are collected in odd years only.

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 and 2019

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 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, data for this measure are collected in odd years only.

Measure ID: 300304016

Measure Title: Short-stay home health care 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 2021

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 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: 300401041

Measure Title: Adult hospital patients who sometimes or never 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

Years available: 2009 to 2021

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 with doctors in the hospital

Comments: N/A

Measure ID: 300401051

Measure Title: Adult hospital patients who sometimes or never 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

Years available: 2009 to 2021

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 with nurses in the hospital

Comments: N/A

Measure ID: 300401061

Measure Title: Adult hospital patients who strongly disagree or disagree 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

Years available: 2014 to 2021

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 they understood how to manage their health after discharge

Comments: N/A

Measure ID: 300401071

Measure Title: Adult hospital patients who strongly disagree or disagree 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

Years available: 2014 to 2021

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 they understood the purpose for taking each of their medications after discharge

Comments: N/A

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 Description:

Geographic representation: National and State

Years available 2015 to 2021

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> (accessed 27Sep2023). This measure has been 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 2021

Population Characteristics: Mother’s age, mother’s race, mother’s ethnicity, mother’s education, 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 Description:

Geographic Representation: National

Years Available: 2007 to 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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 2021

Population Characteristics: Mother's age, mother's race, mother's ethnicity, mother's education, 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 2020

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 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: 300905037

Measure Title: HRSA supported health centers with electronic health record system installed

Measure Source: Health Resources and Services Administration (HRSA), Bureau of Primary Health Care (BPHC), Uniform Data System (UDS)

Table Description:

Geographic representation: State

Years available: 2019 to 2020

Population characteristics: State

Data Sources: HRSA, BPHC, UDS

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 past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who reported receipt of inpatient mental health treatment or counseling in the past year

Comments: Respondents were classified as having received mental health services as an inpatient in the past 12 months if they reported staying overnight or longer in any of the following locations to receive treatment or counseling for any problem they were having with their emotions, nerves, or mental health: (1) private or public psychiatric hospital, (2) psychiatric unit of a general hospital, (3) medical unit of a general hospital, (4) another type of hospital, (5) residential treatment center, and (6) some other facility. Respondents could report receiving services in more than one inpatient setting.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Measure ID: 301581051

Measure Title: People age 12 and over who received any treatment for illicit drug or alcohol use disorder in the past year

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older

Numerator: Subset of the denominator who received any substance use treatment at any location in the past year.

Comments: Received Substance Use Treatment includes treatment received at any location, such as a hospital (inpatient), rehabilitation facility (inpatient or outpatient), mental health center, emergency room, private doctor's office, self-help group, prison/jail, and virtual services. Substance use treatment questions are asked of respondents who used alcohol or illicit drugs in their lifetime. Respondents who used prescription drugs but who did not misuse prescription drugs in their lifetime may not receive these questions.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line

and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Chapter 17. COVID-19 Experiences

17.1 COVID-19 Infection and Death

17.1.1 COVID-19 Infection

Measure ID: 170101011

Measure Title: COVID-19 cases per 100,000 population

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National and State

Years available: 2020 to May 2023

Population characteristics: age, gender, and race/ethnicity

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: July 1 resident population in the United States estimated by Census Bureau

Numerator: Numbers of COVID-19 cases, aggregated from monthly level to yearly level

Comments: The rates are calculated by dividing the case numbers by the resident population. The population figures for year 2021-2023 are single-race estimates of the July 1 resident population, from the Vintage 2021 postcensal series released by the Census Bureau on June 30, 2022. The population figures for year 2020 are single-race estimates of the July 1 resident population, from the Vintage 2020 postcensal series released by the Census Bureau on July 27, 2021.

Race/ethnicity data are not collected for about 40%-50% of the positive cases because of the large number of COVID-19 cases has severely strained the ability of hospitals, healthcare providers, and laboratories to report cases. Cases with missing demographic information are excluded from the rate calculation by subgroups. Therefore, the rates for subgroups are under estimated or much lower than the overall rate. More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Measure ID: 170101021

Measure Title: Monthly COVID-19 case per 100,000 population

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National

Years available: 2020 to May 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: July 1 resident population in the United States estimated by Census Bureau

Numerator: Monthly number of COVID-19 cases

Comments: The rates are calculated by dividing the case numbers by the resident population. The population figures for year 2021-2023 are single-race estimates of the July 1 resident population, from the Vintage 2021 postcensal series released by the Census Bureau on June 30, 2022. The population figures for year 2020 are single-race estimates of the July 1 resident population, from the Vintage 2020 postcensal series released by the Census Bureau on July 27, 2021. More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Measure ID: 170101031

Measure Title: COVID-19 cases with hospital admissions

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National and State

Years available: 2020 to May 2023

Population characteristics: age, gender, and race/ethnicity

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: Numbers of COVID-19 cases, aggregated to yearly level

Numerator: Number of COVID-19 cases with hospital admissions, aggregated to yearly level

Comments: More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Measure ID: 170101032

Measure Title: Hospital admissions for COVID-19 per 100,000 population

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National and State

Years available: 2020 to May 2023

Population characteristics: age, gender, and race/ethnicity

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: July 1 resident population in the United States estimated by Census Bureau

Numerator: Number of COVID-19 cases with hospital admissions, aggregated to yearly level

Comments: The rates are calculated by dividing the case numbers with hospital admissions by the resident population. The population figures for year 2021-2023 are single-race estimates of the July 1 resident population, from the Vintage 2021 postcensal series released by the Census Bureau on June 30, 2022. The population figures for year 2020 are single-race estimates of the July 1 resident population, from the Vintage 2020 postcensal series released by the Census Bureau on July 27, 2021. More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Measure ID: 170101041

Measure Title: Monthly COVID-19 hospitalization per 100,000 population

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National

Years available: 2020 to May 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: July 1 resident population in the United States estimated by Census Bureau

Numerator: Number of COVID-19 cases with hospital admissions

Comments: More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Measure ID: 170101051

Measure Title: Adults who ever had COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older.

Numerator: Subset of the denominator who reported ever having COVID-19.

Measure ID: 170101061

Measure Title: Children who ever had COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years.

Numerator: Subset of the denominator who reported ever having COVID-19.

Measure ID: 170101071

Measure Title: Adults with COVID-19 infection who described having no or mild symptoms at their worst

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who reported ever having COVID-19.

Numerator: Subset of the denominator who reported having no or mild COVID-19 symptoms.

Measure ID: 170101081

Measure Title: Adults with COVID-19 infection who described having moderate or severe symptoms at their worst

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: 2021

Population characteristics: Age, race, ethnicity, gender, health insurance, income, education,

location of residence, veteran status, disability status, and social vulnerability index

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who reported ever having COVID-19.

Numerator: Subset of the denominator who reported having moderate or severe COVID-19 symptoms.

Measure ID: 170101091

Measure Title: Children with COVID-19 infection who described having no or mild symptoms at their worst

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years who reported ever having COVID-19.

Numerator: Subset of the denominator who reported having no or mild COVID-19 symptoms.

Measure ID: 170101101

Measure Title: Children with COVID-19 infection who described having moderate or severe symptoms at their worst

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years who reported ever having

COVID-19.

Numerator: Subset of the denominator who reported having moderate or severe COVID-19 symptoms.

17.1.2 COVID-19 Death

Measure ID: 170102011

Measure Title: COVID-19 deaths per 100,000 population

Measure Source: National and State: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System (NVSS)—Mortality

Table Description:

Geographic Representation: National, State

Years Available: 2020 to 2022

Population characteristics: Age, gender, race/ethnicity, geographic location (metropolitan statistical area of residence)

Data Sources: CDC, NCHS, NVSS—Mortality

Denominator: U.S. resident population age 12 and over

Numerator: Subset of the denominator who died from suicide

Comments: Data are downloaded from the CDC Wonder Online Database, Multiple Cause of Death Files, 2020-2021, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. Data for 2022 are provisional. Accessed at <http://wonder.cdc.gov/mcd-icd10-expanded.html> on July 3, 2023. UCD-ICD-10 code is U07.1(COVID -19). Estimates are not adjusted.

Measure ID: 170102021

Measure Title: Deaths per 1,000 COVID-19 cases

Measure Source: NHQDR

Table Descriptions:

Geographic representation: National and State

Years available: 2020 to 2022

Population characteristics: age, gender, and race/ethnicity

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023) and CDC Wonder

Denominator: Number of COVID-19 cases

Numerator: Number of COVID-19 deaths

Comments: Death numbers are from CDC Wonder mortality tools. Case numbers are from COVID-19 Case Surveillance Public Use Data. More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

Rates for the race/ethnicity categories are over-estimated because of missing data. Based on CDC's estimates, race/ethnicity information was available for about 67% of the cases and for 85% of the deaths by August, 2023. Also many people no longer report positive cases and don't seek for healthcare mainly because of their symptoms are mild.

Measure ID: 170102031

Measure Title: Monthly COVID-19 deaths per 100,000 population

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: National

Years available: 2020 to April 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Case Surveillance Public Use Data with Geography (version date: June 02, 2023)

Denominator: July 1 resident population in the United States estimated by Census Bureau

Numerator: Number of COVID-19 deaths

Comments: Rates were calculated using "July 1 resident population, from the Vintage postcensal series released by the Census Bureau" which were downloaded from CDC Wonder mortality tools. Deaths with missing year and month values were excluded from numerator. More information about the COVID-19 data collection, reporting, and the Surveillance data are available at <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/about-us-cases-deaths.html> (accessed 26Sep2023) and <https://www.cdc.gov/coronavirus/2019-ncov/covid-data/faq-surveillance.html> (accessed 26Sep2023).

17.2 COVID-19 Vaccination

17.2.1 Recommending COVID-19 Vaccination

Measure ID: 170201011

Measure Title: Adults who received a recommendation to receive a COVID-19 vaccine from a doctor, nurse, or other health professional

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2021 to 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, age 18 and older, who were eligible for the COVID-19 vaccine

Numerator: Subset of denominator who had a doctor, nurse, or other health professional ever recommended that they get a COVID-19 vaccine

Measure ID: 170201021

Measure Title: Children and adolescents ages 6 months to 17 years who received a recommendation to receive a COVID-19 vaccine from a doctor, nurse, or other health professional

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Child COVID Module (NIS-CCM)

Table Descriptions:

Geographic representation: National

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-CCM

Denominator: U.S. civilian, non-institutionalized population, ages 6 months to 17 years, who were eligible for the COVID-19 vaccine

Numerator: Subset of denominator who had a doctor, nurse, or other health professional ever recommended that they get a COVID-19 vaccine

Comments: For each age group, different months of interview data were used for the analysis based on when the COVID-19 vaccine recommendation became effective for that age group.

For 6 months to 4 years age group, interview data from July 2022 to December 2022 were used. For the 5 to 11 years age group, interview data from November 2021 to December 2022 were used. For the 12 to 17 years age group, interview data from October 2021 to December 2022 were used.

Measure ID: 170201031

Measure Title: Adults who received a recommendation to receive a COVID-19 booster from a doctor, nurse, or other health professional

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, age 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who had a doctor, nurse, or other health professional ever recommended that they get a COVID-19 booster

17.2.2 Population COVID-19 Vaccination

Measure ID: 170202011

Measure Title: Adults who received at least one dose of COVID-19 vaccination

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older.

Numerator: Subset of the denominator who reported receiving at least one COVID-19 vaccination.

Measure ID: 170202021

Measure Title: Adults who received two doses of COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older.

Numerator: Subset of the denominator who reported receiving two COVID-19 vaccinations.

Measure ID: 170202031

Measure Title: Adults who received three or more doses of COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older.

Numerator: Subset of the denominator who reported receiving three or more COVID-19 vaccinations.

Measure ID: 170202041

Measure Title: Children ages 12-17 who received at least one dose of COVID-19 vaccination

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years.

Numerator: Subset of the denominator who reported receiving at least one COVID-19 vaccination.

Measure ID: 170202051

Measure Title: Children ages 12-17 who received two doses of COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years.

Numerator: Subset of the denominator who reported receiving two COVID-19 vaccinations.

Measure ID: 170202061

Measure Title: Children ages 12-17 who received three or more doses of COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years.

Numerator: Subset of the denominator who reported receiving three or more COVID-19 vaccinations.

Measure ID: 170202071

Measure Title: Nursing home residents who completed primary COVID-19 vaccination series

Measure Source: Centers for Medicare & Medicaid Services (CMS)

Table Descriptions:

Geographic representation: State

Years available: 2023

Population characteristics: None

Data Sources: CMS, COVID-19

Denominator: Nursing home residents

Numerator: Nursing home residents who completed primary COVID-19 vaccination series

Comments: The data were downloaded from CMS's website, [COVID-19 Vaccination Rates - State and National Averages | Provider Data Catalog \(cms.gov\)](#) in June 2023 (accessed 25Sep2023).

Measure ID: 170202081

Measure Title: Nursing home residents who are up-to-date on their vaccines

Measure Source: Centers for Medicare & Medicaid Services (CMS)

Table Descriptions:

Geographic representation: State

Years available: 2023

Population characteristics: None

Data Sources: CMS, COVID-19

Denominator: Nursing home residents

Numerator: Nursing home residents who are up-to-date on their vaccines

Comments: The data were downloaded from CMS's website, [COVID-19 Vaccination Rates - State and National Averages | Provider Data Catalog \(cms.gov\)](#) in June 2023 (accessed 25Sep2023).

Measure ID: 170202091

Measure Title: People who received at least one dose of any COVID-19 vaccine

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: State

Years available: 2020 to March 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Vaccination Trends in the United States, National and Jurisdictional, table "COVID-19_Vaccination_Trends_in_the_United_States_National_and_Jurisdictional," updated on 3/24/2023.

Denominator: Resident population in the United States estimated by Census Bureau

Numerator: People who received at least one dose of any COVID-19 vaccine

Comments: The estimates are the overall trends in Number of COVID-19 Vaccinations in the United States at national and jurisdictional levels. Data represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities. Estimates are cumulative values at the of end of the years.

Measure ID: 170202101

Measure Title: People who completed primary COVID-19 series (have second dose of a two-dose vaccine or one dose of a single-dose vaccine)

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: State

Years available: 2020 to March 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Vaccination Trends in the United States, National and Jurisdictional, table "COVID-19_Vaccination_Trends_in_the_United_States_National_and_Jurisdictional," updated on 3/24/2023.

Denominator: Resident population in the United States estimated by Census Bureau

Numerator: People who completed primary COVID-19 series (have second dose of a two-dose vaccine or one dose of a single-dose vaccine)

Comments: The estimates are the overall trends in Number of COVID-19 Vaccinations in the United States at national and jurisdictional levels. Data represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities. Estimates are cumulative values at the of end of the years.

Measure ID: 170202111

Measure Title: People who completed a primary COVID-19 vaccine series and have received a booster (or additional) dose

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: State

Years available: 2020 to March 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Vaccination Trends in the United States, National and Jurisdictional, table "COVID-19_Vaccination_Trends_in_the_United_States_National_and_Jurisdictional," updated on 3/24/2023.

Denominator: Resident population in the United States estimated by Census Bureau

Numerator: People who completed a primary COVID-19 vaccine series and have received a booster (or additional) dose

Comments: The estimates are the overall trends in Number of COVID-19 Vaccinations in the United States at national and jurisdictional levels. Data represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities. Estimates are cumulative values at the of end of the years.

Measure ID: 170202121

Measure Title: People age 50 and over with a first COVID-19 booster vaccine dose who received a second booster dose

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: State

Years available: 2020 to March 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Vaccination Trends in the United States, National and Jurisdictional, table "COVID-19_Vaccination_Trends_in_the_United_States_National_and_Jurisdictional," updated on 3/24/2023.

Denominator: Resident population in the United States estimated by Census Bureau

Numerator: People age 50 and over with a first COVID-19 booster vaccine dose who received a second booster dose

Comments: The estimates are the overall trends in Number of COVID-19 Vaccinations in the United States at national and jurisdictional levels. Data represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities. Estimates are cumulative values at the of end of the years.

Measure ID: 170202131

Measure Title: People with a COVID-19 bivalent booster vaccine

Measure Source: Centers for Disease Control and Prevention (CDC)

Table Descriptions:

Geographic representation: State

Years available: 2020 to March 2023

Population characteristics: None

Data Sources: CDC, COVID-19 Data Tracker, COVID-19 Vaccination Trends in the United States, National and Jurisdictional, table "COVID-19_Vaccination_Trends_in_the_United_States_National_and_Jurisdictional," updated on 3/24/2023.

Denominator: Resident population in the United States estimated by Census Bureau

Numerator: People with a COVID-19 bivalent booster vaccine

Comments: The estimates are the overall trends in Number of COVID-19 Vaccinations in the United States at national and jurisdictional levels. Data represents all vaccine partners including jurisdictional partner clinics, retail pharmacies, long-term care facilities, dialysis centers, Federal Emergency Management Agency and Health Resources and Services Administration partner sites, and federal entity facilities. Estimates are cumulative values at the of end of the years.

17.2.3 Barriers to COVID-19 Vaccination

Measure ID: 170203011

Measure Title: Adults who received at least one dose of the COVID-19 vaccine who experienced any difficulty obtaining the vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2021 to 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who received at least one dose of the COVID-19 vaccine

Numerator: Subset of denominator who reported any difficulty obtaining the COVID-19 vaccine

Measure ID: 170203012

Measure Title: Adults who did not receive any COVID-19 vaccine who experienced any difficulty obtaining the vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2021 to 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who did not receive any COVID-19 vaccine

Numerator: Subset of denominator who reported any difficulty obtaining the COVID-19 vaccine

Measure ID: 170203031

Measure Title: Adults who received a COVID-19 booster who experienced any difficulty obtaining the booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who received a COVID-19 booster

Numerator: Subset of denominator who reported any difficulty obtaining the COVID-19 booster

Measure ID: 170203051

Measure Title: Adults who did not receive a COVID-19 booster who experienced any difficulty obtaining the booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who did not receive a COVID-19 booster

Numerator: Subset of denominator who reported any difficulty obtaining the COVID-19 booster

Measure ID: 170203061

Measure Title: Adults who had difficulty getting an online appointment for the COVID-19 booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty getting an online appointment for the COVID-19 booster

Measure ID: 170203071

Measure Title: Adults who had difficulty knowing where to get the COVID-19 booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty knowing where to get the COVID-19 booster

Measure ID: 170203081

Measure Title: Adults who had difficulty getting to a vaccination site to get the COVID-19 booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty getting to a vaccination site to get the COVID-19 booster

Measure ID: 170203091

Measure Title: Adults who had difficulty getting the COVID-19 booster because vaccination sites were not open at convenient times

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty getting the COVID-19 booster because vaccination sites were not open at convenient times

Measure ID: 170203101

Measure Title: Adults who had difficulty knowing if they were eligible for the COVID-19 booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty knowing if they were eligible for the COVID-19 booster

Measure ID: 170203111

Measure Title: Adults who had difficulty getting the COVID-19 booster because of a reaction to a previous dose of the COVID-19 vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty getting the COVID-19 booster because of a reaction to a previous dose of the COVID-19 vaccine

Measure ID: 170203121

Measure Title: Adults who had difficulty with the cost of getting the COVID-19 booster

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Adult COVID Module (NIS-ACM)

Table Descriptions:

Geographic representation: National, State

Years available: 2022

Population characteristics: Age, gender, race, ethnicity, income, insurance, language of interview, speaks a language other than English at home, foreign born status, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-ACM

Denominator: U.S. civilian, non-institutionalized population, ages 18 and older, who were eligible for the COVID-19 booster

Numerator: Subset of denominator who reported difficulty with the cost of getting the COVID-19 booster

Comments: Cost includes any payments to the clinic, the cost of getting there, or the cost of taking time away from work.

17.2.4 Healthcare Worker COVID-19 Vaccination

Measure ID: 170204011

Measure Title: Adults who provide direct medical care services who received at least one COVID-19 vaccination

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who provide direct medical care services

Numerator: Subset of the denominator who reported receiving at least one COVID-19

vaccination

Measure ID: 170204021

Measure Title: Adults who provide direct medical care services who received two COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who provide direct medical care services

Numerator: Subset of the denominator who reported receiving two COVID-19 vaccinations

Measure ID: 170204031

Measure Title: Adults who provide direct medical care services who received three or more COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who provide direct medical care services

Numerator: Subset of the denominator who reported receiving three or more COVID-19 vaccinations

Measure ID: 170204041

Measure Title: Adults who work in healthcare settings but do not provide direct medical care services who received at least one COVID-19 vaccination

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who work in healthcare settings but do not provide direct medical care services

Numerator: Subset of the denominator who reported receiving at least one COVID-19 vaccination

Measure ID: 170204051

Measure Title: Adults who work in healthcare settings but do not provide direct medical care services who received two COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and who work in healthcare settings but do not provide direct medical care services

Numerator: Subset of the denominator who reported receiving two COVID-19 vaccinations

Measure ID: 170204061

Measure Title: Adults who work in healthcare settings but do not provide direct medical care services who received three or more COVID-19 vaccinations

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and who work in healthcare settings but do not provide direct medical care services

Numerator: Subset of the denominator who reported receiving three or more COVID-19 vaccinations

Measure ID: 170204071

Measure Title: Nursing home staff who completed primary COVID-19 vaccination series

Measure Source: Centers for Medicare & Medicaid Services (CMS)

Table Descriptions:

Geographic representation: State

Years available: 2023

Population characteristics: None

Data Sources: CMS, COVID-19

Denominator: Nursing home staff

Numerator: Nursing home staff who completed primary COVID-19 vaccination series

Comments: The data were downloaded from CMS's website, [COVID-19 Vaccination Rates - State and National Averages | Provider Data Catalog \(cms.gov\)](#) in June 2023 (accessed 25Sep2023).

Measure ID: 170204081

Measure Title: Nursing home staff who are up-to-date on their vaccines

Measure Source: Centers for Medicare & Medicaid Services (CMS)

Table Descriptions:

Geographic representation: State

Years available: 2023

Population characteristics: None

Data Sources: CMS, COVID-19

Denominator: Nursing home staff

Numerator: Nursing home staff who are up-to-date on their vaccines

Comments: The data were downloaded from CMS's website, [COVID-19 Vaccination Rates - State and National Averages | Provider Data Catalog \(cms.gov\)](#) in June 2023 (accessed 25Sep2023).

17.3 Access During COVID-19 Pandemic

17.3.1 Care Access During COVID-19 Pandemic

Measure ID: 170301011

Measure Title: Adults who did not get medical care because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported not getting medical care because of COVID-19

Measure ID: 170301021

Measure Title: Children who did not get medical care because of COVID-19

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years

Numerator: Subset of the denominator who reported not getting medical care because of COVID-19

Measure ID: 170301031

Measure Title: Adults receiving treatment for cancer who changed, delayed, or canceled cancer treatment because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older receiving treatment for cancer

Numerator: Subset of the denominator who reported changed, delayed, or canceled cancer treatment because of COVID-19

Measure ID: 170301041

Measure Title: Adults who ever had cancer receiving medical care for other conditions related to cancer who changed, delayed, or canceled treatment because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who ever had cancer receiving treatment for other conditions related to cancer

Numerator: Subset of the denominator who reported changed, delayed, or canceled medical care for other conditions because of COVID-19

Measure ID: 170301051

Measure Title: Adults who received home healthcare services 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported receiving home healthcare services in the past 12 months

Measure ID: 170301061

Measure Title: Adults who needed home healthcare services who did not receive nurse or professional home healthcare because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who needed home healthcare services

Numerator: Subset of the denominator who reported not receiving nurse or professional home healthcare because of COVID-19

Measure ID: 170301071

Measure Title: Adults who received care at home from a family member or friend 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)

Table Descriptions:

Geographic representation: National

Years available: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported receiving home care from a friend or family member in the past 12 months

Measure ID: 170301081

Measure Title: Adults who had a family member or friend provide care that a professional home healthcare provider did not because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who did not get professional home healthcare services because of COVID-19

Numerator: Subset of the denominator who reported having a friend or family member provide care that the professional home healthcare provided did not provide because of COVID-19

Measure ID: 170301091

Measure Title: Adults who needed care from a family member or friend but did not get it because of COVID-19

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported needing care from a family member or friend but did not get it because of COVID-19

Measure ID: 170301141

Measure Title: Locations where children ages 6 months to 4 years received their most recent COVID vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Child COVID Module (NIS-CCM)

Table Descriptions:

Geographic representation: National

Years available: 2022

Population characteristics: Gender, race, ethnicity, income, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-CCM

Denominator: U.S. civilian, non-institutionalized population, ages 6 months to 4 years, who received at least one COVID-19 vaccine

Numerator: Subset of denominator who received their most recent COVID vaccine at each of the following locations: doctor's offices, clinics or health centers, hospitals and other medical places, mass vaccination sites and health departments, pharmacies, and schools and other non-medical places

Comments: For each age group, different months of interview data were used for the analysis based on when the COVID-19 vaccine recommendation became effective for that age group. For 6 months to 4 years age group, interview data from July 2022 to December 2022 were used.

Measure ID: 170301142

Measure Title: Locations where children ages 5 to 11 received their most recent COVID vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National

Immunization Survey-Child COVID Module (NIS-CCM)

Table Descriptions:

Geographic representation: National

Years available: 2022

Population characteristics: Gender, race, ethnicity, income, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-CCM

Denominator: U.S. civilian, non-institutionalized population, ages 5 to 11, who received at least one COVID-19 vaccine

Numerator: Subset of denominator who received their most recent COVID vaccine at each of the following locations: doctor's offices, clinics or health centers, hospitals and other medical places, mass vaccination sites and health departments, pharmacies, and schools and other non-medical places

Comments: For each age group, different months of interview data were used for the analysis based on when the COVID-19 vaccine recommendation became effective for that age group. For the 5 to 11 years age group, interview data from November 2021 to December 2022 were used.

Measure ID: 170301143

Measure Title: Locations where children ages 12 to 17 received their most recent COVID vaccine

Measure Source: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Center for Immunization and Respiratory Diseases (NCIRD), National Immunization Survey-Child COVID Module (NIS-CCM)

Table Descriptions:

Geographic representation: National

Years available: 2022

Population characteristics: Gender, race, ethnicity, income, location of residence, and social vulnerability index

Data Sources: CDC, NCHS, NIS-CCM

Denominator: U.S. civilian, non-institutionalized population, ages 12 to 17, who received at least one COVID-19 vaccine

Numerator: Subset of denominator who received their most recent COVID vaccine at each of the following locations: doctor's offices, clinics or health centers, hospitals and other medical places, mass vaccination sites and health departments, pharmacies, and schools and other non-medical places

Comments: For each age group, different months of interview data were used for the analysis based on when the COVID-19 vaccine recommendation became effective for that age group. For the 12 to 17 years age group, interview data from October 2021 to December 2022 were used.

17.3.2 Telehealthcare During COVID-19 Pandemic

Measure ID: 170302011

Measure Title: Adults who had a virtual medical appointment in the past 12 months whose virtual appointment was because of COVID

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older who had a virtual medical appointment in the past 12 months

Numerator: Subset of the denominator who reported their virtual medical appointment was because of COVID

Measure ID: 170302021

Measure Title: Children who had a virtual medical appointment in the past 12 months whose virtual appointment was because of COVID

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 0-17 years who had a virtual medical appointment in the past 12 months

Numerator: Subset of the denominator who reported their virtual medical appointment was because of COVID

Measure ID: 170302041

Measure Title: Practices planning to continue using telemedicine visits when appropriate once the coronavirus disease pandemic is over

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: 2021

Population characteristics: Age of physician, practice size, specialty, ownership, non-Hispanic White population, region, and geographic location (practice)

Data Sources: CDC, NCHS, NEHRS

Denominator: Practices with telemedicine technology for patient visits

Numerator: Subset of practices in the denominator planning to continue using telemedicine visits when appropriate once the coronavirus disease pandemic is over

17.4 Mental Health and Substance Use During COVID-19 Pandemic

17.4.1 Perceived COVID-19 Effect on Mental Health

Measure ID: 170401011

Measure Title: 'Adolescents ages 12-17 who had serious thoughts of suicide because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies(CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, gender, income, race, ethnicity, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 to 17 who responded to the question about serious thoughts of suicide in the past year due to the COVID-19 pandemic

Numerator: Subset of the denominator who had serious thoughts of suicide in the past year, and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Youth who answered "Don't Know" or "Refuse" to whether they had serious thoughts of suicide in the past year (16.9%, weighted) were excluded from the analysis, as were youth with unknown data regarding whether suicidal thoughts were related to the pandemic.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401012

Measure Title: Adults who had serious thoughts of suicide because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Descriptions:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, location (residence), race, ethnicity, sex

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who had serious thoughts of suicide in the past year and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401021

Measure Title: Adolescents ages 12-17 who made any suicide plans because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 to 17 who responded to the question about suicide plans in the past year due to the COVID-19 pandemic

Numerator: Subset of the denominator who made suicide plans in the past year, and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Youth who answered "Don't Know" or "Refuse" to whether they made suicide plans in the past year (11.0%, weighted) were excluded from the analysis, as were youth with unknown data regarding whether suicidal plans made were related to the pandemic.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401022

Measure Title: Adults who made any suicide plans because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who made suicide plans in the past year and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the

Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401031

Measure Title: Adolescents ages 12-17 who attempted suicide because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 to 17 who responded to the question about suicide attempts in the past year due to the COVID-19 pandemic

Numerator: Subset of the denominator who attempted suicide in the past year and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Youth who answered "Don't Know" or "Refuse" to whether they attempted suicide in the past year (7.9%, weighted) were excluded from the analysis, as were youth with unknown data regarding whether they perceived that suicidal plans made were related to the pandemic.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401032

Measure Title: Adults who attempted suicide because of the COVID-19 pandemic in the past 12 months

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older

Numerator: Subset of the denominator who attempted suicide in the past year and perceived that this was because of the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the

U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401041

Measure Title: Adults who perceived the COVID-19 pandemic had quite a bit or a lot of negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was quite a bit or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200

percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401042

Measure Title: Adults who perceived the COVID-19 pandemic had at least a little negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was a little, quite a bit, or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401051

Measure Title: Adults with a major depressive episode (MDE) in the past 12 months who perceived the COVID-19 pandemic had at least a little negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with a Major Depressive Episode (MDE) in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was a little, quite a bit, or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed [26Sep2023](#)).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401052

Measure Title: Adults with a major depressive episode (MDE) in the past 12 months who perceived the COVID-19 pandemic had quite a bit or a lot of negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with a Major Depressive Episode (MDE) in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was quite a bit or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed [26Sep2023](#)).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401061

Measure Title: Adults with a major depressive episode (MDE) with severe impairment in the past 12 months who perceived the COVID-19 pandemic had at least a little negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with a Major Depressive Episode (MDE) with severe impairment in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was a little, quite a bit, or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria. Severe impairment was defined by the level of role interference for adults with a past year major depressive episode (MDE) when their depression symptoms were most severe. Impairment was defined based on the role domains for adults in the Sheehan Disability Scale (SDS).

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200

percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401062

Measure Title: Adults with a major depressive episode (MDE) with severe impairment in the past 12 months who perceived the COVID-19 pandemic had quite a bit or a lot of negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ), National Survey on Drug Use and Health (NSDUH), 2021.

Denominator: NSDUH respondents aged 18 or older with a Major Depressive Episode (MDE) with severe impairment in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was quite a bit or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria. Severe impairment was defined by the level of role interference for adults with a past year major depressive episode (MDE) when their depression symptoms were most severe. Impairment was defined based on the role domains for adults in the Sheehan Disability Scale (SDS).

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed [26Sep2023](#)).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401071

Measure Title: Adults without a major depressive episode (MDE) in the past 12 months who perceived the COVID-19 pandemic had at least a little negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with no Major Depressive Episode (MDE) in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was a little, quite a bit, or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed [26Sep2023](#)).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401072

Measure Title: Adults without a major depressive episode (MDE) in the past 12 months who perceived the COVID-19 pandemic had quite a bit or a lot of negative effect on their emotional or mental health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 18 or older with no Major Depressive Episode (MDE) in the past year who answered the question regarding their perception of the COVID-19 pandemic's negative effect on their emotional or mental health

Numerator: Subset of the denominator who perceived there was quite a bit or a lot of negative effect on their mental health due to the Coronavirus 2019 Pandemic

Comments: Major Depressive Episode (MDE) estimates are based on DSM-5 criteria.

Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed [26Sep2023](#)).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170401081

Measure Title: Adults with diabetes who feel more overwhelmed by the demands of living with diabetes compared to before the COVID-19 public health emergency

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years and older who reported having diabetes

Numerator: Subset of the denominator who reported feeling more overwhelmed by the demands of living with diabetes compared to before the COVID-19 public health emergency

Measure ID: 170401091

Measure Title: Adults who received less social and emotional support in the past 12 months than they had previously

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: 2021

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

Data Sources: CDC, NCHS, NHIS

Denominator: U.S. civilian noninstitutionalized population 18 years or older

Numerator: Subset of the denominator who reported receiving less social and emotional support in the past 12 months than they had previously

17.4.2 Perceived COVID-19 Effect on Substance Use

Measure ID: 170402011

Measure Title: People age 12 and over with alcohol use in the past 12 months who used alcohol a little less or much less than before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies(CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year alcohol use who responded to the question about alcohol use during the COVID-19 pandemic

Numerator: Subset of the denominator who perceived that they used alcohol in the past year less than before the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents were classified as using alcohol less than before the Coronavirus 2019 Pandemic if they indicated they used alcohol a little less or much less than before. Because those who did not use alcohol in the past year were excluded from the analysis, those who used before the Pandemic and then abstained completely were not included. Those who did not respond were also excluded from the analysis.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402012

Measure Title: People age 12 and over with alcohol use in the past 12 months who used alcohol about the same as before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year alcohol use who responded to question about alcohol use during the Coronavirus 2019 Pandemic

Numerator: Subset of the denominator who perceived they used alcohol about the same as before the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a

college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402013

Measure Title: People age 12 and over with alcohol use in the past 12 months who used alcohol a little more or much more than before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year alcohol use who responded to question about alcohol use during the Coronavirus 2019 Pandemic

Numerator: Subset of the denominator who perceived they used alcohol more than before the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents were classified as using alcohol more than before the Coronavirus 2019 Pandemic if they indicated they used alcohol a little more or much more than before. Because those who did not use alcohol in the past year were excluded from the analysis, those who used before the Pandemic and then abstained completely were not included.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402021

Measure Title: People age 12 and over with drug or prescription psychotherapeutics use in the past 12 months who used drugs a little less or much less than before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year drug use who responded to the question about drug use during the COVID-19 pandemic

Numerator: Subset of the denominator who perceived that they used drugs in the past year less than before the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents were classified as using drugs less than before the Coronavirus 2019 Pandemic if they indicated they used drugs a little less or much less than before. Because those who did not use drugs in the past year were excluded from the analysis, those who used before the

Pandemic and then abstained completely were not included. Those who did not respond were also excluded from the analysis.

Drug use includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine use in the past year, or any use in the past 12 months of prescription psychotherapeutics, which include pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402022

Measure Title: People age 12 and over with drug or prescription psychotherapeutics use in the past year who used drugs about the same as before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year drug use who responded to the question about drug use during the COVID-19 pandemic

Numerator: Subset of the denominator who perceived that they used drugs in the past year about the same as before the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Those who did not respond to whether they used drugs less than, about the same, or more than before the Coronavirus 2019 Pandemic were excluded from the analysis.

Drug use includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine use in the past year, or any use in the past 12 months of prescription psychotherapeutics, which include pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402023

Measure Title: People age 12 and over with drug or prescription psychotherapeutics use in the past 12 months who used drugs a little more or much more than before the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Office of Applied Studies (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year drug use who responded to the question about drug use during the COVID-19 pandemic

Numerator: Subset of the denominator who perceived that they used drugs in the past year more than before the COVID-19 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents were classified as using drugs more than before the Coronavirus 2019 Pandemic if they indicated they used drugs a little more or much more than before. Those who did not respond were also excluded from the analysis.

Drug use includes marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine use in the past year, or any use in the past 12 months of prescription psychotherapeutics, which include pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402031

Measure Title: People age 12 and over who were unable to access needed care for substance use treatment due to the COVID-19 pandemic resulting in moderate to severe impact on health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they were unable to access needed care for substance use, resulting in moderate or severe impact on health due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402032

Measure Title: People age 12 and over with illicit drug or alcohol use in the past 12 months who were unable to access needed care for substance use treatment due to the COVID-19 pandemic resulting in moderate to severe impact on health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with illicit drug or alcohol use in the past year who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they were unable to access needed care for substance use, resulting in moderate or severe impact on health due to the Coronavirus 2019 pandemic

Comments: Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics that were used in a way a doctor did not direct, including prescription pain relievers, tranquilizers, stimulants, and sedatives.

Data prior to 2021 are dropped because they are not appropriate for trend analysis due to methodological changes to the 2021 NSDUH. Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402033

Measure Title: People age 12 and over with illicit drug or alcohol use disorder in the past 12 months who were unable to access needed care for substance use treatment due to the COVID-19 pandemic resulting in moderate to severe impact on health

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year illicit drug or alcohol use disorder who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they were unable to access needed care for substance use, resulting in moderate or severe impact on health, due to the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drug or alcohol use disorder estimates are based on DSM-5 criteria. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table do not include prescription drug use disorder data from the past year users of prescription drugs who were not also misusers of prescription drugs. See the 2021 National Survey on Drug Use and Health: Methodological Summary and Definitions for details on these changes.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification

Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402041

Measure Title: People age 12 and over who delayed getting prescriptions for substance use treatment due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had delayed getting prescriptions for substance use treatment due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402042

Measure Title: People age 12 and over with illicit drug or alcohol use in the past 12 months who delayed getting prescriptions for substance use treatment due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with illicit drug or alcohol use in the past year who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had delayed getting prescriptions for substance use treatment due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics that were used in a way a doctor did not direct, including prescription pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a

college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402043

Measure Title: People age 12 and over with illicit drug or alcohol use disorder in the past 12 months who delayed getting prescriptions for substance use treatment due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year illicit drug or alcohol use disorder who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had delayed getting prescriptions for substance use treatment due to the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drug or alcohol use disorder estimates are based on DSM-5 criteria. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table do not include prescription drug use disorder data from the past year users of prescription drugs who were not also misusers of prescription drugs. See the 2021 National Survey on Drug Use and Health: Methodological Summary and Definitions for details on these changes.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402051

Measure Title: People age 12 and over who had appointments for substance use treatment that were delayed or cancelled due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment delayed or cancelled due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402052

Measure Title: People age 12 and over with illicit drug or alcohol use in the past 12 months who had appointments for substance use treatment that were delayed or cancelled due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with illicit drug or alcohol use in the past year who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment delayed or cancelled due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics that were used in a way a doctor did not direct, including prescription pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402053

Measure Title: People age 12 and over with illicit drug or alcohol use disorder in the past 12 months who had appointments for substance use treatment that were delayed or cancelled due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year illicit drug or alcohol use disorder who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment delayed or cancelled due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drug or alcohol use disorder estimates are based on DSM-5 criteria. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table do not include prescription drug use disorder data from the past year users of prescription drugs who were not also misusers of prescription drugs. See the 2021 National Survey on Drug Use and Health: Methodological Summary and Definitions for details on these changes.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402061

Measure Title: People age 12 and over who had appointments for substance use treatment that was moved from in-person to telehealth due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment moved from in-person to telehealth due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402062

Measure Title: People age 12 and over with illicit drug or alcohol use in the past 12 months who had appointments for substance use treatment that was moved from in-person to telehealth due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with illicit drug or alcohol use in the past year who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment moved from in-person to telehealth due to the Coronavirus 2019 pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription psychotherapeutics that were used in a way a doctor did not direct, including prescription pain relievers, tranquilizers, stimulants, and sedatives.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013

delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.

Measure ID: 170402063

Measure Title: People age 12 and over with illicit drug or alcohol use disorder in the past 12 months who had appointments for substance use treatment that was moved from in-person to telehealth due to the COVID-19 pandemic

Measure Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality (CBHSQ)

Table Description:

Geographic representation: National, State

Years available: 2021

Population subgroups: Age, education, income, race, ethnicity, sex, location of residence

Data Sources: SAMHSA, CBHSQ, National Survey on Drug Use and Health (NSDUH)

Denominator: NSDUH respondents aged 12 or older with past year illicit drug or alcohol use disorder who responded to questions about the COVID-19 pandemic's effect on their access to substance use treatment

Numerator: Subset of the denominator who perceived they had appointments for substance use treatment moved from in-person to telehealth due to the Coronavirus 2019 Pandemic

Comments: Estimates marked with DSU do not meet the criteria for statistical reliability, data quality or confidentiality.

Due to methodological changes to NSDUH, 2021 NSDUH data should not be compared or combined with any prior years of data. For more information, please see Chapter 6 of the Methodological Summary and Definitions Report. (<https://www.samhsa.gov/data/report/2021-methodological-summary-and-definitions>, accessed 26Sep2023).

Respondents could report that the questions about access to substance use treatment did not apply to them. Respondents who reported that the respective question did not apply to them were classified as not having experienced that effect.

Illicit drug or alcohol use disorder estimates are based on DSM-5 criteria. Beginning with the 2021 NSDUH, questions on prescription drug use disorder were asked of all past year users of prescription drugs, regardless of whether they misused prescription drugs. The estimates in this table do not include prescription drug use disorder data from the past year users of prescription drugs who were not also misusers of prescription drugs. See the 2021 National Survey on Drug Use and Health: Methodological Summary and Definitions for details on these changes.

Family income estimates are based on a revised definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the

U.S. Census Bureau's poverty thresholds. Respondents aged 18 to 22 who were living in a college dormitory were excluded. Negative/poor refers to household incomes below the Federal poverty line; near poor/low, to just below 200 percent of the poverty line; middle, 200 percent to just below 400 percent of the poverty line; and high, 400 percent of the poverty line and over. Respondents with unknown poverty information were excluded. Children under age 18 were not included in education categories.

County type is based on the National Center for Health Statistics (NCHS) definitions for county type. Since 2015 data, county type is defined by the 2013 NCHS Urban-Rural Classification Scheme for Counties based on the Office of Management and Budget's (OMB) February 2013 delineation of metropolitan statistical areas (MSA) and micropolitan statistical areas and Vintage 2012 postcensal estimates of the resident U.S. population. Data may not be comparable to that of previous years.