

**NATIONAL HEALTHCARE QUALITY REPORT,  
LIST OF MEASURES**

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
<b>EFFECTIVENESS OF CARE</b>			
<b><u>CANCER</u></b>			
<b>Screening for breast cancer:</b>			
Process: % of women (age 40 and over) who report they had a mammogram within the past 2 years	HP2010(3-13)	NHIS	BRFSS
Outcome: Rate of breast cancers diagnosed at advanced stage	SEER program	SEER	n.a.
<b>Screening for cervical cancer:</b>			
Process: % of women (age 18 and over) who report that they had a Pap smear within the past 3 years	HP2010(3-11b)	NHIS	BRFSS
Outcome: Rate of cervical cancers diagnosed as invasive (includes local, regional, and distant disease except in situ disease)	SEER program	SEER	n.a.
<b>Screening for colorectal cancer:</b>			
Process: % of men and women (age 50 and over) who report they ever had a flexible sigmoidoscopy/colonoscopy	HP2010(3-12b)	NHIS	BRFSS
Process: % of men and women (age 50 and over) who report they had a fecal occult blood test (FOBT) within the past 2 years	HP2010(3-12a)	NHIS	BRFSS
Outcome: Rate of colorectal cancers diagnosed as regional or distant staged cancers	SEER program	SEER	n.a.
<b>Cancer treatment:</b>			
Outcome: Cancer deaths per 100,000 persons per year for all cancers	HP2010(3-1)	Vital statistics	Vital statistics
Outcome: Cancer deaths per 100,000 persons per year for most common cancers, prostate cancer	HP2010(3-7)	Vital statistics	Vital statistics

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Outcome: Cancer deaths per 100,000 persons per year for most common cancers, breast cancer	HP2010(3-3)	Vital statistics	Vital statistics
Outcome: Cancer deaths per 100,000 persons per year for most common cancers, lung cancer	HP2010(3-2)	Vital statistics	Vital statistics
Outcome: Cancer deaths per 100,000 persons per year for most common cancers, colorectal cancer	HP2010(3-5)	Vital statistics	Vital statistics

**Palliative care:**

Process: Cancer deaths in hospice per 100 cancer deaths		NHHCS- Vital statistics	n.a
Process: Median length of stay for cancer patients who received hospice care		NHHCS	n.a.

**CHRONIC KIDNEY DISEASE**

**Management of End Stage Renal Disease:**

Process: % of dialysis patients registered on waiting list for transplantation	HP2010 4-5	USRDS	USRDS
Process: % of patients with treated chronic kidney failure who receive a transplant within three years of registration on waiting list	HP2010 4-6	USRDS	USRDS
Outcome: % of hemodialysis patients with URR 65 or greater	From CMS, Umich Unit Specific Report, pp.3,4,5, 18,21	U.Michigan	U.Michigan
Outcome:% of patients with hematocrit 33 or greater	From CMS, Umich Unit Specific Report, pp.3,4,5, 18,21	U.Michigan	U.Michigan

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Outcome: Patient survival rate	From CMS, Umich Unit Specific Report, pp.3,4,5, 18,21	n.a.	U.Michigan

## **DIABETES**

### **Management of diabetes:**

Process: % of adults with diabetes who had a hemoglobin A1c measurement at least once in past year	Specs for MEPS	MEPS	BRFSS
Process: % of patients with diabetes who had a lipid profile in past two years	Specs for MEPS	MEPS	n.a.
Process: % of adults with diabetes who had a retinal eye examination in past year	Specs for MEPS	MEPS	BRFSS
Process: % of adults with diabetes who had a foot examination in past year	Specs for MEPS	MEPS	BRFSS
Process: % of adults with diabetes who had an influenza immunization in past year	Specs for MEPS	MEPS	BRFSS
Outcome: Percent of adults with diagnosed diabetes with HbA1c level > 9.5% (poor control); < 9.0 (minimally acceptable); < 7.0 (optimal)	National Diabetes Quality Improvement Alliance	NHANES	n.a.
Outcome: % of adults with diagnosed diabetes with most recent LDL-C level < 130 mg/dL (minimally acceptable); < 100 (optimal) b/	National Diabetes Quality Improvement Alliance	n.a.	n.a.
Outcome: % of adults with diagnosed diabetes with most recent blood pressure < 140/90 mm/Hg	National Diabetes Quality Improvement Alliance	NHANES	n.a.
Outcome: Hospital admissions for uncontrolled diabetes per 100,000 population	AHRQ-QI, HCUP PQI	HCUP	n.a.

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Outcome: Hospital admissions for short term complications of diabetes per 100,000 population	AHRQ-QI, HCUP PQI	HCUP	n.a.
Outcome: Hospital admissions for long term complications of diabetes per 100,000 population	AHRQ-QI, HCUP PQI	HCUP	n.a.
Outcome: Hospital admissions for lower extremity amputations in patients with diabetes per 1000 population	HP 2010(5-10)	NHDS	n.a.

## **HEART DISEASE**

### **Screening for high blood pressure:**

Process: % of people age 18 and over who have had blood pressure measured within preceding 2 years and can state whether their blood pressure is normal or high	HP2010	NHIS	BRFSS
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### **Screening for high cholesterol:**

Process: % of adults 18 and over receiving cholesterol measurement within 5 years	HP2010(12-15)	NHIS	BRFSS
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### **Counseling on risk factors:**

Process: % of smokers receiving advice to quit smoking	HP2010(1-3c)	MEPS	BRFSS
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<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
<b>Treatment of AMI:</b>			
Process: % of AMI patients administered aspirin within 24 hours of admission	QIO scope of work	QIO	QIO
Process: % of AMI patients with aspirin prescribed at discharge	QIO scope of work	QIO	QIO
Process: % of AMI patients administered beta blocker within 24 hours of admission	QIO scope of work	QIO	QIO
Process: % of AMI patients with beta blocker prescribed at discharge	QIO scope of work	QIO	QIO
Process: % of AMI patients with left ventricular systolic dysfunction prescribed ACE inhibitor at discharge	QIO scope of work	QIO	QIO
Process: % of AMI patients given smoking cessation counseling while hospitalized	QIO scope of work	QIO	QIO
Process: Median Time to Thrombolysis. Time from arrival to initiation of a thrombolytic agent in patients with ST segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to hospital arrival time	QIO scope of work	QIO	QIO
Process: Median time to PTCA. Median time from arrival to percutaneous transluminal angioplasty (PTCA) in patients with ST segment elevation or left bundle branch block (LBBB) on the electrocardiogram (ECG) performed closest to hospital arrival time.	QIO scope of work	QIO	QIO

**Treatment of acute heart failure:**

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Process: % of heart failure patients having evaluation of left ventricular ejection fraction	QIO scope of work	QIO	QIO
Process: % of heart failure patients with left ventricular systolic dysfunction prescribed ACE inhibitor at discharge	QIO scope of work	QIO	QIO
<b>Management of hypertension:</b>			
Outcome: % of people with hypertension who have blood pressure under control	HP2010(12-10)	NHANES	n.a.
<b>Management of CHF:</b>			
Outcome: Hospital admissions for congestive heart failure (CHF) per 1,000 population	HP2010(12-6)	NHDS	n.a.

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
<b><u>HIV/AIDS</u></b>			
<b>AIDS prevention:</b>			
Outcome: New AIDS cases per 100,000 population (age 13 and over)	HP2010(13-1)	CDC-AIDS	n.a.
<b>Management of HIV/AIDS:</b>			
Outcome: HIV-infection deaths per 100,000 population	HP2010(13-14)	Vital statistics	Vital statistics
<b><u>MATERNAL AND CHILD HEALTH</u></b>			
<b>Maternity care:</b>			
Process: % of pregnant women receiving prenatal care in first trimester	HP2010(16-6a)	Vital statistics	Vital statistics
Outcome: % of liveborn infants with low and very low birthweight (less than 2,500 grams, less than 1,500 grams)	HP2010(16-10)	Vital statistics	Vital statistics
Outcome: Infant mortality per 1,000 live births	HP2010(16-1c)	Vital statistics	Vital statistics
Outcome: Maternal deaths per 100,000 live births	HP2010(16-4)	Vital statistics	Vital statistics
[See Safety measures for complications of obstetric care]			
<b>Immunization, childhood:</b>			
Process: % of children 19-35 months who received all recommended vaccines	HP2010(14-24a)	NIS	NIS
Process: % of children 19-35 months who received 4 doses of DPaT vaccine	HP2010(14-22a)	NIS	NIS
Process: % of children 19-35 months who received 3 doses of polio vaccine	HP2010(14-22e)	NIS	NIS
Process: % of children 19-35 months who received 1 dose of MMR vaccine	HP2010(14-22d)	NIS	NIS
Process: % of children 19-35 months who received 3 doses of Hib vaccine	HP2010(14-22b)	NIS	NIS

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Process: % of children 19-35 months who received 3 doses of hepatitis B vaccine	HP2010(14-22c)	NIS	NIS
Process: % of children 19-35 months who received 1 dose of varicella vaccine	HP2010(14-22f)	NIS	NIS

**Immunization, adolescent:**

Process: % of adolescents (age 13-15) reported to have received 3 or more doses of hepatitis B vaccine	HP2010(14-27a)	NHIS	n.a.
Process: % of adolescents (age 13-15) reported to have received 2 or more doses of MMR vaccine	HP2010(14-27b)	NHIS	n.a.
Process: % of adolescents (age 13-15) reported to have received 1 or more doses of tetanus-diphtheria booster	HP2010(14-27c)	NHIS	n.a.
Process: % of adolescents (age 13-15) reported to have received 3 or more doses of varicella vaccine	HP2010(14-27d)	NHIS	n.a.

**Childhood dental care:**

Process: % of children age 2-17 who report dental visit in last year	HP 2010(21-10)	MEPS	n.a.
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<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
<b>Treatment of pediatric gastroenteritis:</b>			
Outcome: Hospital admissions for pediatric gastroenteritis per 100,000 population less than 18 years of age	AHRQ-PQI, HCUP PQI	HCUP	n.a.
<b><u>MENTAL HEALTH</u></b>			
<b>Treatment of depression:</b>			
Process: % of adults diagnosed with a new episode of depression who had optimal practitioner contacts for medication management during the acute treatment phase	HEDIS	HEDIS	n.a.
Process: % of adults diagnosed with a new episode of depression and initiated on an antidepressant drug who received a continuous trial of medication treatment during the acute treatment phase	HEDIS	HEDIS	n.a.
Process: % of adults diagnosed with a new episode of depression and initiated on an antidepressant drug who remained on an antidepressant medication through the continuation phase of treatment	HEDIS	HEDIS	n.a.
Outcome: Deaths due to suicide per 100,000 population	HP2010(18-1)	Vital statistics	Vital statistics
<b><u>RESPIRATORY DISEASES</u></b>			
<b>Immunization, influenza:</b>			
Process: % of high risk persons (e.g. COPD) age 18-64 who received an influenza vaccination in the past 12 months	HP2010(14-29c)	NHIS	BRFSS
Process: % of persons age 65 and over who received an influenza vaccination in the past 12 months	HP2010(14-29a)	NHIS	BRFSS
Process: % of institutionalized adults (persons in long-term care or nursing homes) who received influenza vaccination in past 12 months	HP2010(14-29e)	NNHS	n.a.
Outcome: Hospital admissions for immunization-preventable influenza per 100,000 population	HP2010(1-9c, approximate) AHRQ-PQI	HCUP	n.a.
<b>Immunization, pneumonia:</b>			
Process: % of high risk persons (e.g. COPD) age 18-64 who ever received a pneumococcal vaccination	HP2010(14-29d)	NHIS	BRFSS
Process: % of persons age 65 and over who ever received a pneumococcal vaccination	HP2010(14-29b)	NHIS	BRFSS

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Process: % of institutionalized adults (persons in long-term care or nursing homes) who ever received pneumococcal vaccination	HP2010(14-29f)	NNHS	n.a.
<b>Treatment of pneumonia:</b>			
Process: % of patients with pneumonia who have blood cultures collected before antibiotics are administered	QIO scope of work	n.a.	QIO
Process: % of patients with pneumonia who receive the initial antibiotic dose within 8 hours of hospital arrival	QIO scope of work	n.a.	QIO
Process: % of patients with pneumonia who receive the initial antibiotic consistent with current recommendations	QIO scope of work	n.a.	QIO
Process: % of patients with pneumonia who receive influenza screening or vaccination	QIO scope of work	n.a.	QIO
Process: % of patients with pneumonia who receive pneumococcal screening or vaccination	QIO scope of work	n.a.	QIO
<b>Treatment of URI:</b>			
Process: % of visits where antibiotic was prescribed for the diagnosis of a common cold, children & Adults	HP2010(14-19)	NAMCS-NHAMCS	n.a.

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
<b>Management of asthma:</b>			
Process: % of people with persistent asthma who are prescribed medications acceptable as primary therapy for long-term control of asthma (inhaled corticosteroids)	HEDIS	HEDIS	n.a.
Outcome: Hospital admissions for pediatric asthma per 10,000 population under age 18	HP2010(24-2, 1-9a)	NHDS	n.a.
Outcome: Hospital admissions for asthma per 10,000 population	HP2010(24-2)	NHDS	n.a.
Outcome: Hospital admissions for asthma per 100,000 population age 65 and over	AHRQ-PQI	HCUP	n.a.
<b>Treatment of TB:</b>			
Process: Percent of TB patients that complete a curative course of TB treatment within 12 months of initiation of treatment		CDC, TB	n.a.
<b><u>NURSING HOME AND HOME HEALTH CARE</u></b>			
<b>Nursing facility care:</b>			
Chronic care: % of residents with pain	CMS	n.a.	MDS
Chronic care: Late-loss ADL worsening	CMS	n.a.	MDS
Chronic care: Infections prevalence	CMS	n.a.	MDS
Chronic care: Stage 1-4 pressure ulcer prevalence	CMS	n.a.	MDS
Chronic care: Restraint use prevalence	CMS	n.a.	MDS
Post acute care: Failure to improve/manage delirium symptoms	CMS	n.a.	MDS

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Post acute care: % of residents with pain	CMS	n.a.	MDS
Post acute care: Improvement in walking	CMS	n.a.	MDS

**Home health care:**

Outcome: improvement in upper body dressing	CMS	n.a.	OASIS
Outcome: improvement in management of oral medications	CMS	n.a.	OASIS
Outcome: improvement in bathing	CMS	n.a.	OASIS
Outcome: stabilization in bathing	CMS	n.a.	OASIS
Outcome: improvement in transferring	CMS	n.a.	OASIS
Outcome: improvement in ambulation/locomotion	CMS	n.a.	OASIS
Outcome: improvement in toileting	CMS	n.a.	OASIS
Outcome: improvement in pain interfering with activity	CMS	n.a.	OASIS
Outcome: improvement in dyspnea	CMS	n.a.	OASIS
Outcome: improvement in urinary incontinence	CMS	n.a.	OASIS
Outcome: improvement in confusion frequency	CMS	n.a.	OASIS
Outcome: acute care hospitalization	CMS	n.a.	OASIS

**SAFETY**

**Complications of care:**

Birth trauma	AHRQ-PSI	HCUP	n.a.
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<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Death in low mortality DRGs	AHRQ-PSI	HCUP	n.a.
Failure to rescue	AHRQ-PSI	HCUP	n.a.
Transfusion reaction and Transfusion reaction (area)	AHRQ-PSI	HCUP	n.a.
Foreign body left in body during procedure and Foreign body left in body during procedure (area)	AHRQ-PSI	HCUP	n.a.
Central line-associated bloodstream infection in ICU patients	HP2010(14-20b)	NNIS	n.a.
Central line-associated bloodstream infection in infants weighing 1000 grams or less at birth in intensive care	HP2010(14-20d)	NNIS	n.a.
Complications of anesthesia	AHRQ-PSI	HCUP	n.a.
Decubitus ulcer	AHRQ-PSI	HCUP	n.a.
Iatrogenic pneumothorax and Iatrogenic pneumothorax (area)	AHRQ-PSI	HCUP	n.a.
Infection due to intravenous lines or catheters and Infection due to intravenous lines or catheters (area)	AHRQ-PSI	HCUP	n.a.
Postoperative hip fracture	AHRQ-PSI	HCUP	n.a.

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
Postoperative hemorrhage or hematoma	AHRQ-PSI	HCUP	n.a.
Postoperative physiologic and metabolic derangements	AHRQ-PSI	HCUP	n.a.
Postoperative respiratory failure	AHRQ-PSI	HCUP	n.a.
Postoperative pulmonary embolism or deep vein thrombosis.	AHRQ-PSI	HCUP	n.a.
Postoperative Septicemia	AHRQ-PSI	HCUP	n.a.
Technical difficulty with procedure and Technical difficulty with procedure (area)	AHRQ-PSI	HCUP	n.a.
Postoperative wound dehiscence and Postoperative wound dehiscence (area)	AHRQ-PSI	HCUP	n.a.
Obstetrical trauma - vaginal with instrument	AHRQ-PSI	HCUP	n.a.
Obstetrical trauma - vaginal without instrument	AHRQ-PSI	HCUP	n.a.
Obstetric trauma - cesarean delivery	AHRQ-PSI	HCUP	n.a.

**Prescribing medications:**

% of community dwelling elderly who had at least one prescription (from a list of 11 medications and from a list of 33 medications) that is potentially inappropriate for the elderly.	AHRQ	MEPS	n.a.
% of adults who report that usual source of care asks about prescription medications and treatments from other providers	Specs for MEPS	MEPS	n.a.

MEASURE	Measure Specifications a/	National Database a/	State database a/
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**TIMELINESS**

**Basic access:**

% of persons who report that they have a usual source of medical care, by place of care	HP2010(1-4)	NHIS	n.a.
% of families who experienced difficulty in obtaining care, by reason	HP2010(1-6)	MEPS	n.a.

**Getting appointments for care:**

% of persons who report that they can get an appointment for routine care as soon as they wanted (always, usually, sometimes/never)	Specs for MEPS	MEPS	NCBD
% of persons who report that they can get care for illness/injury as soon as they wanted (always, usually, sometimes/never)	Specs for MEPS	MEPS	NCBD

**Waiting time:**

ED visits: Percent of patients with waiting time to be seen by physician greater than or equal to one hour (presented separately for emergent, urgent, semi-urgent, and non-urgent visits)	NCHS	NAMCS-NHAMCS	n.a.
ED visits: % of patients who left without being seen	NCHS	NAMCS-NHAMCS	n.a.

**PATIENT CENTEREDNESS**

**Patient experience of care:**

% of patients who report that doctor listens carefully (always, usually, sometimes/never), adults and parents of children	Specs for MEPS	MEPS	NCBD
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<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
% of patients who report that doctor explains things clearly (always, usually, sometimes/never), adults and parents of children	Specs for MEPS	MEPS	NCBD
% of patients who report that doctor showed respect for what you had to say (always, usually, sometimes/never), adults and parents	Specs for MEPS	MEPS	NCBD
% of patients who report that doctor spent enough time with them (always, usually, sometimes/never), adults and parents of children	Specs for MEPS	MEPS	NCBD
<b>RESOURCE CONSUMPTION</b>			
National Health Expenditures by Source of Funds: Selected Calendar Years		NHA	n.a.
Total per capita health expenditures in dollars: Selected countries and years		NCHS	n.a.
Total Personal Health Care as a Percent of Gross State Product by State		n.a.	NHA
<b>OVERALL MEASURES</b>			
Overall rating of health care received	Specs for MEPS	MEPS	NCBD
Life expectancy (at birth, at age 65)		Vital statistics	n.a.
Days of activity limitation due to health		NHIS	n.a.

a/ AHRQ-PSI, AHRQ-PQI=AHRQ Healthcare Cost and Utilization Project quality indicators (prevention and patient safety indicators).

BRFSS=Behavioral Risk Factor Surveillance System

CDC TB=Centers for Disease Control & Prevention National Tuberculosis Surveillance System

HCUP=Healthcare Cost and Utilization Project

HEDIS=Health Plan and Employer Data Information Set

HP2010=Healthy People 2010.

JCAHO=Joint Commission for Accreditation of Healthcare Organization's hospital core measures.

LHI=Leading Health Indicators.

MEPS=Medical Expenditure Panel Survey

MDS=Minimum Data Set

NAMCS=National Ambulatory Medical Care Survey

NCBD=National CAHPS Benchmarking Database

<b>MEASURE</b>	<b>Measure Specifications a/</b>	<b>National Database a/</b>	<b>State database a/</b>
	NCQA=National Committee for Quality Assurance' s HEDIS measure set		
	NHA=National Health Accounts		
	NHANES=National Health and Nutrition Examination Survey		
	NHIS=National Health Interview Survey		
	NHHCS=National Home Health and Hospice Care Survey		
	NHAMCS=National Hospital Ambulatory Medical Care Survey		
	NHDS=National Hospital Discharge Survey		
	NIS=National Immunization Survey		
	NNHS=National Nursing Home Survey		