Table SDC 1: Quality Measures

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| Quality Measure | Defined among: | Table Reported | Description | Source |
| Percent of persons receiving colorectal cancer screening | Persons age 50 and older | 1, 2 | Presence of claims for colorectal cancer screening procedures using Fecal Occult Blood Testing, flexible sigmoidoscopy, or colonoscopy; or ICD-9 code for screening for malignant neoplasms of colon | HEDIS |
| Percent of women receiving breast cancer screening | Women age 40 and older | 1, 2 | Presence of claims for breast cancer screening | HEDIS |
| Percent of women receiving cervical cancer screening | Women between ages 21-65 | 1,2 | Presence of claims for cervical cancer screening | HEDIS |
| Adherence to medications | Persons with Diabetes, Hyperlipidemia, Hypertension, Depression or Schizophrenia | 3,4 | Proportion of Days covered using Medicaid claims for corresponding therapeutic classes | Benner et al., 2002 |
| Percent with at least one Hb A1C test during study period | Persons with Diabetes | 3,4 | Presence of claims for Hemoglobin A1C test | HEDIS |
| Percent receiving Lipid Profile | Persons with Diabetes or Hyperlipidemia | 3,4 | Presence of claims for lipid profiles | HEDIS |
| Percent receiving Eye Exam | Persons with Diabetes | 3,4 | Presence of claims for eye exam procedures combined with provider specialty type and/or diagnosis codes. | HEDIS |
| Percent with nephropathy screening or evidence of nephropathy | Persons with Diabetes | 3,4 | Presence of claims nephropathy screening or evidence of nephropathy, based on procedure codes, diagnosis, or revenue/bill type codes. Specialty code of nephrologist is not available in source data |  |
| Percent with Liver Function Test | Persons with Hyperlipidemia receiving statins | 3,4 | Presence of claims for Liver Function test | McKenney et al., 2006 |
| Percent with ACEI/ARBs | Persons with Diabetes and Hypertension | 3,4 | Uses Medicaid claims for corresponding therapeutic classes | HEDIS / ADA |
| Short Acting Beta Agonist Overuse | Persons with Asthma | 3,4 | Uses Medicaid claims for corresponding therapeutic classes; overuse is defined as four or more filled prescriptions in three adjacent months | Priest et al., 2011 |
| Receipt of any individual or group psychotherapy during study period | Persons with Depression or Schizophrenia | 5 | Claims for outpatient individual, group or family therapy | APA |
| Receipt of 8 or more psychotherapy visits during study period | Persons with Depression or Schizophrenia | 5 | Claims for outpatient individual, group or family therapy | Fortney et al., 2010 |
| Receipt of Assertive Community Treatment (ACT) | Persons with Schizophrenia | 5 | Claims for ACT | PORT |

“Claims” refers to claims paid by NC Medicaid, a five-county behavioral health carve-out, and/or state-only mental health funds. Not all sources are appropriate for all measures (e.g., Cancer screening is paid almost exclusive by Medicaid and not through the mental health sources).

HEDIS= Healthcare Effectiveness Data and Information Set

APA=American Psychiatric Association

ADA=American Diabetes Association

PORT=Schizophrenia Patient Outcomes Research Team

References cited above:

Forney et al., 2010. The Association between Rural Residence and the Use, Type, and Quality of Depression Care. Journal of Rural Health 26(3): 205-213.

McKenney JM, Davidson MH, Jacobson TA, Guyton JR. (2006) “Final conclusions and recommendations of the national lipid association statin safety assessment task force.” The American Journal of Cardiology 97(8): S89-S94. In June 2012, after our study period, the FDA determined that screening is no longer suggesting periodic liver testing other than prior to initiation of a statin since liver problems are a contraindication of treatment. <http://www.fda.gov/drugs/drugsafety/ucm293101.htm>.

Priest et al., 2011. Quality of Care Associated with Common Chronic Diseases in a 9-state Medicaid Population Utilizing Claims data: An Evaluation of Medication and Health Care Use and Costs. Population Health Management 14(1): 43-54.