

Practice Partner Research Network Practice Performance Report

Second Quarter 2008

Practice Number: 200555

Provider	Number of Patients
	311
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Definitions and Explanations of Clinical Measures

- Patients are defined as active in the practice if they have had a visit within 1 year and are not designated as deceased, demonstration, transferred, or inactive status.
- Diagnoses are active if they have been entered within the past 3 years and have not been resolved (version 9).
- Benchmark: Line indicating achievable benchmark of care of 90th percentile of all PPRNet practices. Recalculated each January.
- Median: Line indicating 50th percentile of all PPRNet practices. Recalculated each January.
- National: Line indicating published national data for the specific measure (if available).
- Subgroup sizes: Represent the minimum and maximum number of eligible patients each month over time

Diabetes Mellitus

Practice Guideline Measure	Description of Study Measure	Data Source
Blood Pressure monitoring	BP measure in past 6 months for pts with Dx of diabetes	VS
Blood Pressure control	Last BP < 130/80 for pts with Dx of diabetes	VS
Glycosylated hemoglobin	Measure in past 6 months in Dx of diabetes	Lab
Glycosylated hemoglobin control	Last glycosylated hemoglobin <7% in Dx of diabetes	Lab
LDL-cholesterol	Measure in past year in patients with diabetes	Lab
LDL-cholesterol control	Last LDL-C < 100 mg/dL in Dx of diabetes	Lab
HDL-cholesterol	Measure in past year for pts with Dx of diabetes	Lab
HDL-cholesterol control	Last HDL-C > 45 mg/dL for pts with Dx of diabetes	Lab
Triglycerides	Measure in past 1 year for pts with Dx of diabetes	Lab
Triglycerides control	Last triglyceride < 150 mg/dL for pts with Dx of diabetes	Lab
Urinary Microalbumin	Measure in past year in Dx of diabetes	Lab

Cardiovascular Disease

Practice Guideline Measure	Description of Study Measure	Data Source
Screening for Hypertension	BP measure in past 2 years for adults	VS
Hypertension monitoring	BP measure in past 6 months for pts with Dx of hypertension	VS
Hypertension control	Last BP < 140/90 for pts with Dx of hypertension	VS
Appropriate Dx of Hypertension	Dx of hypertension for 3 BP measures \geq 140/90 in past year	PROB
Cholesterol screening	Measure in past 5 years for adults	Lab
HDL-cholesterol	Measure in past 5 years for adults	Lab
LDL-cholesterol	Measure in past year in patients with coronary heart disease, or other atherosclerotic disease	Lab
LDL-cholesterol control	Last LDL-C < 100 mg/dL in Dx of coronary heart disease or other atherosclerotic disease	Lab
Lipid lowering medication	Current prescription in pts with coronary heart disease or other atherosclerotic disease	MED
Anti-platelet in men	Recorded in past year for men \geq 40 years	MED
Anti-platelet in women	Recorded in past year for women \geq 50 years	MED
Anti-platelet in high risk patients	Current prescription in pts with Dx of diabetes (\geq 40 yr), hypertension, coronary heart disease, hyperlipidemia, other atherosclerotic disease	MED
Anticoagulant (Anti-platelet or Coumadin) for Atrial fibrillation	Current prescription in pts with Dx of Atrial fibrillation	MED
ACE inhibitor or ARB for Diabetes and Hypertension	Current prescription in pts with Dxs of diabetes and hypertension	MED
ACE inhibitor or ARB for Heart failure	Current prescription in pts with Dx of Heart failure	MED
Beta blocker for Heart failure	Current prescription in pts with Dx of Heart failure	MED

Women's Health Care

Practice Guideline Measure	Description of Study Measure	Data Source
Pap Smear	Recorded in past 3 years in 18-64 year-old women without hysterectomies	HM, Lab, all titles
Mammogram	Recorded in past 2 years in women \geq 40 years	HM, Lab, all titles
Screening for genital Chlamydia	Recorded in past year in 16-25 year-old women	Lab, HM
Screening for Osteoporosis	Bone density recorded since age 65 in women	HM, all titles

Immunizations

Practice Guideline Measure	Description of Study Measure	Data Source
Tetanus vaccine	Recorded in past 10 years in pts \geq 12 years	HM, lab, all titles, MED
Influenza vaccine	Recorded in past year in pts 6 mo – 5 years	HM, lab, all titles, MED
Influenza vaccine	Recorded in past year in pts \geq 50 years	HM, lab, all titles, MED
Influenza vaccine	Recorded in past year in patients 18-49 years with diabetes, heart disease (CHD or CHF), asthma, COPD, chronic renal disease, or alcohol abuse	HM, lab, all titles, MED
Pneumococcal vaccine	Ever recorded in pts \geq 65 years	HM, lab, all titles, MED
Pneumococcal vaccine	Ever recorded in patients 18-64 years with diabetes, heart disease (CHD or CHF), COPD, chronic renal disease, or alcohol abuse	HM, lab, all titles, MED
Hepatitis A vaccine	Two ever recorded in patients with liver disease	HM, lab, all titles, MED
Meningococcal vaccine	Ever recorded in pts 11-19 years	HM, lab, all titles, MED
Human Papillomavirus vaccine	Three ever recorded in women 9-26 years	HM, lab, all titles, MED
Zoster (Shingles) vaccine	Ever recorded in pts \geq 60 years	HM, lab, all titles, MED

Adult Mental Health and Substance Abuse

Practice Guideline Measure	Description of Study Measure	Data Source
Screening for Depression	Recorded in past 2 years	HM, Lab, all titles
Anti-depressant medication	Current prescription of antidepressant for patients with diagnosis of depression in past year	MED
Problem drinking/Alcohol abuse	Screening in past 2 years	HM, Lab, all titles
Alcohol counseling	Recorded in past year for patients with diagnosis of problem drinking/alcohol abuse	HM, Lab, all titles
Smoking cessation counseling	Recorded in past year for patients with diagnosis of tobacco abuse	HM, Lab, all titles

Nutrition and Obesity

Practice Guideline Measure	Description of Study Measure	Data Source
Blood glucose	Measure of blood glucose in past year in Dx of obesity	Lab
Diet/nutrition counseling	Physician office visits that include diet/nutrition counseling recorded in past year for patients with diagnoses of obesity, hypertension, hyperlipidemia, diabetes, coronary heart disease, other atherosclerotic disease, peripheral vascular disease, or cerebrovascular disease	HM, all titles, PROB

Respiratory Disease

Practice Guideline Measure	Description of Study Measure	Data Source
Anti-inflammatory (Controller)	Current prescription in pts ≥ 5 years with Dx of asthma	MED
Antibiotics avoided	No prescription within 3 days of Dx for the common cold, pharyngitis, or acute bronchitis (excludes visits with concomitant diagnoses of otitis media, pneumonia, and sinusitis)	MED

Medication use in Elderly

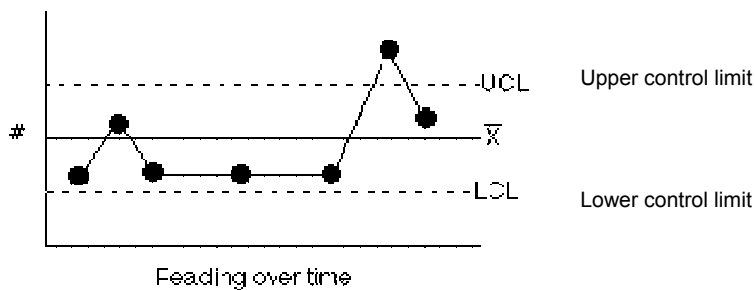
Practice Guideline Measure	Description of Study Measure	Data Source
Use of drugs always inappropriate	Any prescription in past year for patients ≥ 65 years for: Barbiturates Flurazepam Meprobamate Chlorpropamide Meperidine Pentazocine Trimethobenzamide Belladonna alkaloids Dicyclomine Hyoscyamine Propantheline	MED
Use of drugs rarely appropriate	Any prescription in past year for patients ≥ 65 years for: Chlordiazepoxide Diazepam Propoxyphene Carisoprodol Chlorzoxazone Cyclobenzaprine Metaxalone Methocarbamol	MED

Statistical Process Control (SPC)

Statistical Process Control (SPC) is a method of monitoring, controlling and, ideally, improving a process through statistical analysis.

Control Chart

The control chart is a line chart with control (action) limits. It is based on the work of Shewhart and Deming. By mathematically constructing control limits at 3 standard deviations above (UCL) and below (LCL) the average, one can determine what variation is due to normal ongoing causes (common causes) and what variation is produced by unique events (special causes). Special causes may be present if your practice is changing (e.g. growing) or if your approach to care has changed (e.g. greater attention to blood pressure control). By working to understand the reasons for special causes in your practice you can identify successful strategies for quality improvement.



The **PPRNet practice report** contains three types of control charts. Most are p-charts (attribute control charts), which show the percentage of patients that meet the specific guideline over time. Other charts (see top of page 11) are XbarS charts (variable control charts) that display the mean values of the measure in the upper chart and the variability of the measure (standard deviations) in the lower chart. C-charts (page 1) show counts per month.

A process is in control if

- No sample points outside limits
- Most points near process average
- About equal number of points above and below centerline
- Points appear randomly distributed

Tests for special causes are used to indicate when a process is out of control.

Test Index	Description
1	One point outside control limits
2	9 points in a row on one side of the centerline
3	6 points in a row steadily increasing or steadily decreasing
4	14 points in a row alternating up and down
5	2 out of 3 points outside control limits
6	4 out of 5 points in a row beyond 2 sigma limits
7	15 points in a row within 1 sigma limit on either or both sides of centerline
8	8 points in a row on either or both sides of the centerline with no points within 1 sigma limit

Top 50 Diagnosis Text Strings

Hypertension	Diabetes Mellitus	Coronary Disease	Hyperlipidemia
HYPERTENSION	DIABETES MELLITUS	CAD	HYPERLIPIDEMIA
HTN	DIABETES	ASHD	HYPERCHOLESTEROLEM
HYPERTENSION BENIG	DM	CORONARY ARTERY DI	DYSLIPIDEMIA
HYPERTNS BENIGN	NIDDM	CORONARY ATHEROSCL	HYPERLIPIDEMIA MIX
HTN BENIGN	AODM	CORONARY ARTERY DZ	HYPERLIPIDEMIA OT/
HYPERTENSION, BENI	DMTYPE2	ANGINA	MIXED HYPERLIPIDEM
HYPERTENSION,NOS	DM UNCOMPL TYPE II	OLD MYOCARDIAL INF	HYPERCHOLESTEROL
HBP	DM TYPE 2	CHR ISCHEMIC HRT D	HYPERLIPIDEMIA NEC
HYPERTENSION NOS	DIABETES UNCOMPL T	CORONARY ARTERY	HYPERLIPOPROTEINEM
F/U HTN	DIABETES TYPE 2	ATHEROSCL CORONARY	HYPERCHOL
HTN, BENIGN ESSENT	DM2	CHD	METABOLIC SYNDROME
HYPERTENSION UNSPE	DIABETES-T2-NOCOMP	ATHEROSCLER NATIVE	HYPERCHOLESTEROLEMIA
HYPERTENSION.	DIABETES MELLITIS	CORONARY DISEASE	HYPERLIPIDEMIA, MI
HYPERTENSION F/U	TYPE 2 DM	COR ATH UNSP VSL N	DYSMETABOLIC SYNDR
HYPERTENSION ESSEN	DIABETES MELLITUS,	ANGINA, STABLE	HYPERLIPIDEMIA OTHER &
BENIGN HYPERTENSIO	DIAB. MELL.,TII UN	ANGINA PECTORIS	HYPERLIPIDEMIA.
HTN F/U	IDDM	MI	HIGH CHOLESTEROL
HTN BENIGN ESSENTI	TYPE II DM	CORONARY ATHRSCL U	MIXED HYPERLIPIDEMIA
F/U HYPERTENSION	DM II CONTROLLED	MYOCARDIAL INFARCT	HIGH CHOL
HTN UNSPECIFIED	TYPE 2 DIABETES	CAD S/P CABG	PURE HYPERCHOLESTE
HYPERTENSION BENIGN	DM II	ASCVD/ CAD	F/U HYPERLIPIDEMIA
HYPERTENSIVE HEART	TYPE 2 DIABETES ME	CABG	HYPERLIPIDEMIA NOS
HYPERTENSION UNSPEC	F/U DIABETES	ISCHEMIC CARDIOMYO	HYPERLIPID
HYPERTENSION BRIEF	DM TYPE II	MI OLD	HYPERLIPIDEMIA
HYPERTENSION, ESSE	TYPE II DIABETES	CORONART ATHRSCL	LIPITOR
HYPERTNS UNSPEC	DM 2	ATHEROSCL NATIVE C	INSULIN RESIST X
HTN UNSPEC ESSENTI	DIABETES II, UNCOM	CRNRY ATHRSCL NATV	HLP
HTN, BENIGN CARDIO	DIABETES UNCOMPL	CAD F/U	ELEVATED CHOLESTER
RECHECK HTN	F/U DM	S/P MI	HYPERLIPIDEMIA, MIXED
HTN ESSENTIAL BENI	DM-2	ANGINA PECTORIS OT	HYPERLIPIDEMIA UNS
401.1	T2DM	CORONARY OCCLUSION	ABNORMAL LIPIDS
HTN, ESSENT	DM TYPE II-CONTROL	S/P CABG	MIXED HYPERLIPID
HTN UNSPEC ESSENTIAL	DIAB. TI	CORNARY ATHERO-NAT	HYPERLIPIDEMIA
HTN, ESSENTIAL	DIABETES FLOWCHART	F/U CAD	DYSLIPIDEMIA.
HYPERTENSION, BENIGN	INSULIN RESIST X	ATHEROSCLEROTIC HE	HTN, HYPERLIPIDEMI
HTN.	DIABETIC NEUROPATH	CAD.	ZOCOR
HTN BENIGN ESSENTIAL	DIABETES F/U	ATHEROSCLEROSIS CO	HYPERLIPIDEMIA OTH
HIGH BLOOD PRESSUR	DIABETES, TYPE 2	ASHD ARTERY BYPASS	ELE LIPIDS
HTN MALIGNANT	DIABETES TYPE II	ANGINA PECTORIS NE	HYPERLIPIDEMIA
FOLLOW UP HYPERTEN	DIABETES EDUCATION	CAD, STABLE	HYPERLIPIDEMA
HIGH BP	DIAB. TII	ASCAD	HYPERCHOLEST
HYPERTENSION	DM UNCOMP TYPE II	OLD MI	HYPERLIPIDEMIA- ON
HYPERTENSION - MA	DIAB UNCOMP TYPE II	UNSTABLE ANGINA	HYPERCHOLESTEROLEMIA
HTN- GOOD CONTROL	DIABETES MELLITIS,	CHRONIC ISCHEMIC H	HYPERLIPIDEMIA OT
401.9	TYPE 2 DIABETES	ASHD CORONARY ARTE	HYPERLIPID, NOS
FM HX HTN	DIABETES CHECK	CAD/AUTOLOGOUS VEI	PURE
HYPERTENSION & HYP	NEUROPATHY IN DIAB	ISCHEMIC HEART DIS	HYPERLIPIDEMIA
BENIGN ESSENTIAL	DMTYPE1	ATHEROSCLER NATIV	HYPERLIPIDEMIA .
HTN/HL	FOLLOW UP DIABETES	LDL IN CAD	MIXED HYPERLIPIDE
HTN BEN HD W/O HF	DIAB UNCOMP TYPE I	CAB	HYPERLIPOPROTEINEMIA

Atherosclerosis	Heart Failure	Atrial Fibrillation	Myocardial Infarction
ASCVD	CHF	ATRIAL FIBRILLATIO	OLD MYOCARDIAL INF
CVA	CONGESTIVE HEART F	ATRIAL FIB	MI
PERIPHERAL VASCULA	CHF CONGESTED HEAR	AFIB	MYOCARDIAL INFARCT
PVD	HEART FAILURE	ATRIAL FIBRILLATION	MI OLD
TIA	CONGESTIVE HEART	A FIB	S/P MI
CVA LATE EFFECT	HEART FAILURE UNSP	A-FIB	OLD MI
CAROTID STENOSIS	CHF.	A. FIB	HYPOXIA MYOCARDIAL
ASVD	FAILURE CONGESTIVE	FIBRILLATION ATRIA	MI UNSPECIFIED
AAA	F/U CHF	CHRONIC ATRIAL FIB	CAD S/P MI
STROKE	CONGESTIVE HEART	AF	AMI NOS UNSPECIFIE
CEREBROVASCULAR AC	HTN MAL HD W/CHF	A.FIB.	HX MI
CLAUDICATION	HTN W/CHF	ATRIAL FIBRILLATI	ACUTE MI
CEREBROVASCULAR DI	LEFT HEART FAILURE	A.FIB	RECENT MI
S/P CVA	CHF F/U	CAF	HEART ATTACK
PERIPH VASCULAR DI	HX CHF	ATRIAL FIB.	F/U MI
CEREBRAL ATHEROSCL	HF	A- FIB ON COUMADIN	SUBENDOCARDIAL INF
CAROTID BRUIT	CONG HEART FAIL CO	427.31	AMI NOS INITIAL EP
CEREBROVASC DISEAS	FAILURE LEFT HEART	PAROXYSMAL A FIB	MI SUBENDOCARDIAL
CAROTID W/O INFARC	HEART FAILURE NOS	HISTORY OF ATRIAL	HX OF MI
TRANS CEREB ISCHEM	CHF II	AT FIB	SUBENDO INFRC-INIT
CAROTID ARTERY DIS	CHF CONGESTIVE HEA	ATRIAL FIBRILATION	INFARCTION MYOCARD
ATHEROSCLEROSIS	CHF (HEART FAILURE	HX A FIB	INFERIOR MI
ATHEROSCLEROSIS EX	CONGESTIVE HEART	F/U AFIB	POST MI
CVA/TIA	CONGESTIVE HEART	CHRONIC AFIB	CAD, S/P MI
ABDOMINAL ANEURYSM	CONGESTIVE FAILURE	PAROXYSMAL A. FIB	HISTORY OF MI
PERIPHERAL VASCULAR	CHF LEFT	NEW ONSET ATRIAL F	STATUS POST MI
ATHEROSCLEROSIS NE	HEART FAILURE COMB	PAROXYSMAL ATRIAL	ASCVD-MI
ATHEROSCLEROSIS NA	HEART FAILURE LEFT	PAROXYSMAL AFIB	ACUTE MYOCARDIAL I
RENAL ARTERY STENO	428.0	HX ATRIAL FIB	AMI
DEMENTIA ARTERIOSC	HTN HRT DZW/CHF	A-FIB MHRM	MYOCARDIAL
AORTIC SCLEROSIS	CHF EXACERBATION	HX ATRIAL FIBRILLA	SP MI
HX CVA	HEART FAILURE, CONG	CHRONIC A. FIB	MI ANTERIOR
AORTIC ANEURYSM	MILD CHF	CHRONIC A FIB	H/O MI
CVA LATE	CONGESTIVE HRT FAI	PAROXYSMAL A-FIB	CAD/MI
LT EFF CEREBROVAS	COMB SYS/DI HEARTF	ATRIAL FIB STUDY	MI, OLD
CAROTID ARTERY STE	HISTORY OF CHF	F/U ATRIAL FIBRILL	MURAL THROMBUS
ABDOMINAL AORTIC A	LEFT VENTRICULAR D	F/U AFIB AND ANTIC	NON Q WAVE MI
ATHEROSCLEROSIS NO	LV DYSFUNCTION	HX OF ATRIAL FIB	MI SUBENDO SUBSEQU
ATHEROSCLEROSIS CE	HX OF CHF	A FIB ANTICOAGUL	POST MI SYNDROME
ASPVD	CHF, STABLE	CHRONIC A-FIB	AMI SUBENDOCARDIAL
F/U CVA	HEART FAILURE UNSPEC	A FIB ANTICOAGU	OLD MYOCARDIAL IN
CEREBROVASCULAR DZ	CHF NOT DUE TO HTX	A- FIB- ON COUMADI	ANTERIOR MI
TRANSIENT ISCHEMIC	CHF III	ATRIAL FIB, CHRONI	MI OTHER UNSPECIFI
CAROTID BRUITS	FOLLOW UP CHF	ATRIAL FIB/FLUTTER	MYO INFAR - ANTERI
POST CVA	CHF 2	A. FIB.	MI X 2
STROKE - CVA NOS	DIASTOLIC HEART FA	ATRIAL FIBRILLATION.	MI X 3
EMBOLISM & THROMBO	CONG HEART FAIL COMB	ATRIAL FIBRILLATION	HISTORY OF MYOCARD
HX OF STROKE	H/O CHF	H/O ATRIAL FIB	MI ACUTE INFERIOR
CEREBRAL VASCULAR	CHF CLASS II	PAROXYSMAL AFIB F/	MI ACUTE UNSPEC SI
PERIPHERAL VAS DIS	HEART FAILURE SYSTOLIC	H/O ATRIAL FIBRILL	AMI UNSP EPISODE U

Asthma	Bronchitis	Pharyngitis	URI
ASTHMA	BRONCHITIS	PHARYNGITIS	URI
RAD/BRONCHOSPASM	BRONCHITIS, ACUTE	SORE THROAT	UPPER RESPIRATORY
ASTHMATIC BRONCHIT	ACUTE BRONCHITIS	PHARYNGITIS ACUTE	COLD
RAD	BRONCHITIS AC	ST	VIRAL URI
ASTHMA EXTRINSIC W	BRONCHIOLITIS	ACUTE PHARYNGITIS	RESPIRATORY INFECT
ASTHMA EXACERBATIO	BRONCHITIS ACUTE	VIRAL PHARYNGITIS	URI AC UNSPEC
ASTHMA UNSPECIFIE	BRONCHITIS ACUTE	SORETHROAT	URI, ACUTE
ASTHMA WO STATUS A	BRONCHITIS ACUTE	PHARYNGITIS, ACUTE	URI ACUTE UNSPEC S
ASTHMA UNSPECIFIED	BRONCHITIS NOS	PHARYNGITIS ACUTE	URTI
REACTIVE AIRWAY DI	ACUTE BRONCHITIS (PHARYNGITIS VIRAL	URI NOTE
BRONCHIAL ASTHMA	BRONCHITIS,ACUTE	SORE THROAT, COUGH	UPPER RESP DIS OT/
ASTHMA EXTN WO STA	F/U BRONCHITIS	PT C/O SORE THROAT	COLD SYMPTOMS
ASTHMA CHRONIC OBS	BRONCHITIS.	COUGH, SORE THROAT	ACUTE URI UNSPEC
ASTHMA W/O STATUS	SINUSITIS/BRONCHIT	EXUDATIVE PHARYNGI	RESPIRATORY INFECTION
ASTHMA NEC	SINUSITIS, BRONCHI	PHARYNGITIS.	UPPER RESPIRATORY
ASTHMA, UNSPEC	EARLY BRONCHITIS	SINUSITIS, PHARYNG	URI NOS ACUTE
REACTIVE AIRWAYS	TRACHEOBRONCHITIS	SORE THROAT, FEVER	COUGH AND COLD SYM
ASTHMA.	URI/BRONCHITIS	NON-STREP PHARYNGI	URI ACUTE
ASTHMA NOS W/O STA	ACUTE BRONCHIOLITI	FEVER, SORE THROAT	URI, UNSPEC
EXTRINSIC ASTHMA	CHEST COLD	PHARYNGITIS LS	URI ACUTE UNSPEC SITE
ASTHMA WITHOUT	VIRAL BRONCHITIS	CC/ SORE THROAT	COLD SX
ASTHMA EXT W/O STA	BRONCHITIS UNSPEC	CN-SORE THROAT	URI.
ASTHAM CHRONIC OBS	ACUTE BRONCHITIS N	PHARANGITIS	URI--VIRAL
ASTHMA UNSPEC TYPE	BRONCHIOLITIS ACUT	PHARYNGITIS/URI	NASOPHARYNGITIS AC
EXERCISE INDUCED A	RESOLVING BRONCHIT	URI/PHARYNGITIS	ACUTE, URI
REACTIVE AIRWAYS D	466.0	ACUTE VIRAL PHARYN	SV, URI
ASTHMATIC BRONCHITIS	BRONCHITIS (ACUTE)	SORE THROAT TLR	URI/BRONCHITIS
ASTHMA F/U	ACUTE BRONCHITIS,	SORE THROAT, CONGE	VIRAL UPPER RESPIR
REACTIVE AIRWAY	RECHECK BRONCHITIS	SORE THROAT AND CO	PC- URI
ASTHMA INTRINSIC W	URI /W BRONCHITIS	C/O SORE THROAT, C	URI/SINUSITIS
MILD ASTHMA	BRONCHITIS/SINUSIT	PHARYNGITIS, VIRAL	465.9
ASTHMA UNSPEC W EX	ACUTE BRONCHITIS -	ACUTE PHARYNGITIS.	F/U URI
ASTHMA INTR WO STA	BRONCHITIS SIMPLE	PHARYNGITIS, SINUS	URI SYMPTOMS
EXACERBATION OF AS	BRONCHITIS NOT SPE	462	URI TLR
ASTHMA CHR OBS WO	BRONCHITIS-ACUTE	SORE THROAT.	POSS URI
ASTHMA FLARE	BRONCHITIS F/U	SORE THROAT VISIT	URI AC MULT SITES
ASTHMA NOS W/O	BRONCHITIS/URI	PHARYNGITIS,ACUTE	URI/COUGH
ASTHMA CH OB W/O S	BRONCHITIS - ACUTE	S.T.	NASOPHARYNGITIS (C
ASTHMA EXTRINSIC	F/U ON BRONCHITIS	SORE THROAT—NURSE	UPPER RESPIRATORY
COUGH VARIANT ASTH	BRONCHITIS, ACUTE	SORE THROAT, SINUS	URI, COUGH
ASTHMA EXACERBATION	BRONCHITIS/BRONCHI	ACUTE PHARYNGITIS/	URI SX
ACUTE ASTHMA EXACE	ACUTE BRONCHITIS.	PC- PHARYNGITIS	HEAD COLD
ASTHMA, UNSPECIFIE	AC BRONCHITIS/BRO	PHARYNGITIS ACUTE	ACUTE UPPER RESPIR
RECHECK ASTHMA	URI / BRONCHITIS	COUGH AND SORE THR	ACUTE URI
ASTHMA/COPD	BRONCHITIS LS	PHARYNGITIS, UPPER	COLD SXS
COPD/ASTHMA	BRONCHITIS WITH BR	SORE THROAT, HEAD A	UPPER RESP DIS NEC
INTRINSIC ASTHMA U	URI WITH BRONCHITI	SINUSITIS/PHARYNGI	URI-COLD-ACUTE RHI
ASHTMA	BRONCHITIS, SINUSI	SCRATCHY THROAT	UPPER RESP
RAD/BRONCHOSPASM-	BRONCHITIS ACUTE	OTITIS, PHARYNGITI	VIRAL URI.
ASTHMA WITH ACUTE	MILD BRONCHITIS	SV, SORE THROAT	COUGH/URI

COPD	Chronic liver disease	Chronic renal disease	Hysterectomy
COPD	FATTY LIVER	RENAL INSUFFICIENC	HYSTERECTOMY
CHR AIRWAY OBSTRUC	CIRRHOSIS	RENAL FAILURE	S/P HYSTERECTOMY
EMPHYSEMA	CHRONIC HEPATITIS	RENAL FAILURE CHR	TAH
CHRONIC OBSTRUCTIV	CIRRHOSIS OF LIVER	CHRONIC RENAL FAIL	TAH/BSO
COPD EXACERBATION	HEPATITIS C, CHRON	RENAL INSUFF	S/P HYST
CHRONIC BRONCHITIS	HEPATITIS CHRONIC	CRF	S/P TAH
BRONCHITIS CHRONIC	STEATOHEPATITIS	CRI	TOTAL ABD HYSTEREC
BRONCHITIS, CHRONI	CHRN C HEPATITIS C	RENAL FAILURE CHRO	S/P TAH/BSO
OBSTRUCTIVE CHRONI	LIVER FAT INFILTRA	CHRONIC RENAL INSU	TAH-BSO
CHR AIRWAY OBSTRU	ALCOHOL CIRRHOSIS	CHRONIC KIDNEY DI	PARTIAL HYSTERECTO
EMPHYSEMA OT	LIVER DIS NEC CHRO	IMPAIRED RENAL FUN	HYST
BRONCHITIS OBSTRUC	FATTY LIVER DISEAS	AZOTEMIA	TAHBSO
COPD.	ALCOHOLIC CIRRHOSI	RENAL INSUFFICIENCY	NO UTERUS
F/U COPD	CIRRHOSIS ALCOHOLI	RENAL FAILURE UNSP	SP HYSTERECTOMY
CHRONIC AIRWAY OBS	LIVER TRANSPLANT	CHRONIC KIDNEY DIS	STATUS POST HYSTER
CHRONIC OBSTRUCTIVE	CIRRHOSIS LIVER W/	ELEVATED CREATININ	HYSTERECTOMY WITH
COPD F/U	HEP C CHRONIC W/O	NEPHROTIC SYNDROME	TOTAL ABDOMINAL HY
BRONCHITIS CHRONI	CHRONIC LIVER DIS	NEPHROPATHY	VAGINAL HYSTERECTO
BRONCHITIS OBST CH	LIVER CHRONIC DIS	NEPHRITIS NOS IN O	COMPLETE HYSTERECT
AIRWAY OBSTRUCT NE	HEPATITIS C CHRONI	RENAL INSUFFICIENCY	TAH BSO
EXACERBATION OF CO	CHRONIC ACTIVE HEP	RENAL FAILURE, UNS	TOTAL HYSTERECTOMY
BRONCHITIS OBS CHR	LIVER CANCER	RENAL FAILURE NOS	S/P TAHBSO
OBSTRUCTION CHRONI	CIRRHOSIS OF THE L	ANEMIA IN CKD	S/P TAH BSO
SEVERE COPD	LIVER CIRRHOSIS	ESRD	S/P TAH-BSO
EMPHYSEMA OTHER	CIRRHOSIS OF LIVER	CHRONIC RENAL	S/P PARTIAL HYST
BRONCHITIS, CHRONIC	TRANSPLANT LIVER	RENAL FAILURE, CHR	2 WKS S/P TAH-PMD
COPD NEC	ACU., HCV (070.54)	INCR CREATININE	HYSTRECTOMY
EXACERBATION COPD	CHOLANGIOCARCINOMA	RENAL INSUFFIC	6 WKS S/P TAH-PMD
EMPHYSEMA NEC	CIRRHOSIS LIVER	RENAL INSUFF.	S/P SURGICAL MENOP
496	CHRONIC LIVER DISE	RENAL INSUFFICIENCY	PAP WITH HYSTERECT
PERSISTENT BRONCHI	F/U CIRRHOSIS	CKD STAGE III	POST HYSTERECTOMY
OBST CHR BRONCHITI	HEPATOCELLULAR CA	ELEV CREATININE	VAG HYST
CHRONIC AIRWAY	CHR HEPATITIS C W/	END STAGE RENAL DI	VAG HYSTERECTOMY
RECHECK COPD	CIRRHOSIS WO ALCOH	GLOMERULONEPHRITIS	S/P HYSTER
BRONCHITIS	HEPATITIS,CHRONIC,	MILD RENAL INSUFFI	6 WKS S/P TAH/BSO-
RECURRENT BRONCHIT	CIRRHOSIS.	IMPAIRED RENAL FUNCT	HYSTERECTOMY WITH
MILD COPD	S/P LIVER TRANSPLA	CRI , CHRONIC RENA	HYSTERECTOMY WITHO
OTHER EMPHYSEMA	END STAGE LIVER DI	UREMIA	S/P PARTIAL HYSTER
COPD NOS	HEPATOSTEATOSIS	CHRONIC KIDNEY	S/P TAH, BSO
COPD WITH EXACERBA	LIVER CA	NEPHRITIS	S/P TAH AND BSO
FU COPD	CHRONIC HEPATITIS-	IGA NEPHROPATHY	TAH & BSO
BRONCHITIS	AC HEPATITIS C W/O	ELEVATED CREATININE	TAH W/ BSO
COPD, STABLE	CIRRHOSIS,NOS	CKD STAGE 3	HYSTERECTOMY, SP
OBST CH BRONCHIT/A	FATTY LIVER WITHOU	KIDNEY FAILURE	F/U HYSTERECTOMY
EMPHYSEMA INTERSTI	HEP C, CHRONIC	UNS RENAL FAILURE	2 WKS S/P TAH/BSO-
COPD EXACERBATION.	LIVER TRANSPLANT S	RENAL FAILURE	MENOPAUSE / HYST
COPD FLARE	FATTY LIVER NAFLD	RENAL INSUF	PART. HYSTERECTOMY
COPD EXAC	HEPATITIS B, CHRON	CHR RENAL FAILURE	PARTIAL HYST
PROBABLE COPD	LIVER DIS NOS CHRO	ELEVATED CR	TAH PT
COPD ACUTE EXAC	STEATOSIS	RENAL FAILURE UNSPEC	S/P HYSTERECTOMY.

Depression	Screen Depression	Tobacco Abuse	Smoking Counseling
DEPRESSION	ZUNG DEPRESSION IN	TOBACCO USE	SMOKING COUNSELING
DEPRESSIVE DISORDE	DEPRESSION SCREENI	TOBACCO ABUSE	SMOKING CESSATION
F/U DEPRESSION	DEPRESSION SCREENING	TOBACCO USE DISORD	SMOKING COUNSELLIN
DEPRESSION/DYSTHMY	DEPRESSION RATING	SMOKING COUNSELING	TOBACCO CESSATION
DEPRESSION.	DEPRESSION SCREENING	SMOKING COUNSELING	TOBACCO COUNSELING
MAJOR DEPRESSIVE D	BECK SCALE	SMOKER	TOBACCO USE COUNSE
MOOD DISORDER	SCREENING FOR DEPR	TOBACCO USE DISORDER	TOBACCO COUNSELLIN
MAJOR DEPRESSION	BECK DEPRESSION IN	SMOKING CESSATION	STOP SMOKING
DEPRESSION, NOS	ZUNG RESULT	SMOKING CESSATION	SMOKING CESST 3-10
DEPRESSIVE DISORDER	BECK DEPRESSION	ABUSE TOBACCO USE	F/U SMOKING CESSAT
DEPRESSION ANXIETY	SCREENING DEPRESSI	PERSONAL HX OF TOB	SMOKING CESSATION.
NEUROTIC DEPRESSIO	MINI BECK – 18	SMOKING	SMOKE CESSATION
DYSTHYMIA	MINI BECK – 15	NICOTINE ADDICTION	SMOKING CESSATION
DEPRESSION,MAJOR	ZUNG	PERSONAL HX TOBACCO	SMOKING CESSATION
DEPRESSIVE DISORD	ZUNG SCALE	TOBACCO ADDICTION	SMOKING CESS
DEPRESSIVE DISORDER	DEPRESSION QUESTIO	TOBACCO ABUSE-CUR	SMOKING CESSAT.
DEPRESSION F/U	MINI BECK – 10	SMOKER1	TOBACCO COUNSELLING
RECHECK DEPRESSION	MINI BECK – 7	TOBACCO DEPENDENCE	SMOKING CESSATION/
DEPRESSIVE AFFECTI	DEPRESSION SCALE	SMOKER1/2	SMOKING CESSATION,
DEPRESSION, CONTIN	MINI BECK – 12	CIGARETTE ABUSE	SMOKING CESSATION MORE
DISODER DEPRESSIVE	MINI BECK – 11	SMOKER1 PPD	EDUCATION- SMOKING
ANXIETY AND DEPRES	MINI BECK – 8	TOBACCO	SMOKING CESSATION BRIEF
DEPRESSION NOS	ZUNG DEPRESSION SC	NICOTINE DEPENDENC	TOB CESS FUP
FOLLOW UP DEPRESSI	ZUNG TEST	SMOKER1/2 PPD	PC- SMOKING CESSAT
CN-DEPRESSION	DEPRESSION SCREEN	PERSONAL HX OF	TOBACCO CESS FUP
CHRONIC DEPRESSION	MINI BECK – 13	SMOKING COUNSELLIN	SMOKING CESSAT >10
DEPRESS MAJ DIS MO	MINI BECK	SMOKING COUNSELLIN	SMOKING CESS.
DEPRESSION WITH AN	MINI BECK – 5	TOBACCO ABUSE, CUR	TOB CESSATION
DEPRESS MAJ DIS MI	MINI BECK – 4	TOBACCO DEPENDENCY	EDUCATION-TOBACCO
DEPRESSION, MAINT	MINI BECK – 16	TOBACCO DEP	TOBACCO COUNS 3-10
FU DEPRESSION	MINI BECK – 17	CIGARETTE USE	SMOKING CESSATION
DEPRESSION AND ANX	MINI BECK – 9	CURRENT SMOKER	EDUCATION- TOBACCO
DEPRSN MAJ REC	DEPRESSION SELF-	CIGARETTE SMOKER	CN-SMOKING CESSATI
ANXIETY DEPRESSION	MINI BECK 17	SMOKER1/4	SMOKING COUNSELIN
ANX/DEPRESSION	MINI BECK 18	TOBACCO CESSATION	TOBACCO - COUNSELE
DEPRESSED	MINI BECK 8	TOBACCO CESSATION	EDUCATION-SMOKING
DEPRESSION, MAJOR	MINI BECK – 3	TOBACCO ABUSE.	TOBACCO CESSATION.
MILD DEPRESSION	MINI BECK – 6	CHEWS TOBACCO	SMOKING CESSAT
DEPRESSION NEW DX	ZUNG INDEX	SMOKER1.5	SMOKING CESSATION;
ENDOGENOUS DEPRESS	SCREENING FOR DEP	TOB ADD	PC-SMOKING CESSATI
ANXIETY, DEPRESSIO	DEPRESSION SCR	TOBACCO USE DISOR	TOBACCO CESSATION
DEPRESSION .	ZUNG SCORE	NICOTINE ABUSE	CIGARETTE CESSATIO
DEPRESSION NEUROT	DEPRESSION R/O	SMOKER1PPD	DISCUSS SMOKING
DEPRESS W/ ANXIETY	DEPRESSION SCALES	TOB ABUSE	G0375 TOBACCO/SMOKE
DEPRESSION / ANXIE	PRIME MD	TOBACCO COUNSELING	N/C SMOKING CESSAT
DEPRESSION, ANXIET	FLEXIBLE SIGMOIDOS	TOBACCO USE ONE PA	SMOKING CESSATION 3-10
DEPRESSION ACUTE R	FLEX SIG	CIGARETTE HABIT	SMOKING CESSATION
PC- DEPRESSION	SIGMOIDOSCOPY	SMOKER2	SMOKING CESSATION
POSTPARTUM DEPRESS	FLEX	TOBACCO USE COUNSE	SMOKING CESSATION
311	SIGMOID	DISORDER TOBACCO U	DISCUSSED CESSATION OF

Screen Alcoholism	Alcohol Counseling	Obesity	Diet counseling
SCREEN ALCOHOLISM	ALCOHOL COUNSELING	OBESITY	DIET COUNSELING
ALCOHOL SCREENING	ALCOHOL COUNSELLIN	MORBID OBESITY	DIETARY SURVEIL/CO
ALCOHOL USE	ALCOHOL COUSELING	OBESITY NOS	DIABETES EDUCATION
ALCOHOL, HISTORY O	ALCOHOL COUNSELLING	OBESITY UNSPEC	NUTRITION NOTE
ALCOHOL SCREENING X	WATCH ETOH	OBESITY UNSPECIFIE	MEDICAL NUTRITION
ALCOHOL	EDUCATION-ALCOHOL	OBESITY NOS	DIET COUNSELLING
ETOH USE		OBESITY, MORBID	DIET
ETOH?		OBESITY/WTGAIN	NUTRITION
ALCOHOL SCREEN		OBESITY, NOS	DSME FOLLOW -UP AT
ALCOHOL CONSUMPTIO		OBESITY MORBID	DSME GOAL SETTING
ALCOHOL USE.		OBESITY UNSPECIFIED	DIABETIC EDUCATION
ALCOHOL INTAKE		OBESITY, UNSPECIFI	NUTRITION ASSESSME
ALCOHOL SALIVA TES		OBESITY (EXOGENOUS	DSMT
DAILY ALCOHOL USE		OBESITY.	DM CLASS
NONSMOKER ALCOHOL		OBESITY EXOGENOUS	FOLLOW UP NUTRITION
ALCOHOL X		OBESITY(GROSS)>30%	DIABETIC TEACHING
ETOH INTAKE		OBESITY BY BMI	NUTRITION CONSULT
NICOTINE AND ALCOH		OBESE	DIETARY COUNSELING
ALC SCR		OBESITY(MIN)>10%	WEIGHT CONCERNS
DAILY ALCOHOL		MILD OBESITY	NUTRITION CONSULTA
MODERATE ALCOHOL U		MORBID OBESITY.	INITIAL NUTRITION
REGULAR ALCOHOL US		WEIGHT MANAGEMENT	NUTRITION F/U
ALCOHOL USE		OBESITY CL 1	DIETICIAN
DAILY ETOH		WEIGHT CONTROL	INITIAL NUTRITION
ETOH USAGE		OBESITY .	NUTRITION CLINIC N
?ETOH		ABOVE IDEAL BODY W	DM CLASSES
ALCOHOL USE- CUT D		F/U OBESITY	DIETITIAN
MODERATE ALCOHOL A		OBESITY UNSPECIFI	DSME CARBOHYDRATE
ALCOHOL USAGE		MORBID OVERWT	DIETARY CONSULT
ETOH USE.		OBESITY(MOD)>20%	WT. LOSS COUNSELIN
MODERATE ALCOHOL I		MODERATE OBESITY	DIABETIC DIET
SCREENING FOR ALCO		OBESE/SEDENTARY	NUTRITIONAL CONSUL
ALCOHOL AND NICOTI		OVERWT	NUTRITION HISTORY
ALCOHOL HISTORY		BARIATRIC SURGERY	DM EDUCATION
TOBACCO AND ALCOHO		OVERWEIGHT AND OB	NUTRITIONIST
ALCOHOL DISCUSSION		EXOGENOUS OBESITY	NUTRITION UPDATE
ALCOHOL EVAL		OBESITY, UNSPECIFIED	FOLLOW UP NUTRITIO
ALCOHOL EVALUATION		CHILDHOOD OBESITY	NUTRITIONAL COUNSE
ALCOHOL, TOBACCO U		CENTRAL OBESITY	WEIGHT LOSS COUNSE
ALCOHOL ASSESSMENT		OBESITY CL 2	WT MANAGEMENT
ALCOHOLISM SCREEN		EXOGENOUS OBESITY,	DIET COUNSELING
BLOOD ALCOHOL		OVER WEIGHT	DM EDUCATION CLASS
SCREENING ALCOHOLI		OBESITY F/U	DSME PRE-COUNSELIN
ZUNG DEPRESSION IN		WEIGHT LOSS PROGRA	EDUCATION- DIABETE
DEPRESSION SCREENI		WEIGHT LOSS COUNSE	DIABETES DIET
DEPRESSION SCREENING		OBESTIY	DISCUSS WEIGHT
DEPRESSION RATING		DIET PILLS	WEIGHT CONSULTATIO
DEPRESSION SCREENING		OBESITY CL 3	WEIGHT PROBLEM
BECK SCALE		WT MANAGEMENT	NUTRITION COUNSELL
SCREENING FOR DEPR		FOLLOW-UP WEIGHT C	DIABETIC ED

Comparison Values for Study Measures with Published Reference: January 2008

Study Measure	PPRNet ABC	PPRNet Median	National	National Value Reference
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Diabetes Mellitus

DM pts with BP measure in 6 months	91.2	87.4	44.6	RAND
DM pts most recent BP < 130/80	54.3	43.8	35.3	NHANES 2004 (– “ <i>treatment for and controlled BP</i> ”)
DM Pts with HgbA1c Measure in 6 months	92.3	87.3	24	BRFSS; MEPS 90% in 1 yr
DM pts most recent HgbA1c < 7%	75.6	68.1	39.8	NHANES 99-02
DM pts with LDL Measure in 1 year	91.6	83.3		
DM pts most recent LDL < 100 mg/dl	73.6	65.4	34.0	NHANES (pts 18-75 yrs)
DM pts with HDL Measure in 1 year	92.0	83.5	57.9	RAND
DM pts most recent HDL > 45 mg/cl	55.6	49.2		
DM pts with Triglyceride Measure in 1 year	92.2	83.4		
DM pts most recent Triglyceride < 150 mg/dl	68.1	59.3		
DM pts with Urinary Microalbumin Measure in 1 year	72.0	50.6	23.6	RAND

Cardiovascular Disease

Adults: Measure of BP in 2 years	99.3	98.7	90.4	NHIS
HTN Diagnosis for 3 BPs > 140/90 in 1 year	93.7	84.6	73	RAND
HTN pts with BP measure in 6 months	89.6	84.6		
HTN pts most recent BP < 140/90	78.5	70.0	29.4	NHANES
Adults: Measure of Total Cholesterol in 5 years	84.6	69.9	73.2	NHIS
Adults: Measure of HDL in 5 years	84.4	69.5		
LDL measure in 1 year in pts with CHD or Atherosclerosis	90.6	79.9		
Most recent LDL < 100 mg/dl in pts with CHD or Atherosclerosis	79.5	70.5		
Lipid lowering Rx in pts with CHD or Atherosclerosis	84.5	70.9		
Men > 40 years old with anti-platelet Rx	47.3	28.4		
Women > 50 years old with anti-platelet Rx	46.6	26.6		
Anti-platelet Rx for High Risk Pts	53.8	33.8		
Atrial Fibrillation pts with anticoagulant/anti-platelet	87.9	75.3	60.0	NAMCS
DM/HTN pts with Ace Inhibitor or ARB Rx in 1 year	83.2	76.9		
Heart Failure pts with ACE Inhibitor or ARB Rx	76.8	65.3	64.9	MQIOP (LVS Dysfunction=63.9)
Heart Failure pts with beta blocker Rx	72.6	61.8		

Women’s Health Care

Pap Test in past 3 years in women 18-64 years without hysterectomy	74.9	54.8	79.2	NHIS
Mammogram in past 2 years in women >=40 years	75.8	59.9	69.5	NHIS
Women 16 - 25 years old Screened for Chlamydia in 1 year	31.6	15.0	50.5	HEDIS 2006, Medicaid plans
Bone Density recorded since age 65 in women	31.7	21.6		

Immunizations				
Tetanus Immunization in past 10 years for pts >= 12 years	76.2	48.6	66	RAND
Influenza Immunization in past year for 6 mon - 5 yr	48.9	28.9		
Influenza Immunization in past year for pts >= 50 years	48.6	36.9	*	50-64 33.1%; 65+ 64.1% NHIS
Influenza Immunization in past year for High Risk 18-49 year old pts	34.6	23.6		
Pneumococcal Immunization ever recorded for pts >= 65 years	85.5	64.0	66.0	CDC
Pneumococcal Immunization ever recorded for High Risk 18-64 year old pts	64.9	40.4	16.2	NHQR
Two Hepatitis A Immunizations ever recorded for pts with chronic liver disease	29.6	11.5		
Meningococcal Immunization ever recorded for pts 11 - 19 yrs	39.5	20.1		
Human Papillomavirus vaccine	9.0	4.7	10.0	CDC
Zoster (Shingles) vaccine	19.5	6.7	2.0	CDC

Adult Mental Health and Substance Abuse				
Patients Screened for Depression in last 2 years	35.8	19.5		
Depression pts in last year with anti-depressant	80.1	75.1	65.1	NHQR (pts 18-64 yr)
Patients Screened for at-risk drinking in last 2 years	68.2	30.6		
Alcohol Abuse pts with alcohol counseling in last year	32.2	9.3		
Tobacco Abuse pts with smoking cessation counseling in last year	78.7	48.8	66.1	MEPS 2003

Nutrition and Obesity				
Glucose in past year in patients with Obesity diagnosis	89.5	78.4		
Diet/Nutrition Counseling in last year for High Risk pts	58.8	28.9		

Respiratory Disease				
URI Pharyngitis Bronchitis: No Antibiotic Rx within 3 days of unique visit	79.5	60.8	*	NAMCS 2004: Rate of abx per 100,000 pts for common cold: 1.42%
Asthma pts >=5 years with Controller Rx	67.2	59.7	70.9	HEDIS

Medication use in Elderly				
Elderly pts without Inappropriate Rx	99.0	98.5	97.6	MEPS
Elderly pts without Rarely Appropriate Rx	96.6	94.6	90.9	MEPS

BRFSS: Centers for Disease Control, Behavioral Risk Factor Surveillance System

CDC: Centers for Disease Control, National Immunization Survey

Commonwealth: http://www.commonwealthfund.org/snapshotscharts/snapshotscharts_list_more.htm

HEDIS: NCQA Healthcare Effectiveness Data and Information Set

MEPS: AHRQ Center for Financing Access and Cost Trends, Medical Expenditure Panel Survey

MQIOP: Centers for Medicare and Medicaid Services, Medicare Quality Improvement Organization Program

NAMCS: National Ambulatory Medical Care Survey

NCAQ: National Committee for Quality Assurance

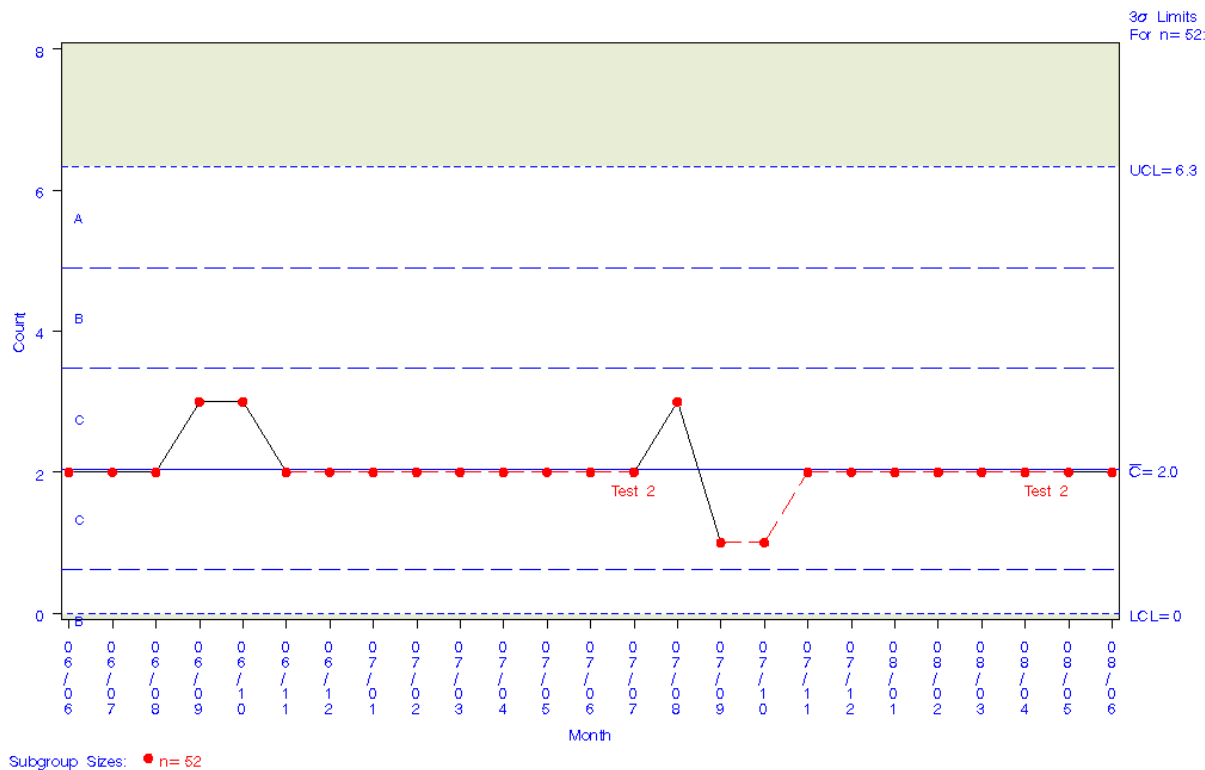
NHANES: NCHS National Health and Nutrition Examination Survey

NHIS: NCHS National Health Interview Survey

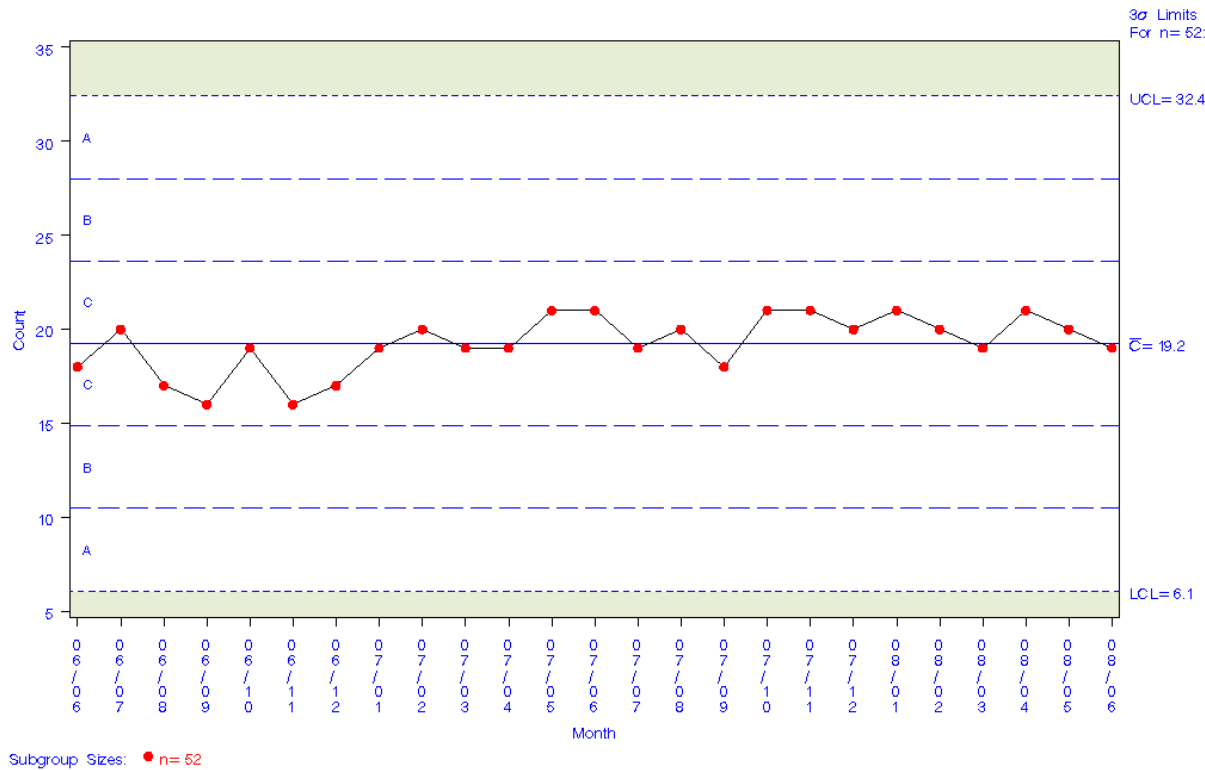
NHQR: AHRQ National Healthcare Quality Report, <http://www.ahrq.gov/qual/nhqr06/nhqr06.htm>.

RAND: McGlynn EA, et.al, The quality of health care delivered to adults in the United States. NEJM. 348(26):2635-45, 2003 Jun 26.

Number of Measures better than PPRNet Benchmark

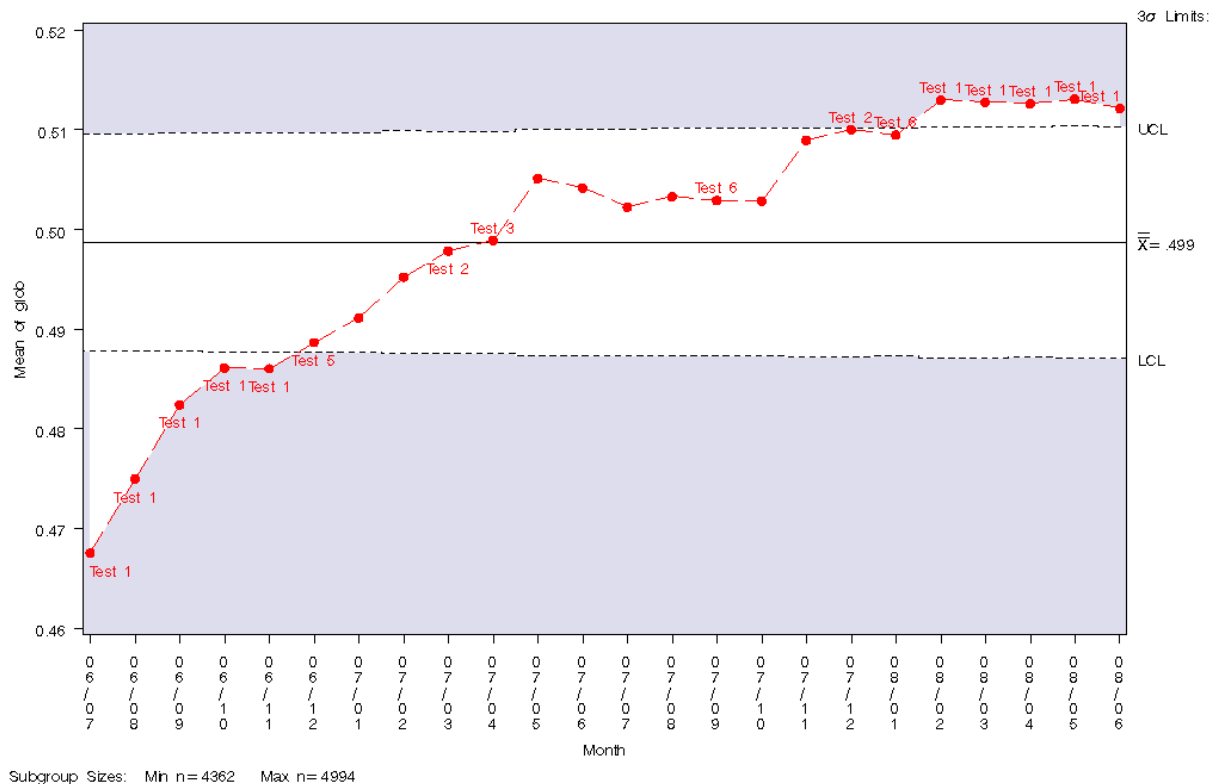


Number of Measures better than PPRNet Median

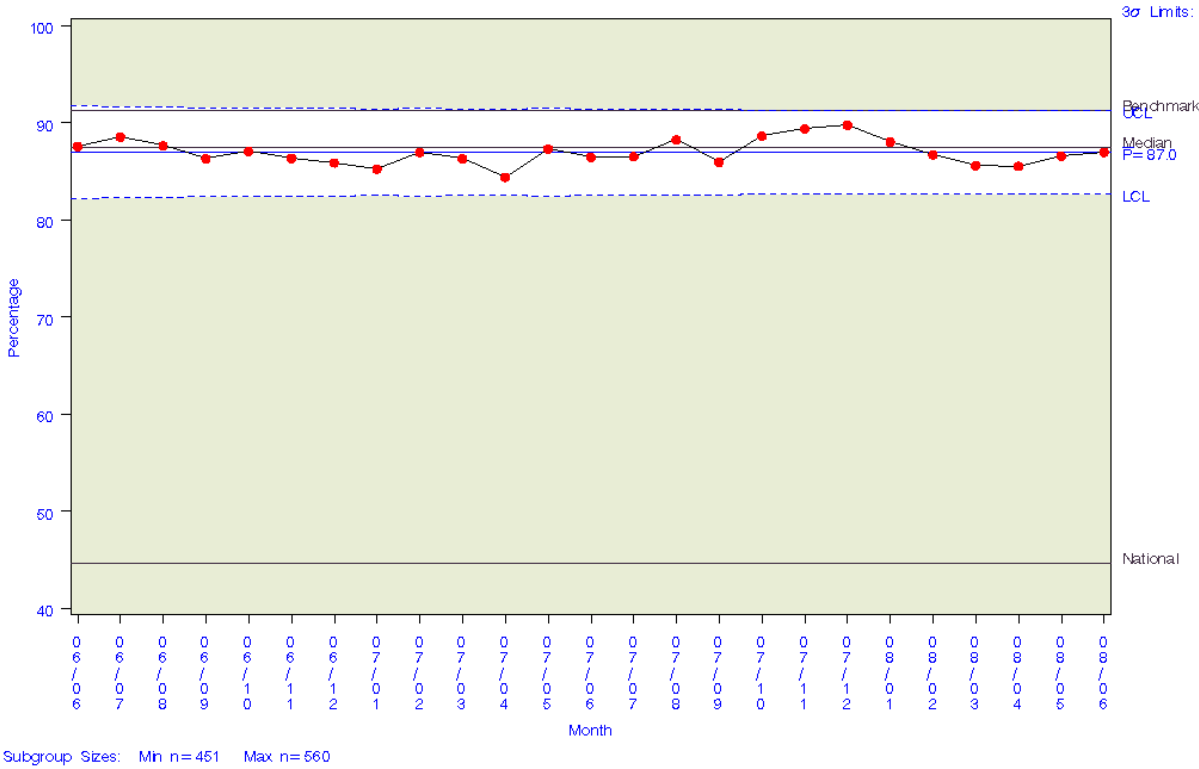


The purpose of the Summary Quality Indicator (SQUID) is to help quantify improvement in the practice quality performance indicators. Although the report tracks 50 separate indicators, many of them measure similar processes and outcomes. The SQUID reduces the number of measures into 31 processes and 6 outcomes. The measure is calculated in three steps: First, for each patient, the number of processes and outcomes for which he or she is eligible is determined. For example, a 30 year old woman with no chronic disease is eligible for 7 processes (BP monitoring, total cholesterol, HDL, Pap smear, Td vaccine, depression and alcohol screening) and no outcome measures (since she doesn't have DM, HTN, CHD, or other atherosclerotic disease). Second, for each patient, the percent of the measures for which the patient is up-to-date (processes) or under control (outcomes) is determined. Third, the percents are averaged across all of the patients in your practice. Thus, the SQUID reflects the average proportion of quality processes and outcomes which are up-to-date and under control in your practice.

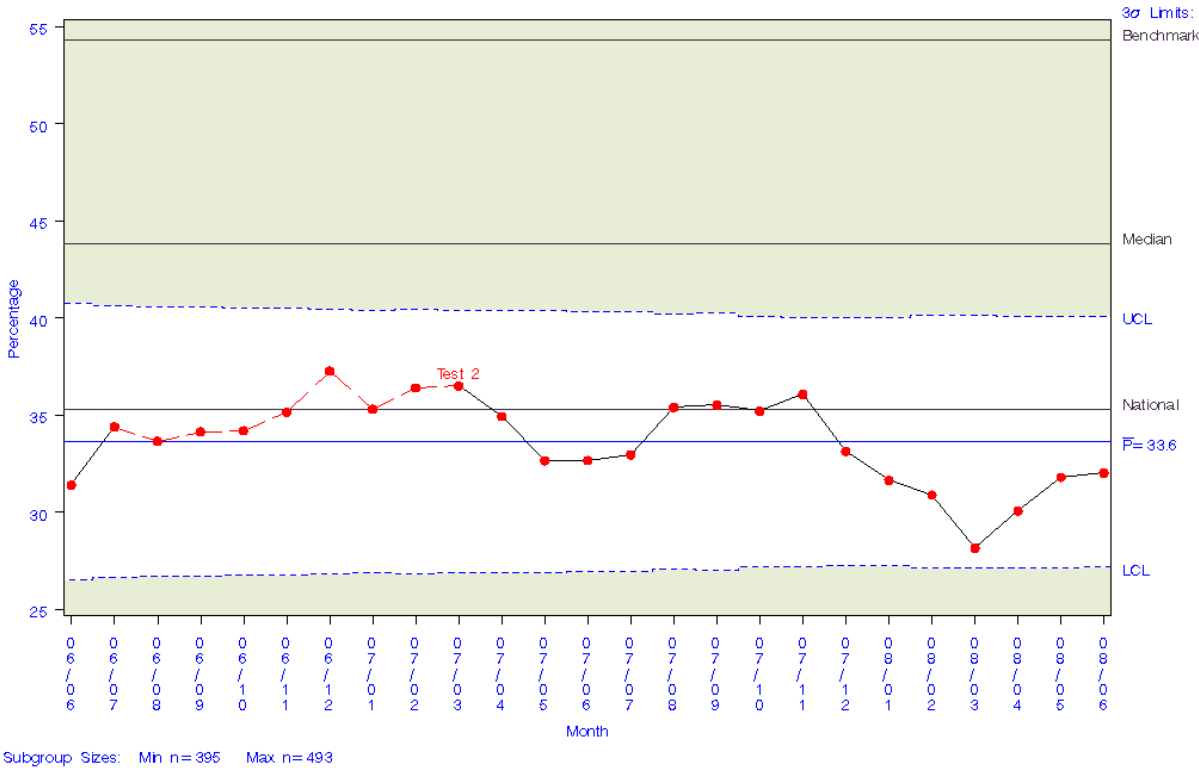
Summary Indicator Measure



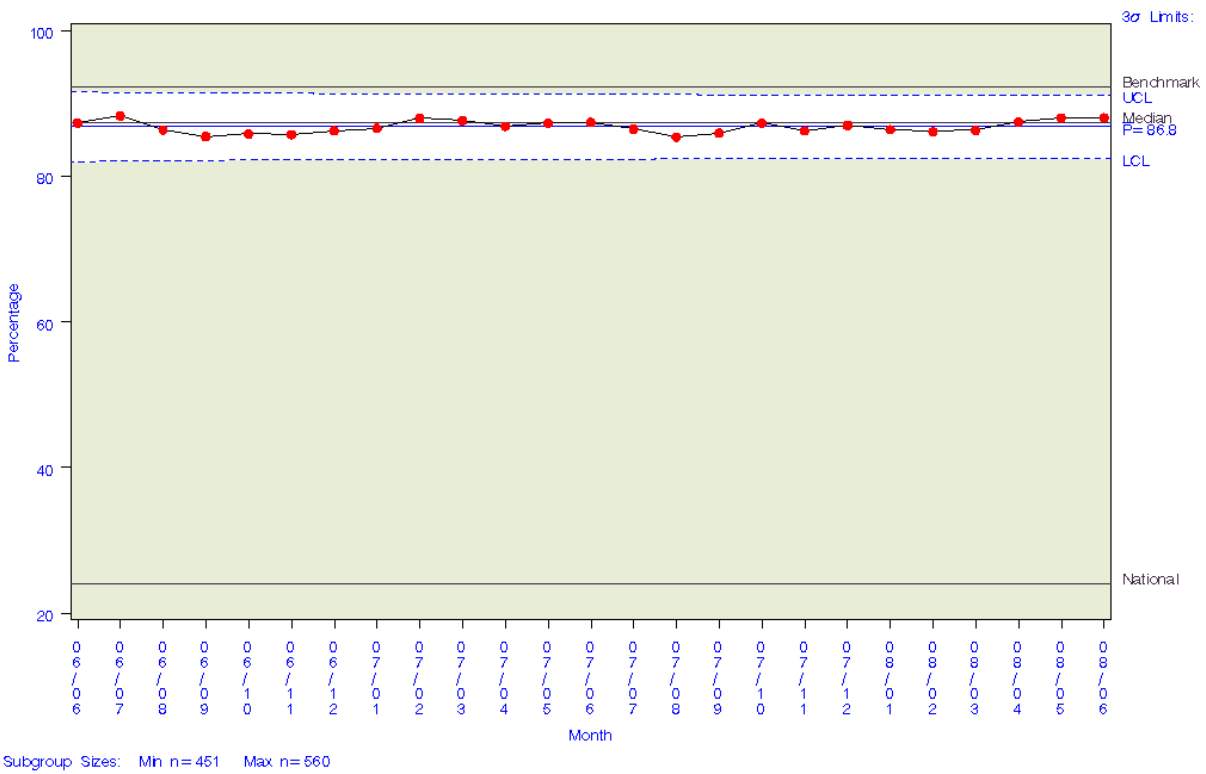
DM pts with BP measure in 6 months



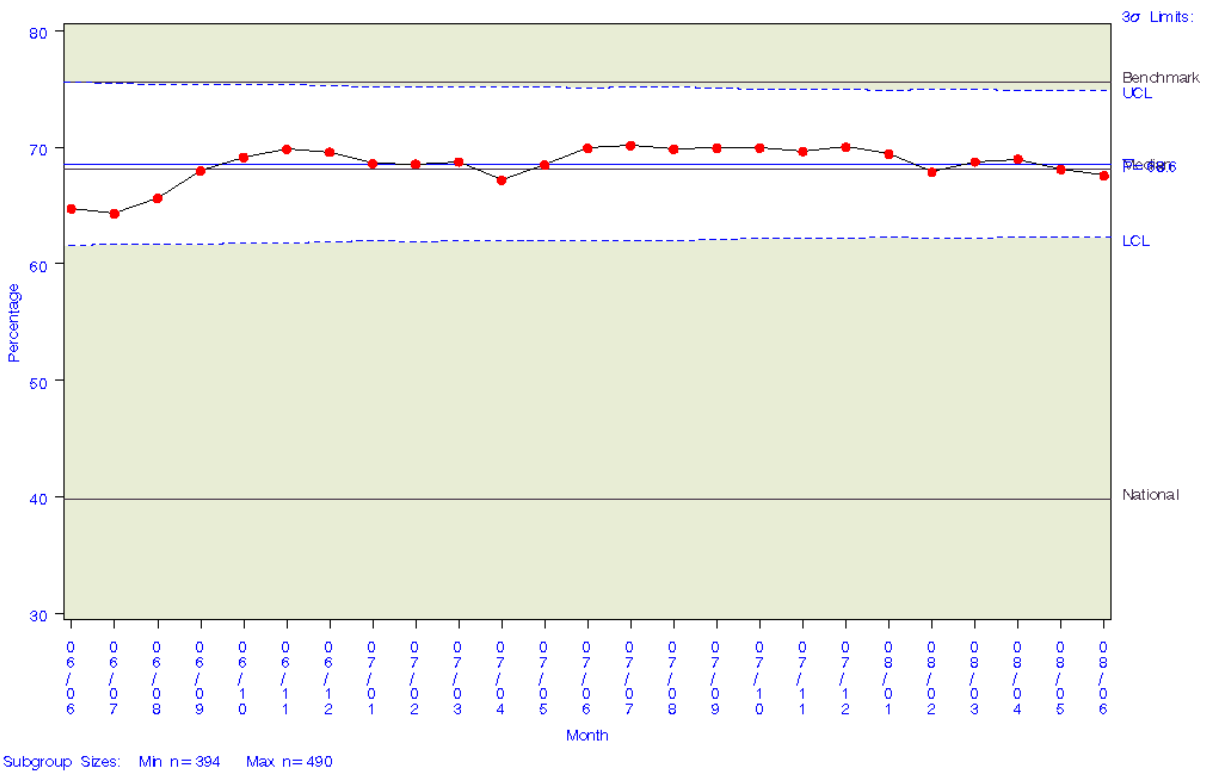
DM pts most recent BP < 130/80



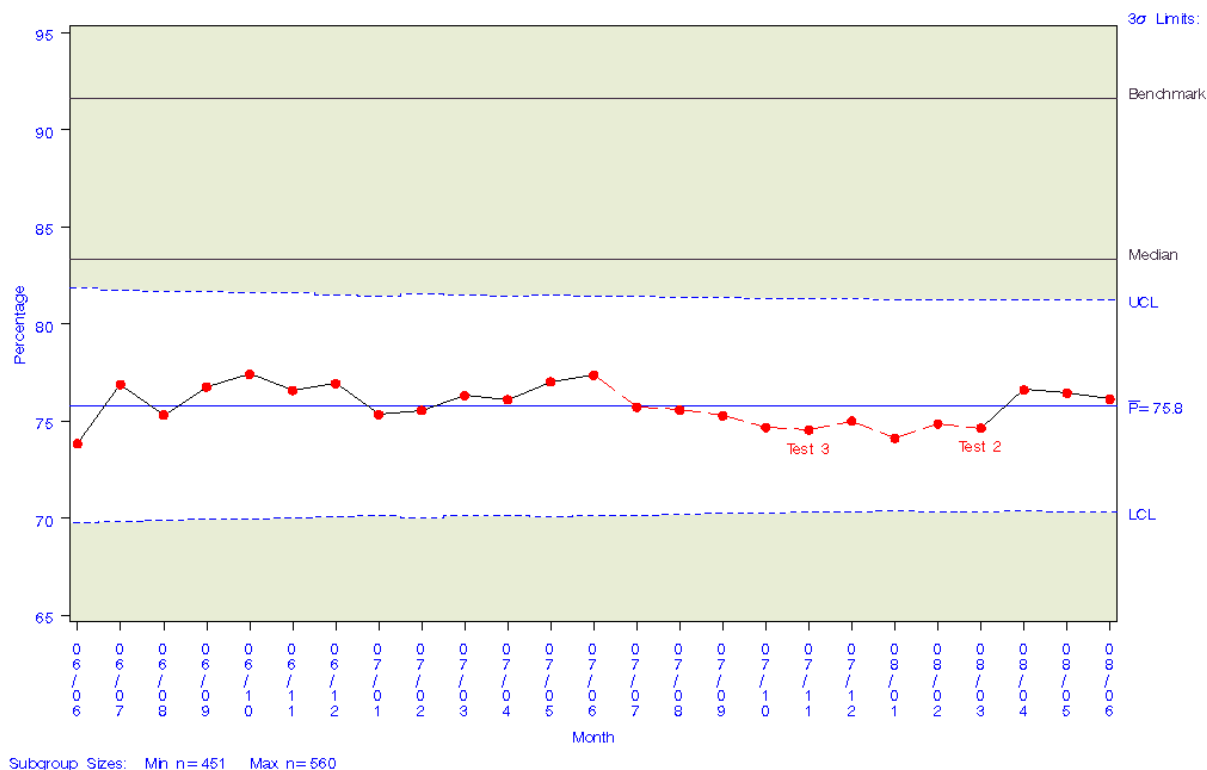
DM Pts with HgbA1c Measure in 6 months



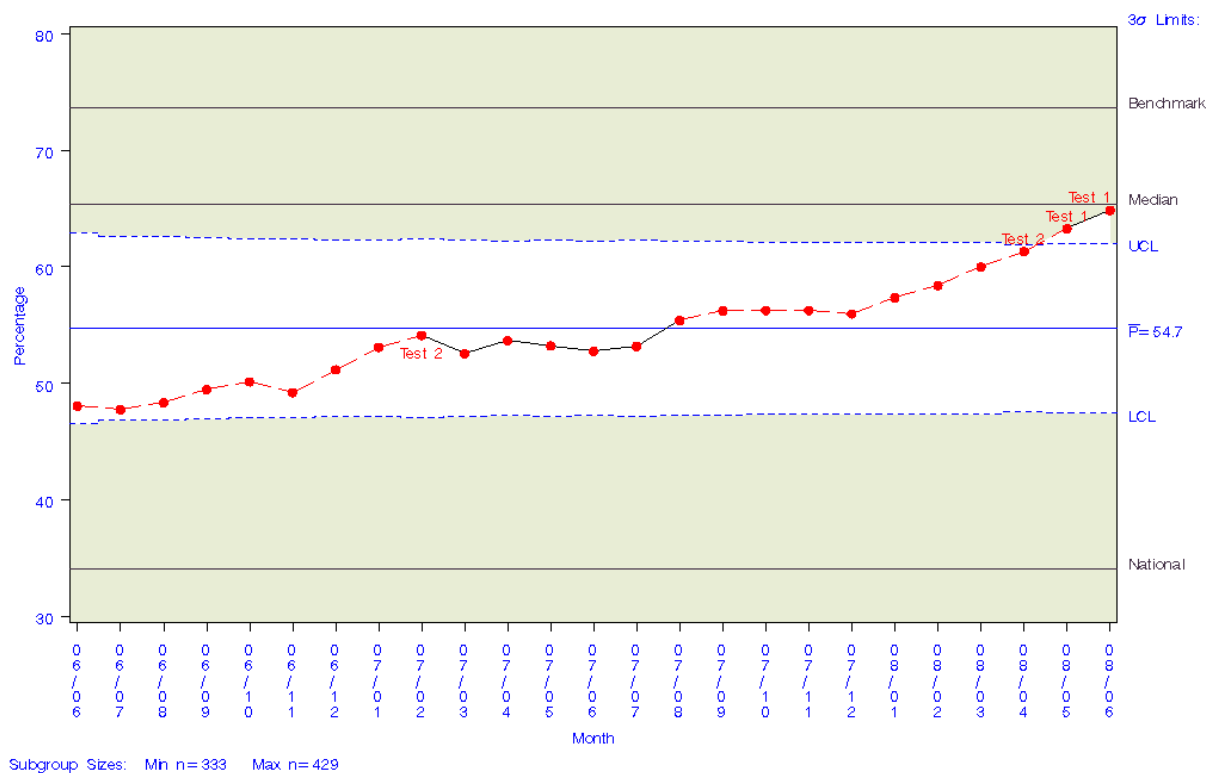
DM pts most recent HgbA1c < 7%



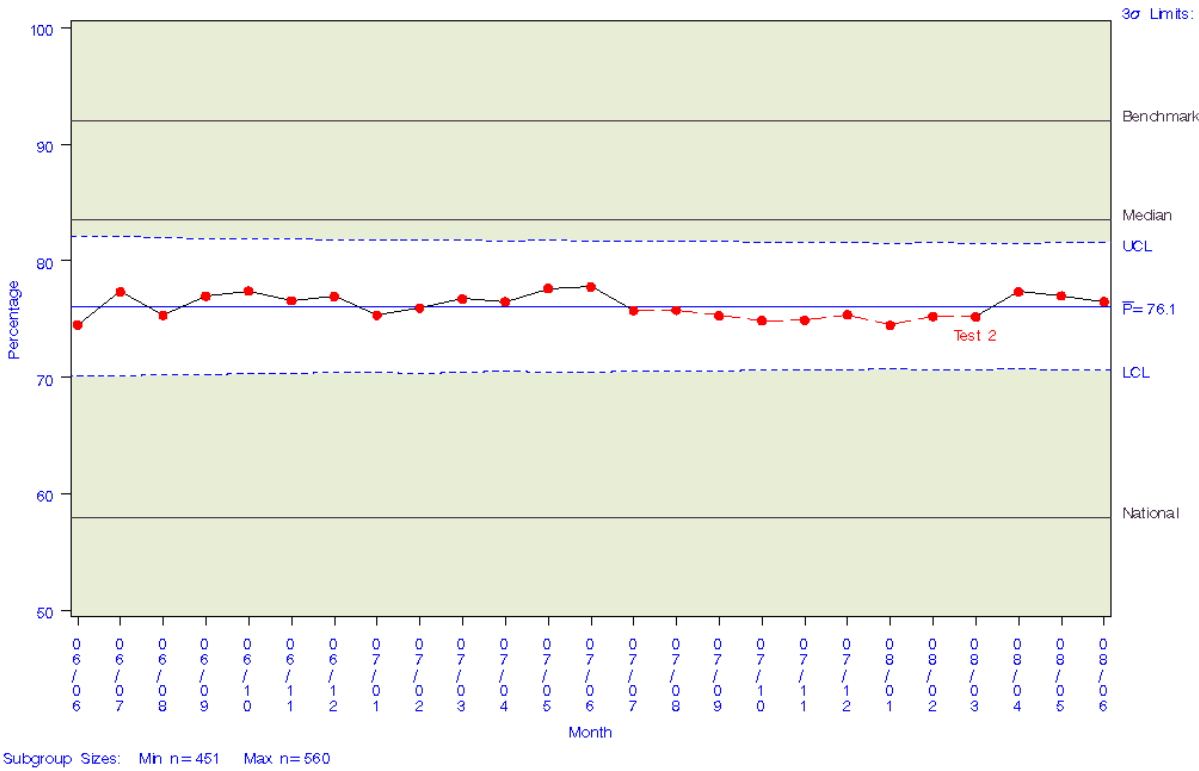
DM pts with LDL Measure in 1 year



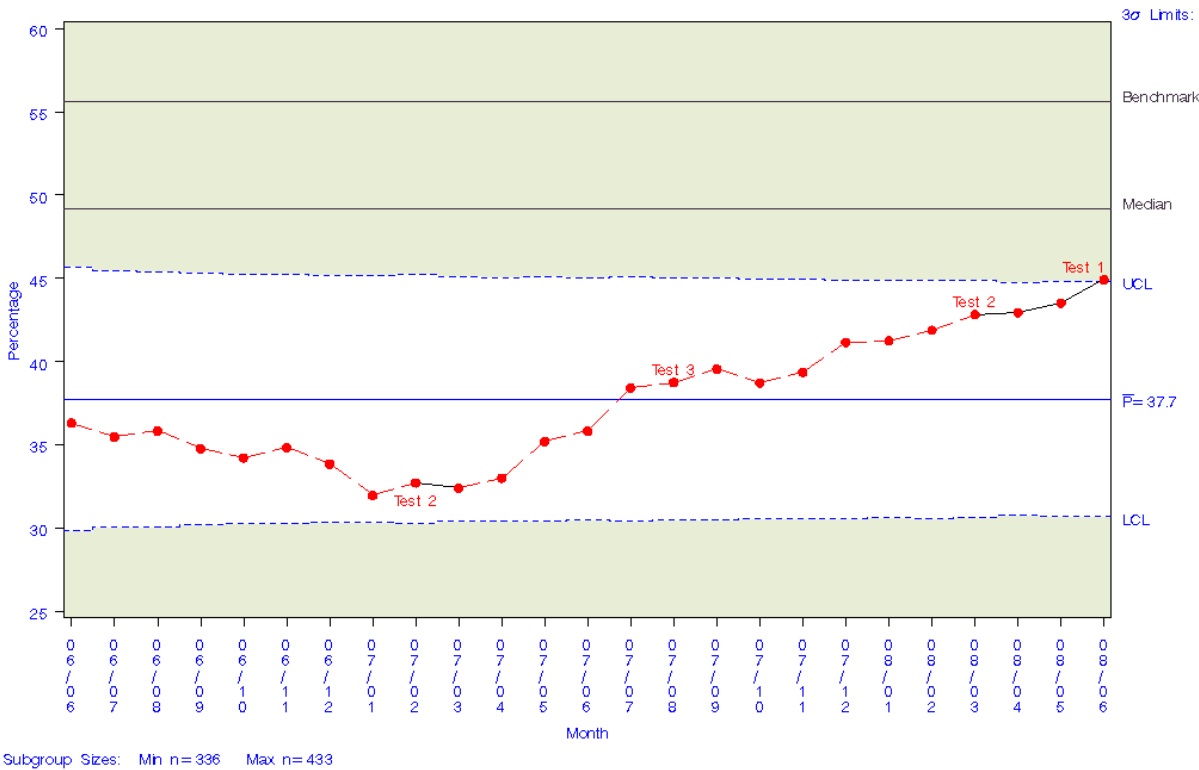
DM pts most recent LDL < 100 mg/dl



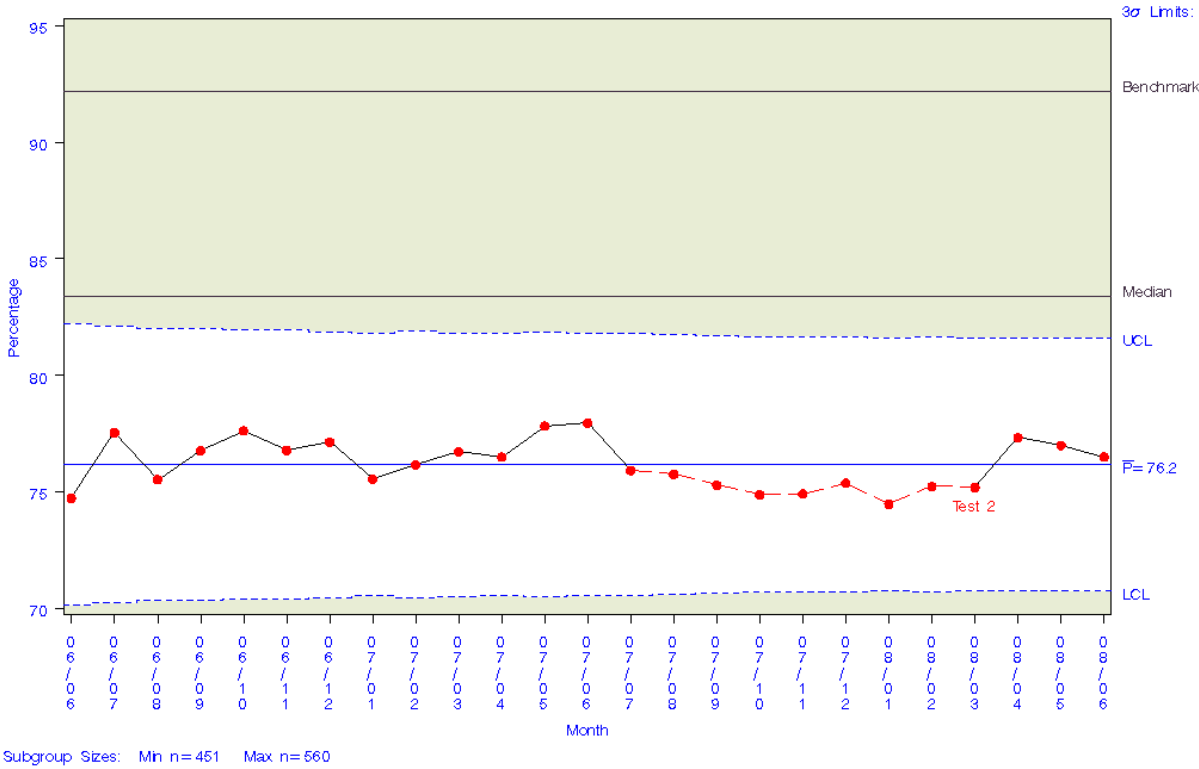
DM pts with HDL Measure in 1 year



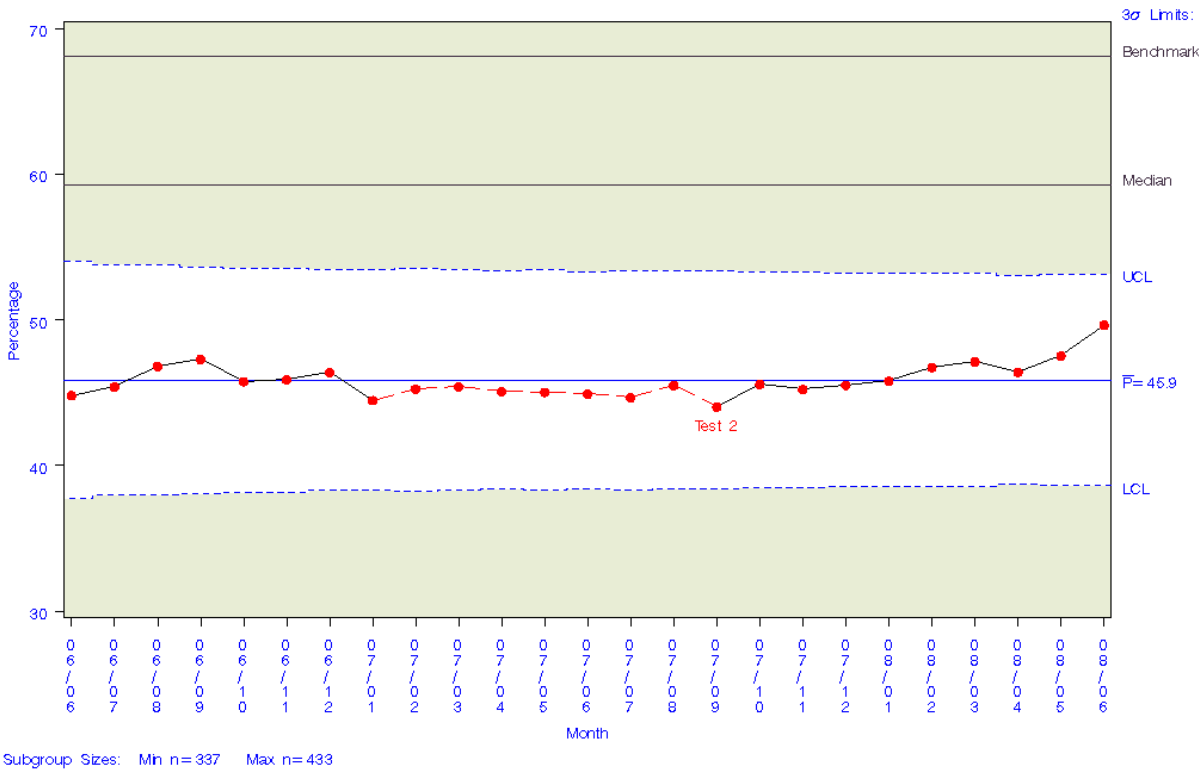
DM pts most recent HDL > 45 mg/c



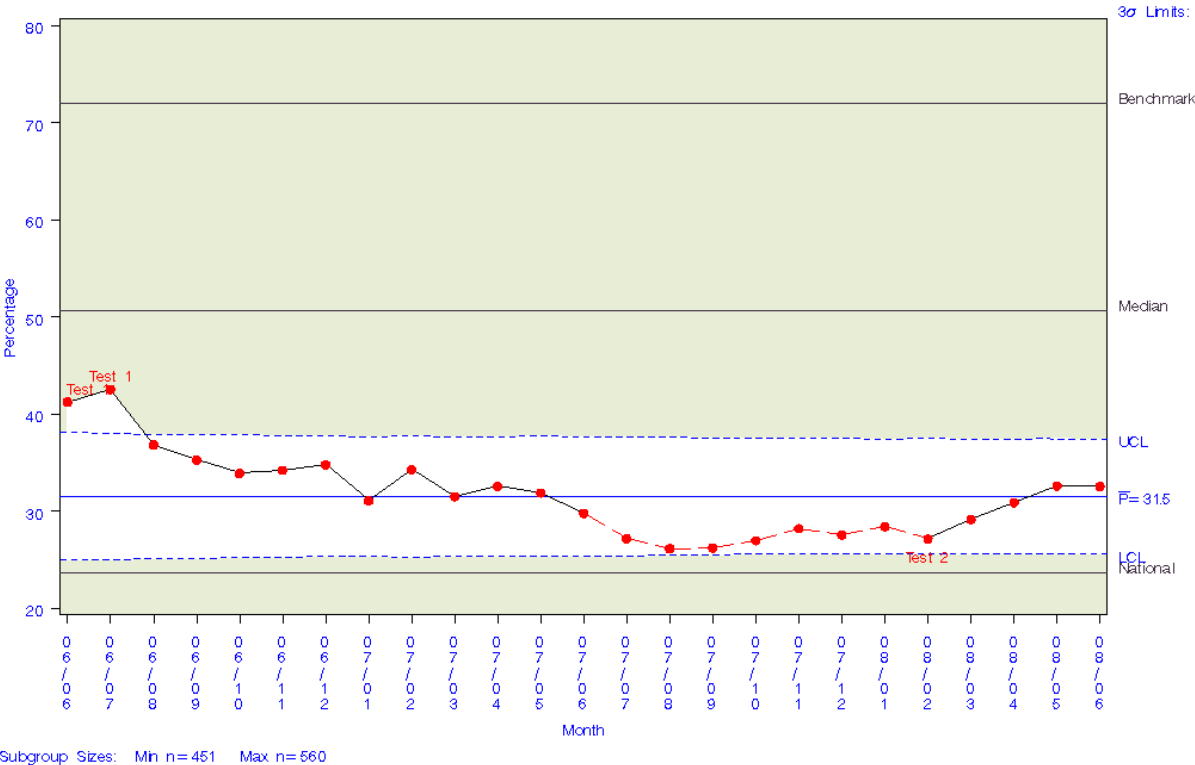
DM pts with Triglyceride Measure in 1 year



DM pts most recent Triglyceride < 150 mg/dl

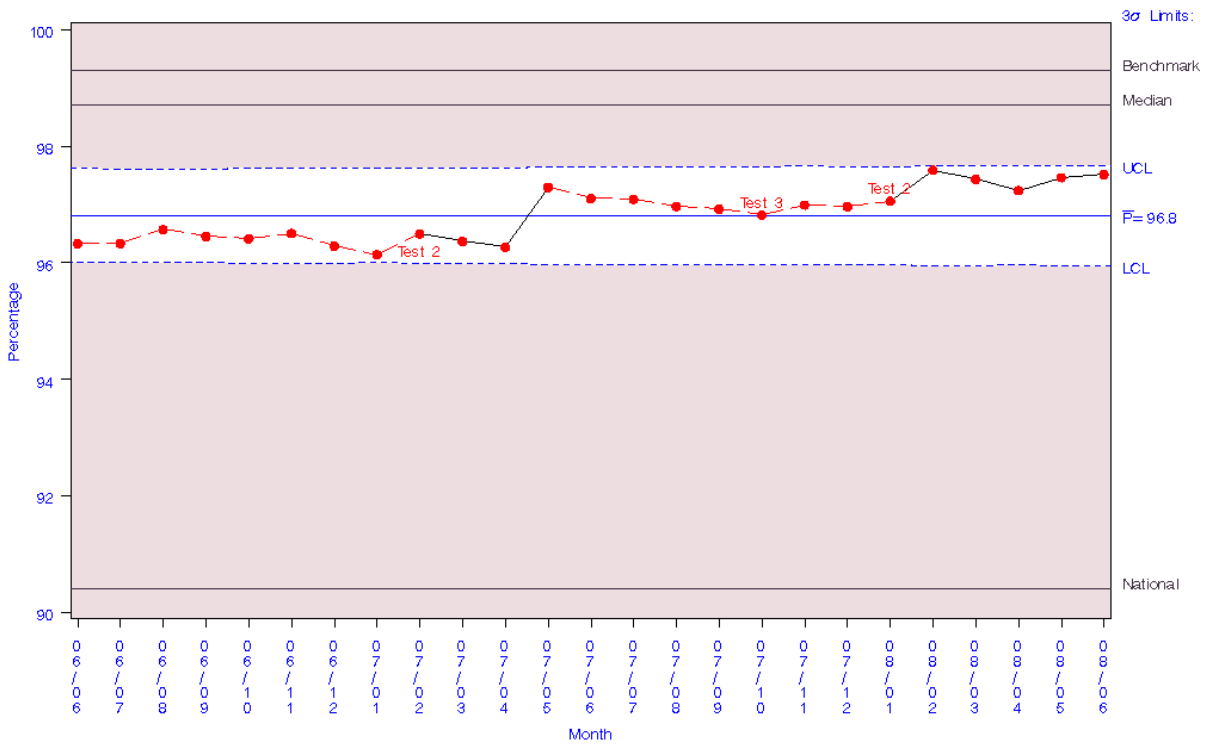


DM pts with Urinary Microalbumin Measure in 1 year

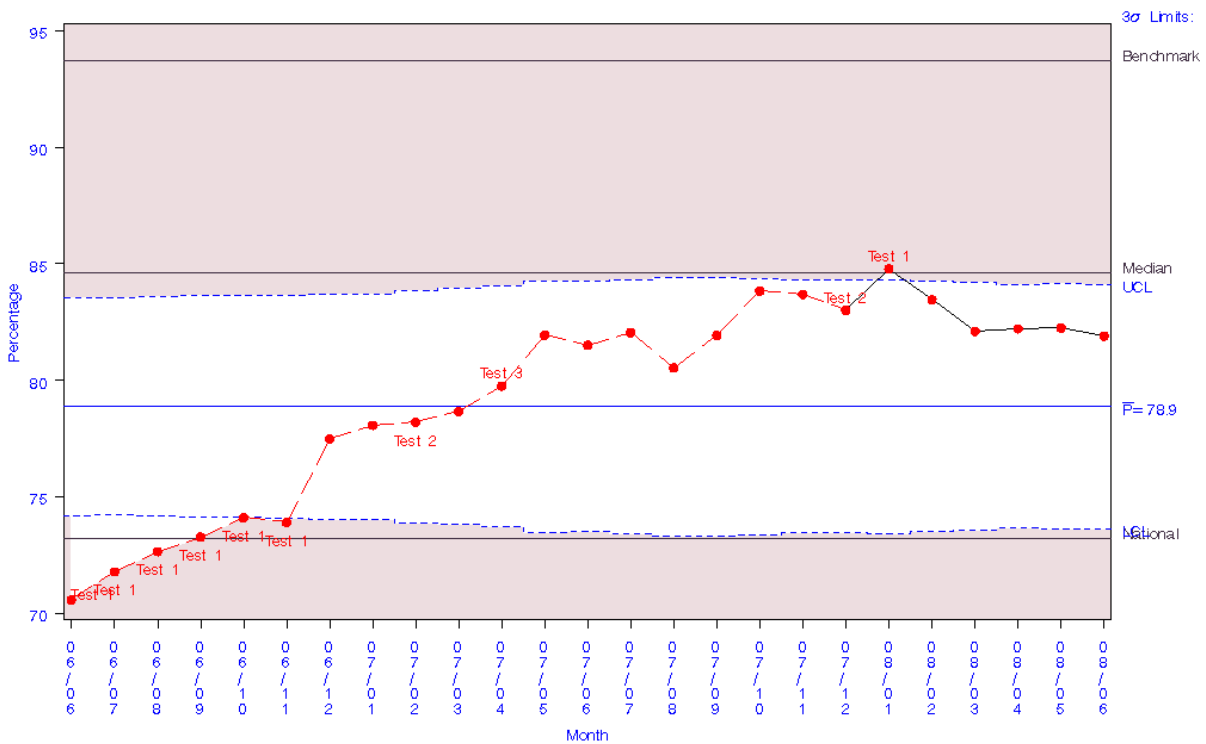


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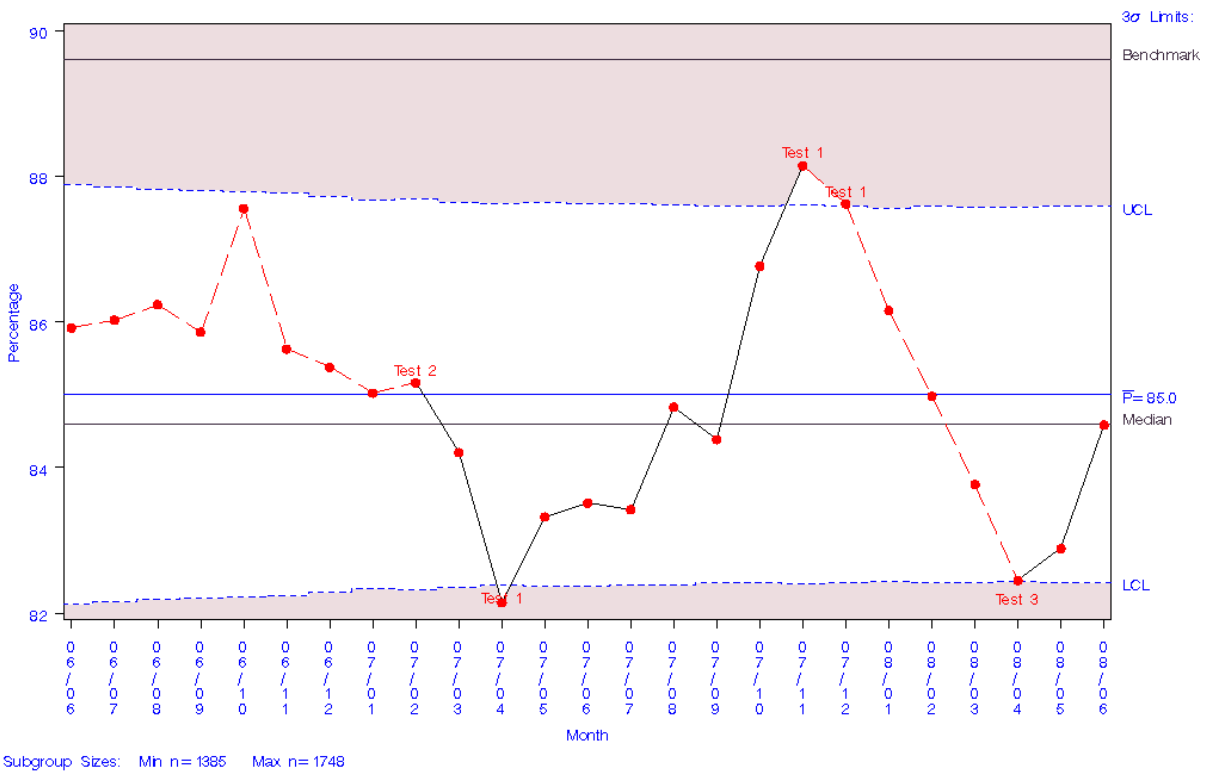
Adults: Measure of BP in 2 years



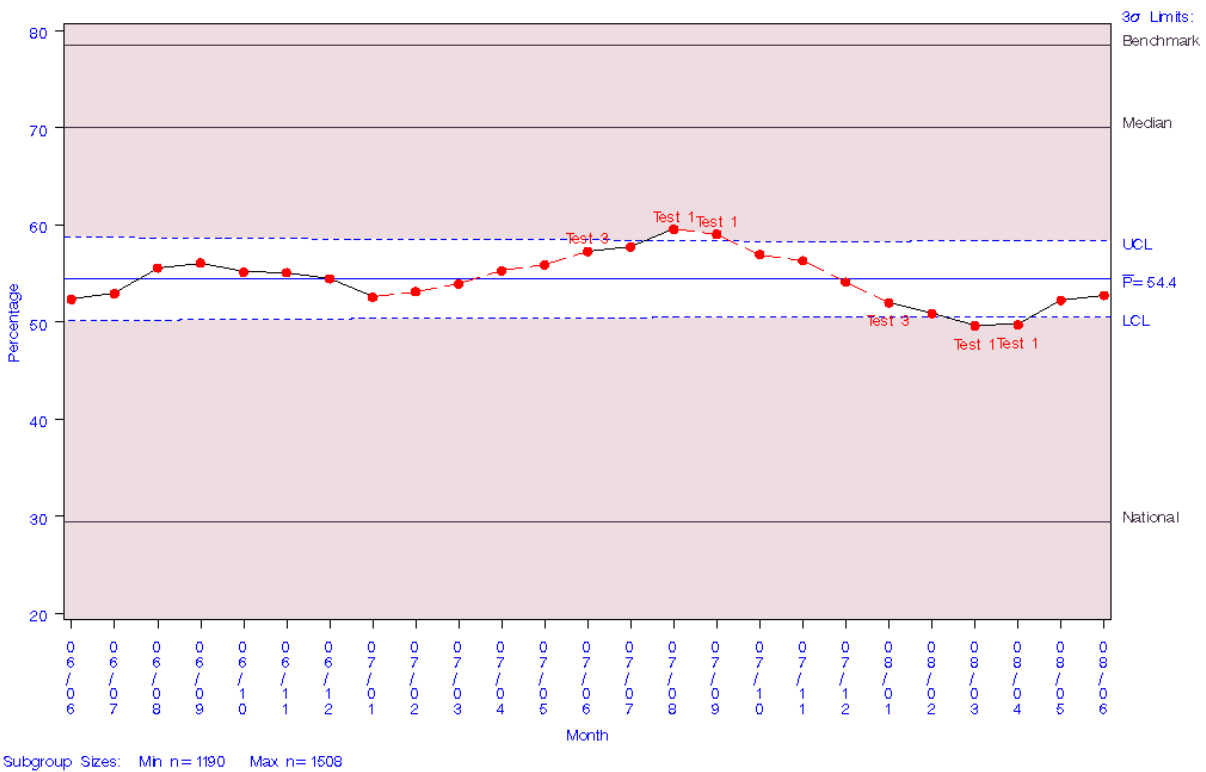
HTN Diagnosis for 3 BPs > 140/90 in 1 year



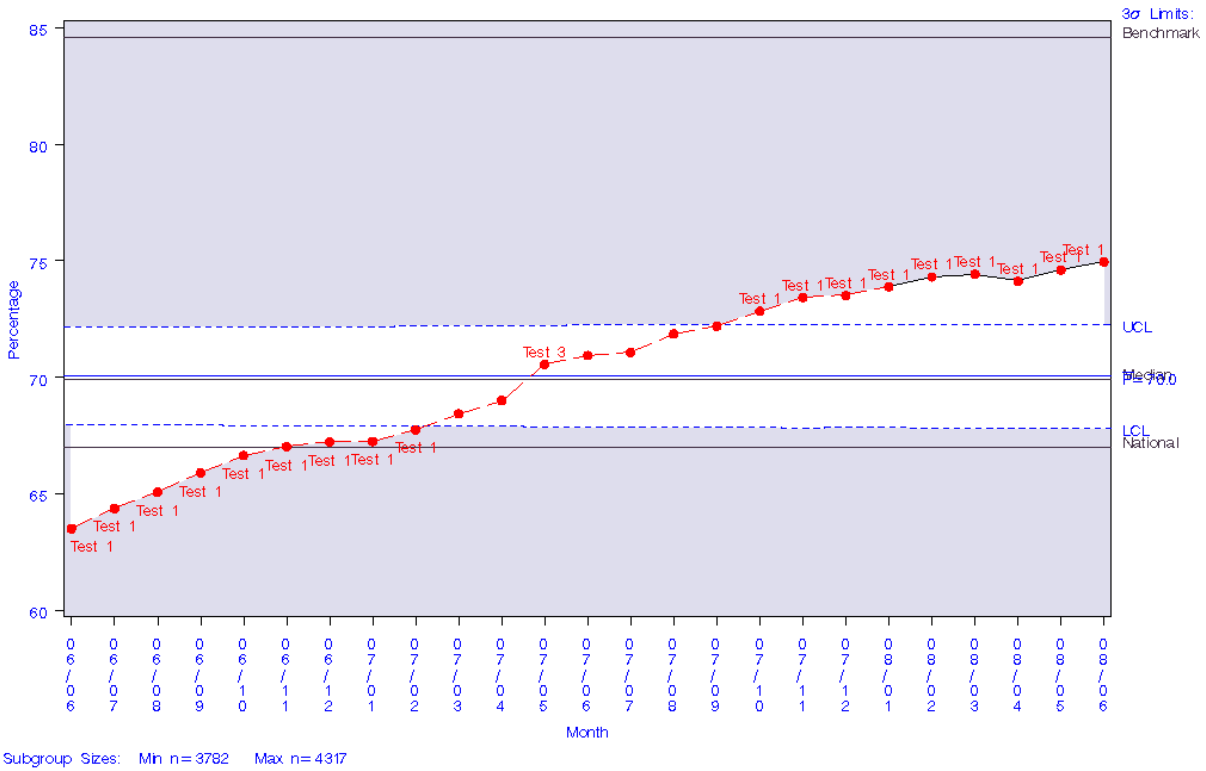
HTN pts with BP measure in 6 months



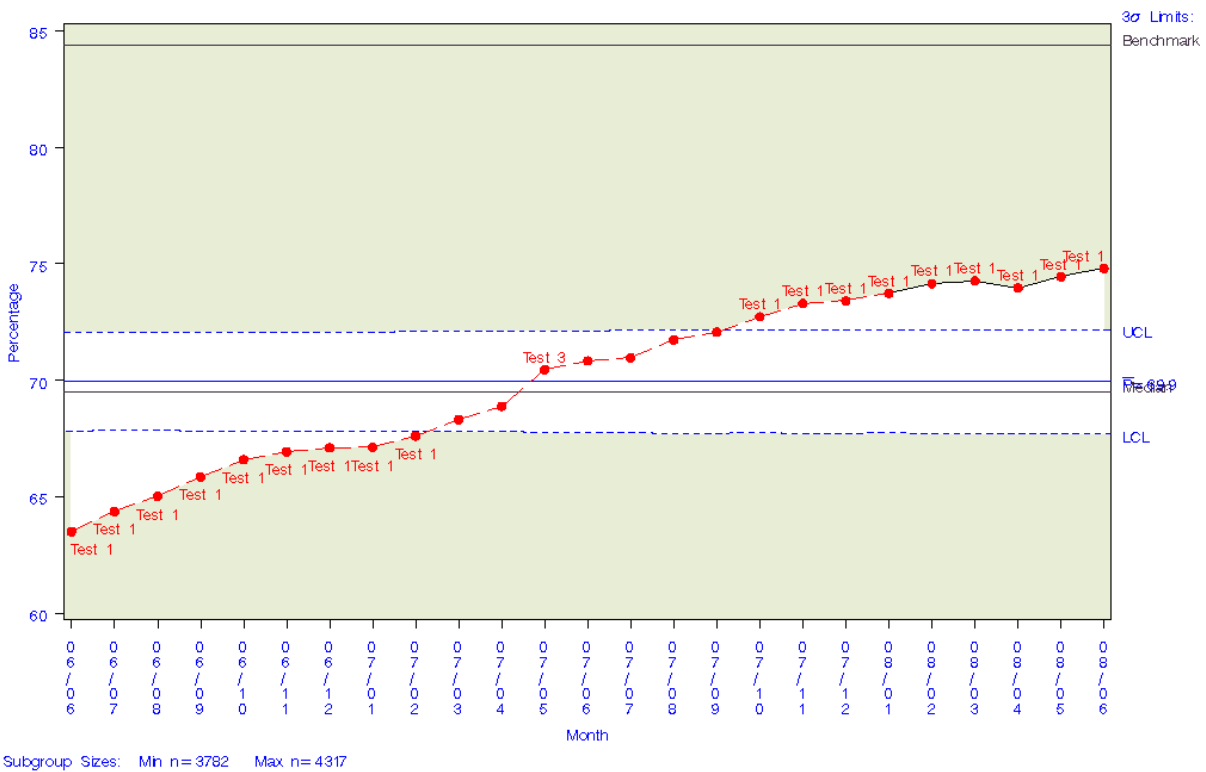
HTN pts most recent BP < 140/90



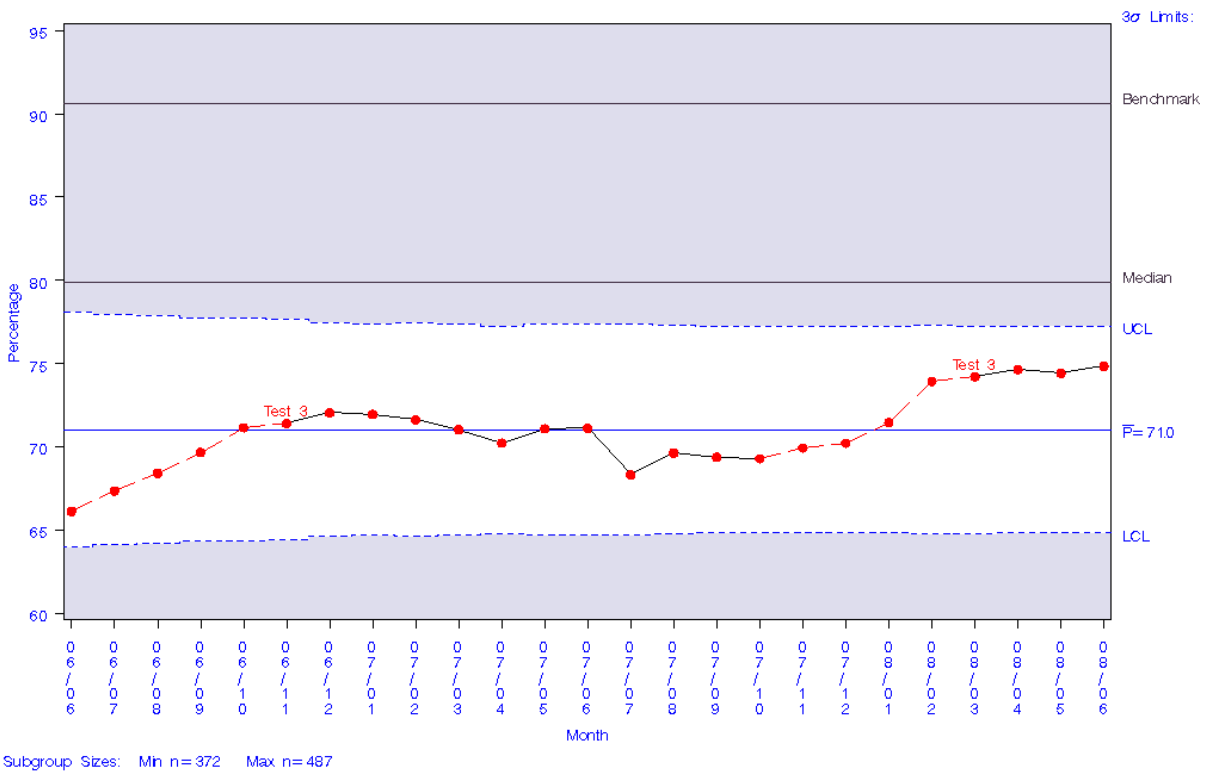
Adults: Measure of Total Cholesterol in 5 years



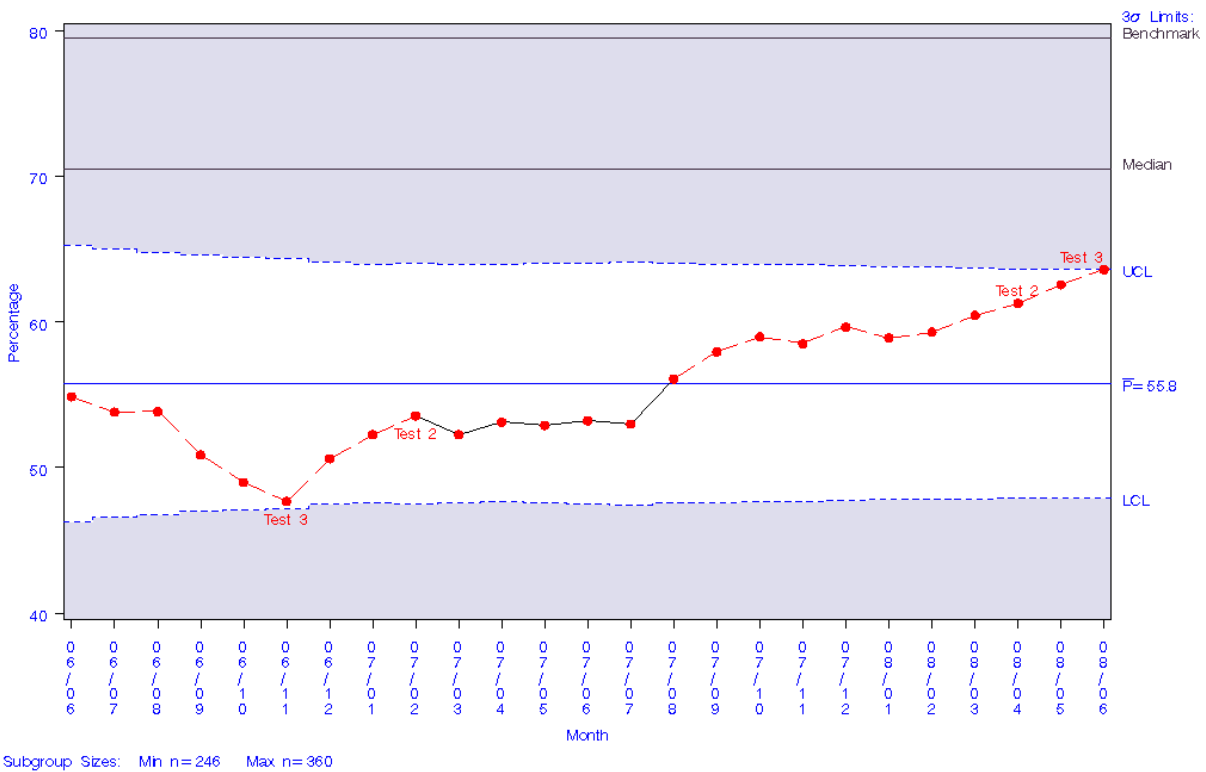
Adults: Measure of HDL in 5 years



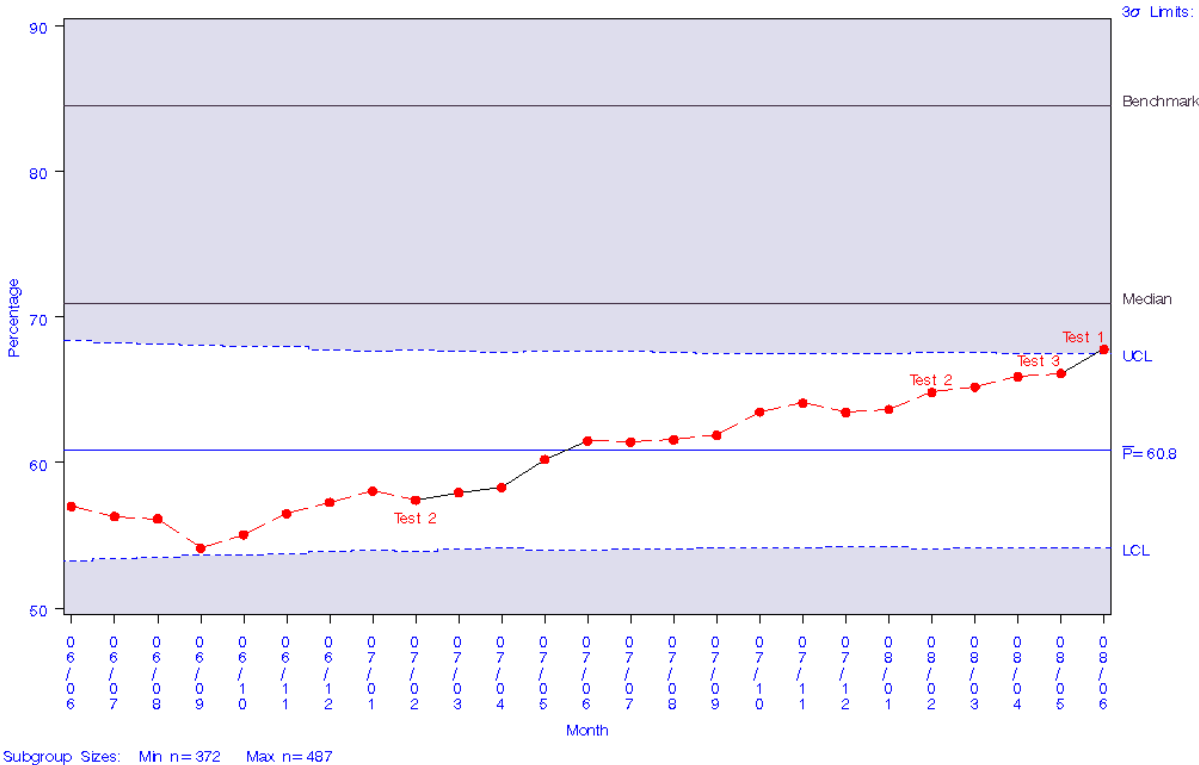
LDL measure in 1 year in pts with CHD or Atherosclerosis



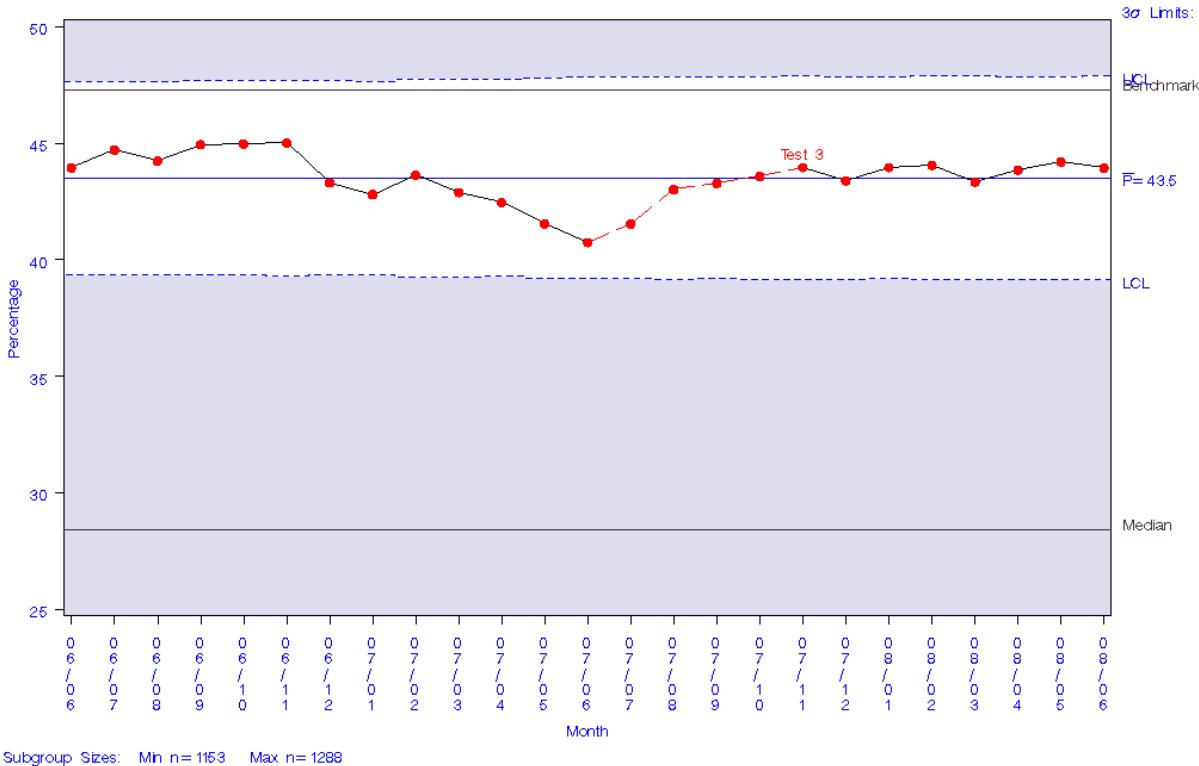
Most recent LDL < 100 mg/dl in pts with CHD or Atherosclerosis



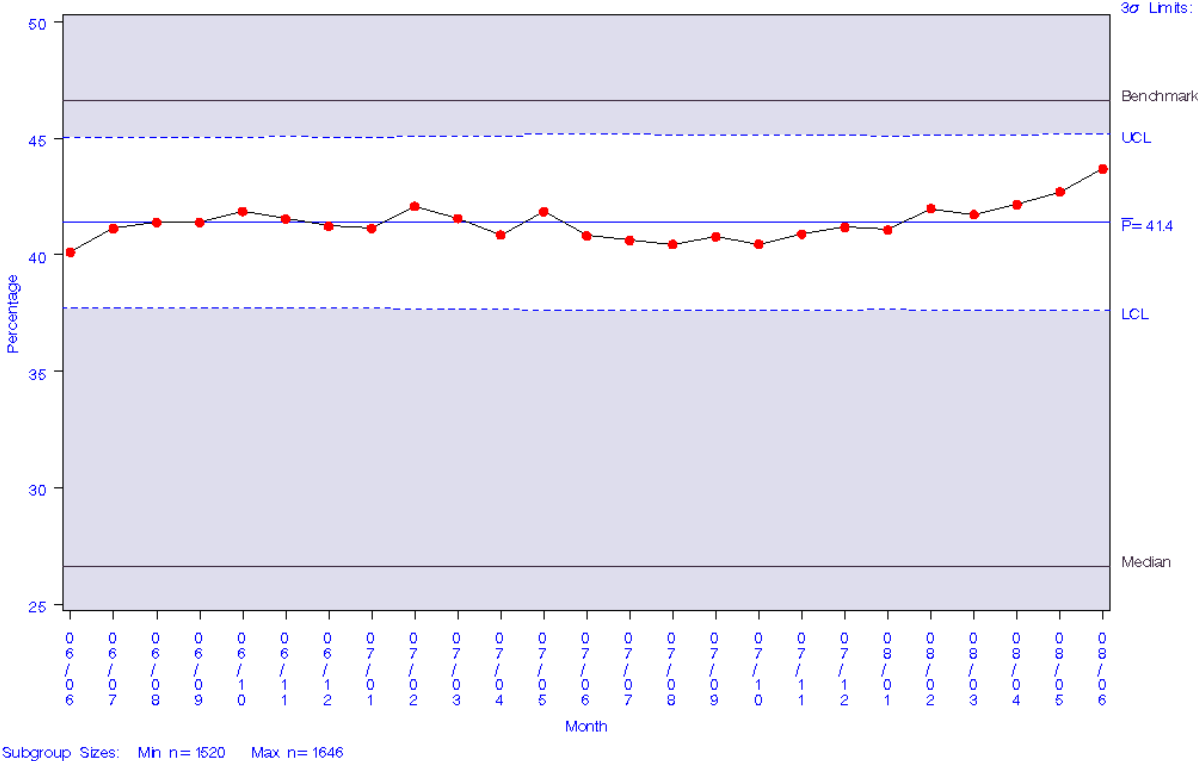
Lipid lowering Rx in pts with CHD or Atherosclerosis



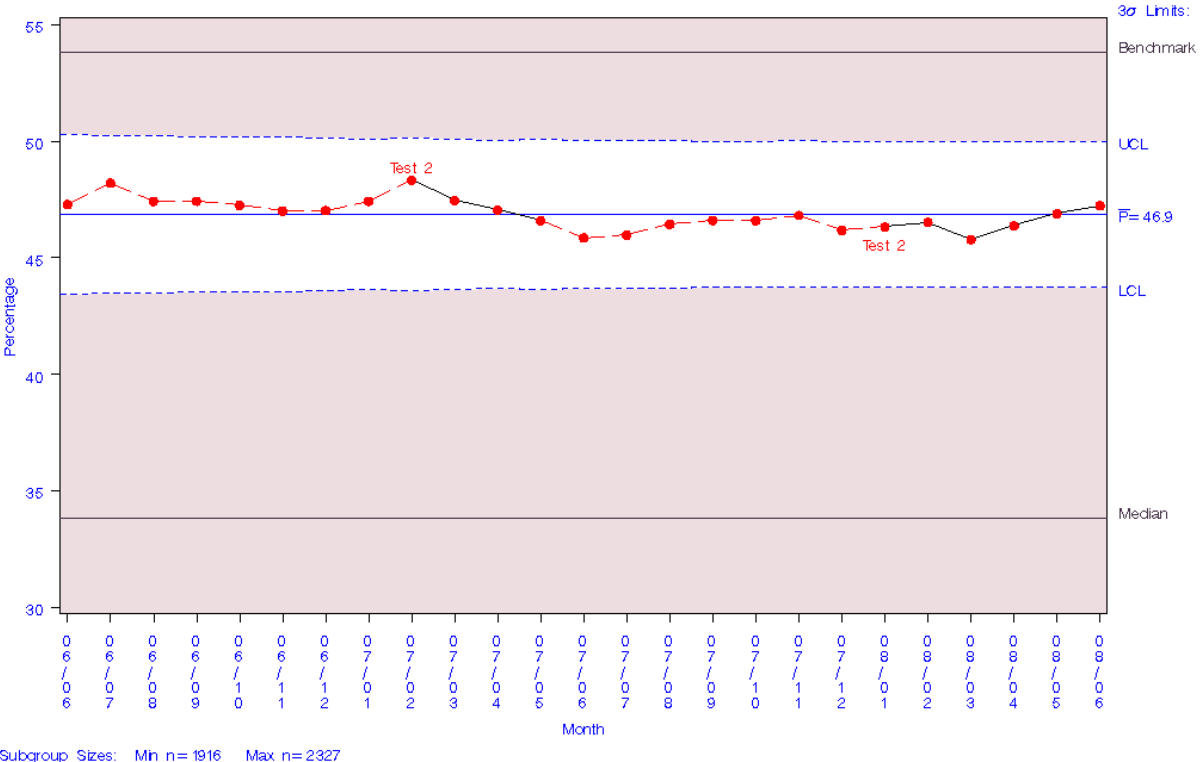
Men > 40 years old with anti-platelet Rx



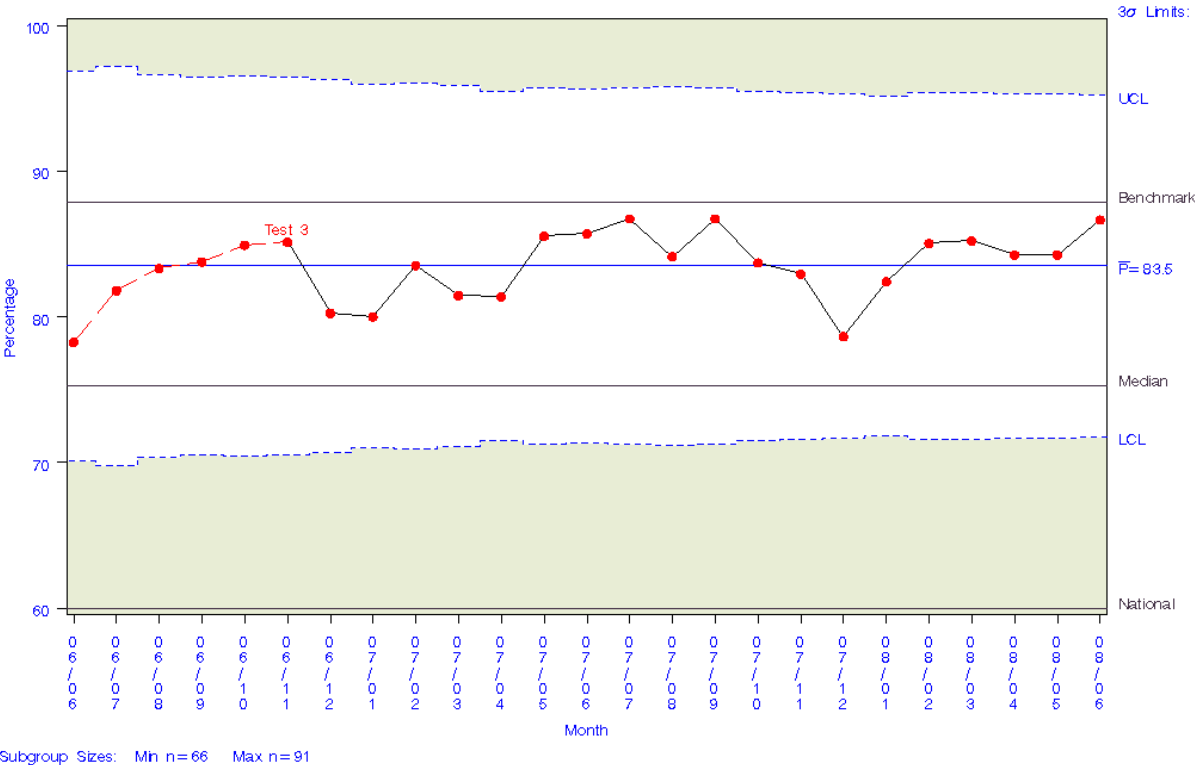
Women > 50 years old with anti-platelet Rx



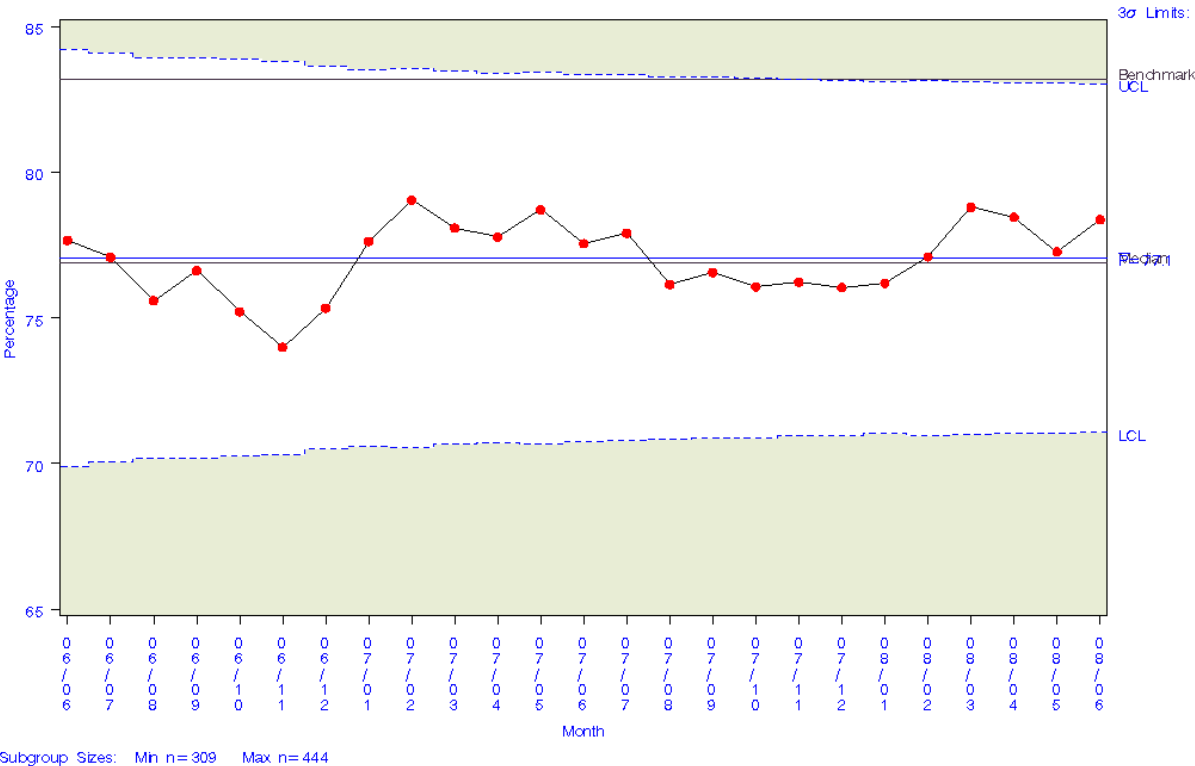
Anti-platelet Rx for High Risk Pts



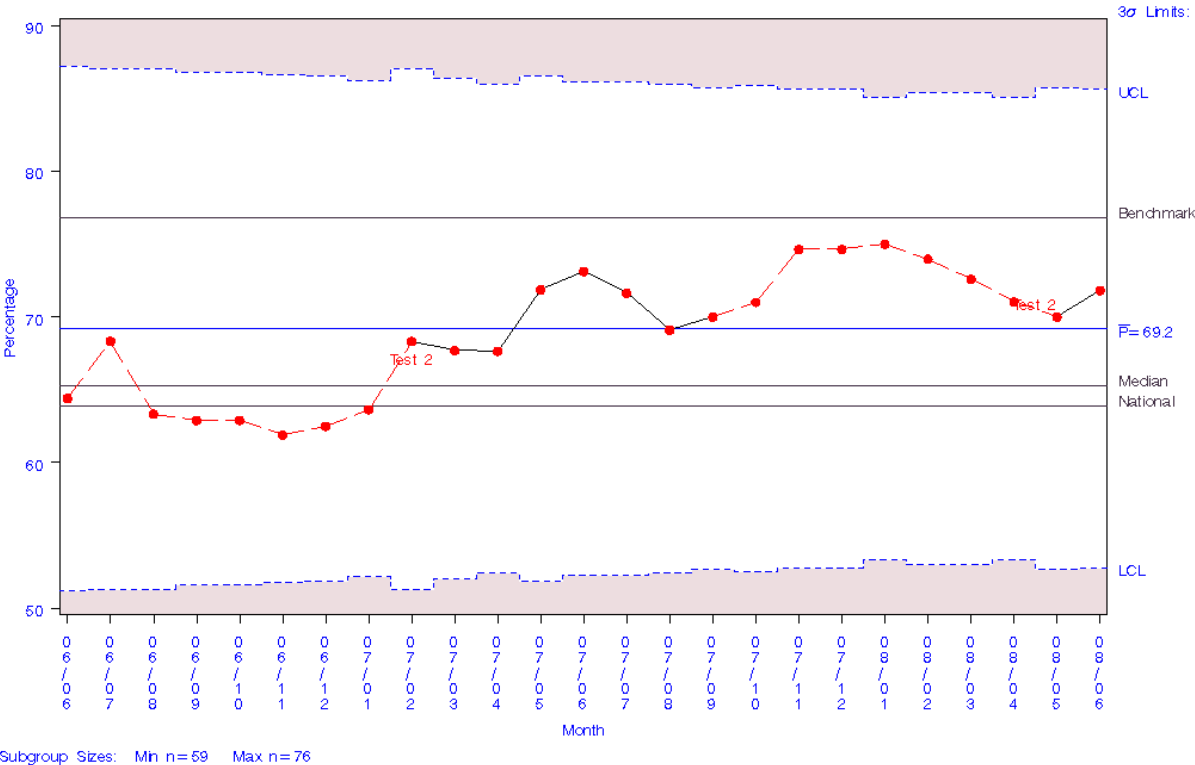
Atrial Fibrillation pts with anticoagulant/anti-platelet



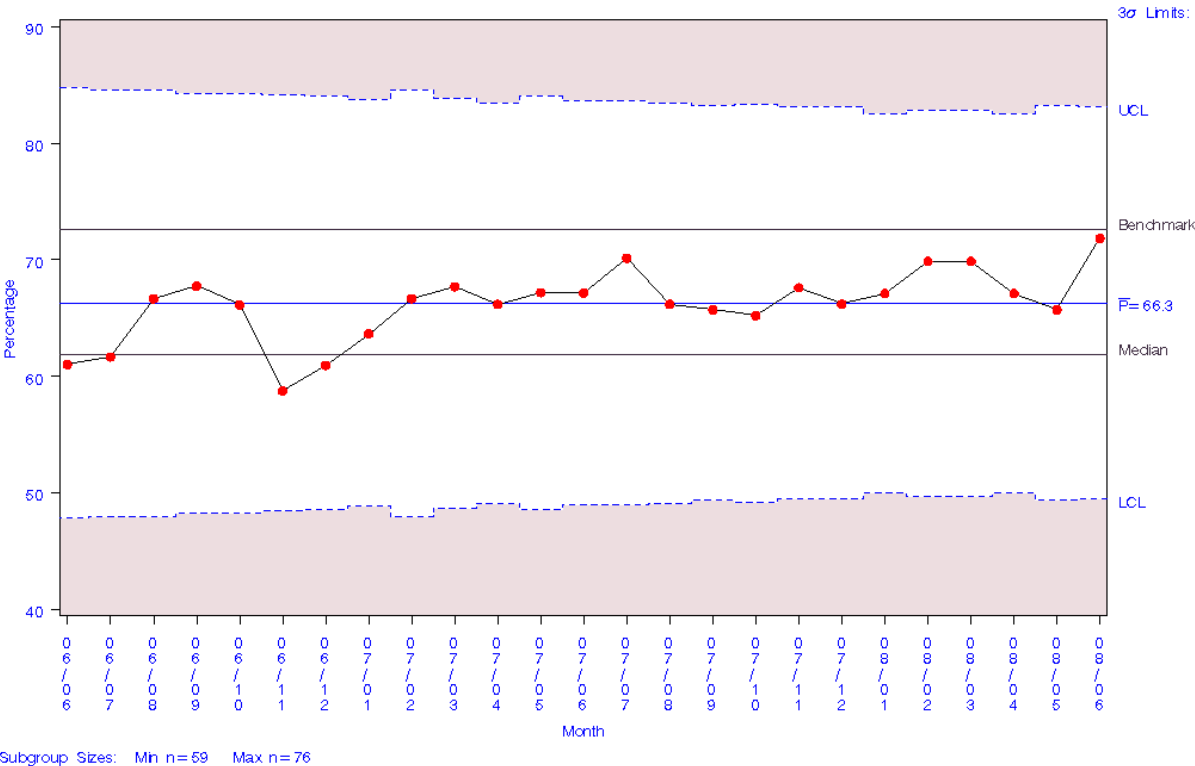
DM/HTN pts with Ace Inhibitor or ARB Rx in 1 year



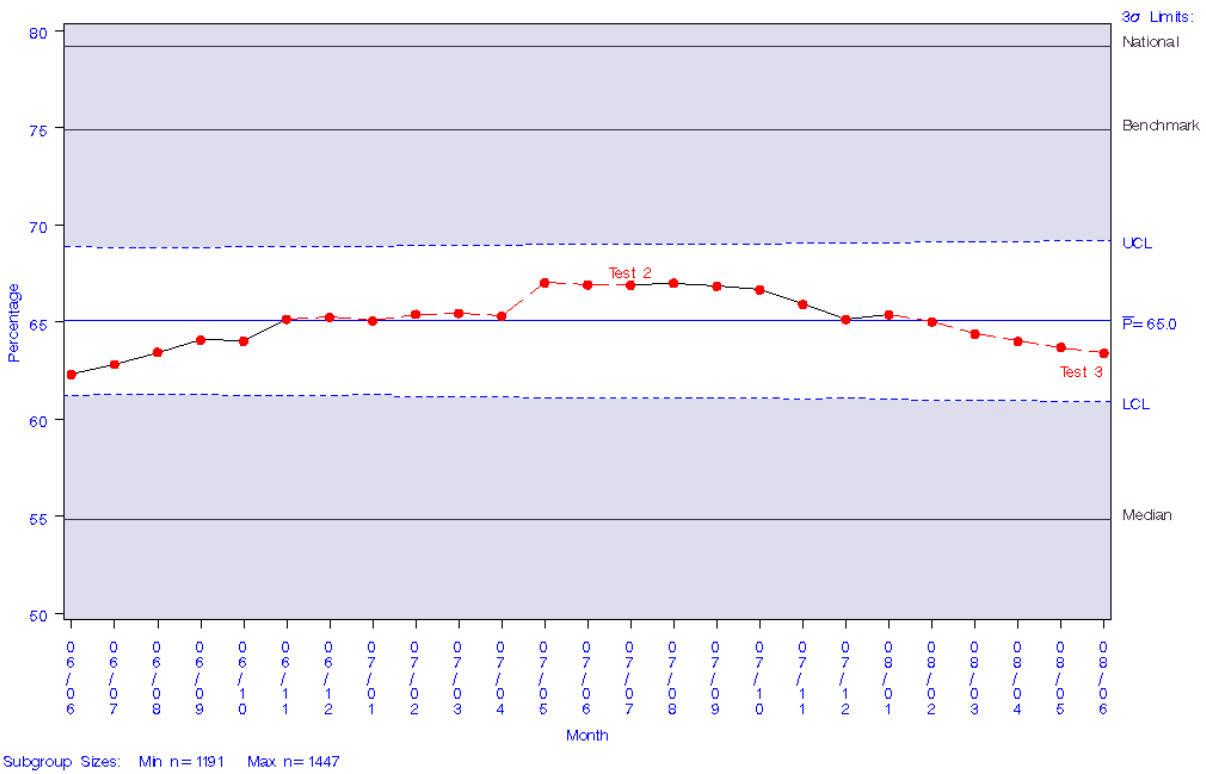
Heart Failure pts with ACE Inhibitor or ARB Rx



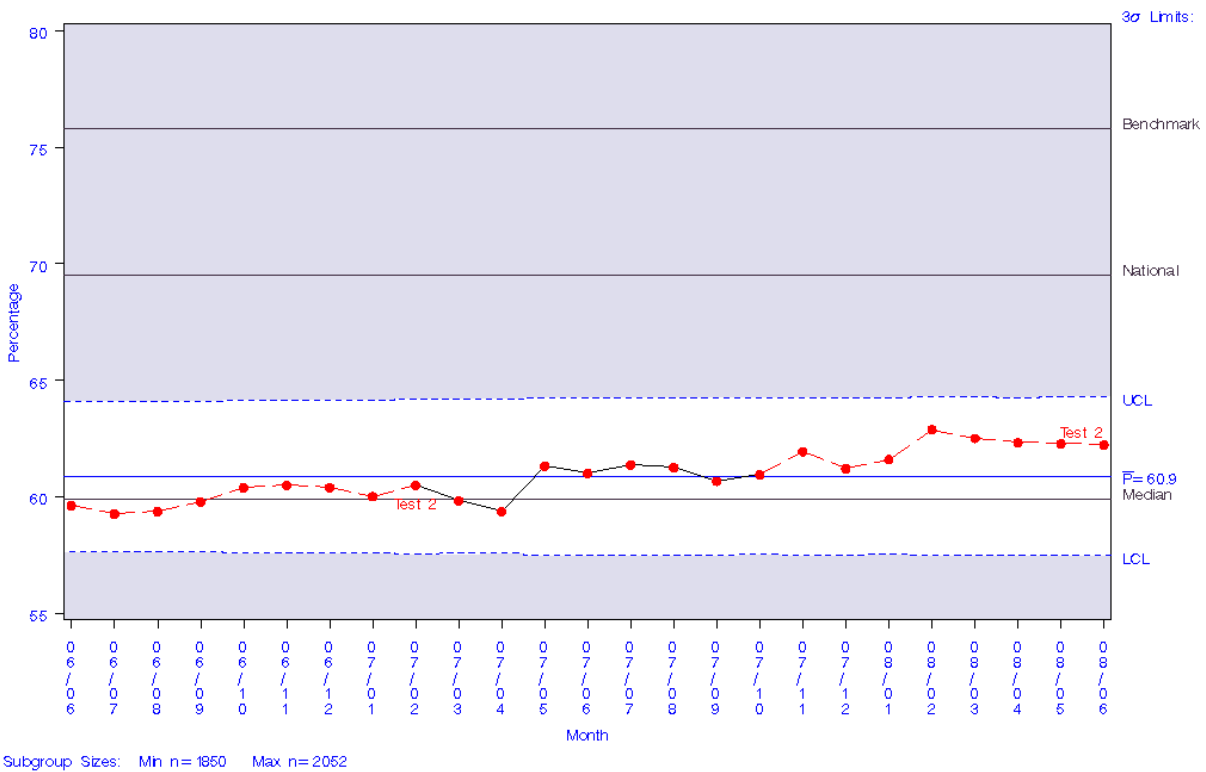
Heart Failure pts with beta blocker Rx



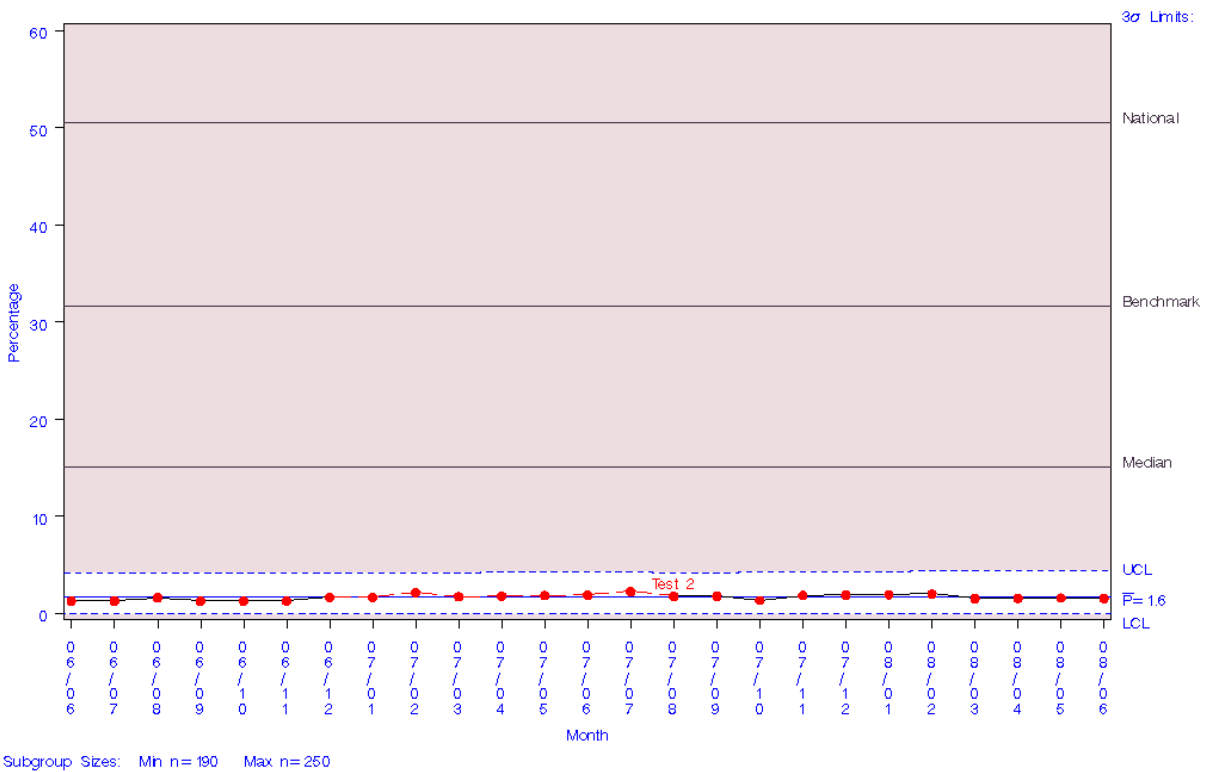
Pap Test in past 3 years in women 18–64 years without hysterectomy



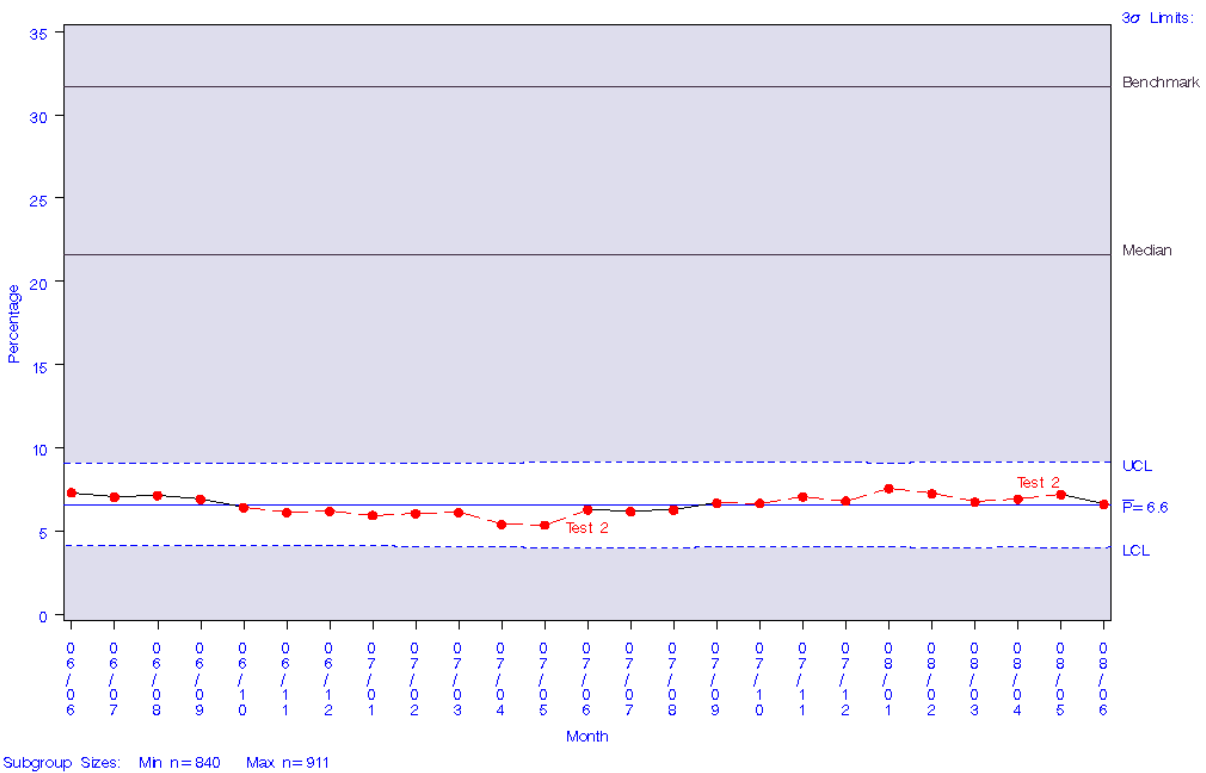
Mammogram in past 2 years in women >= 40 years



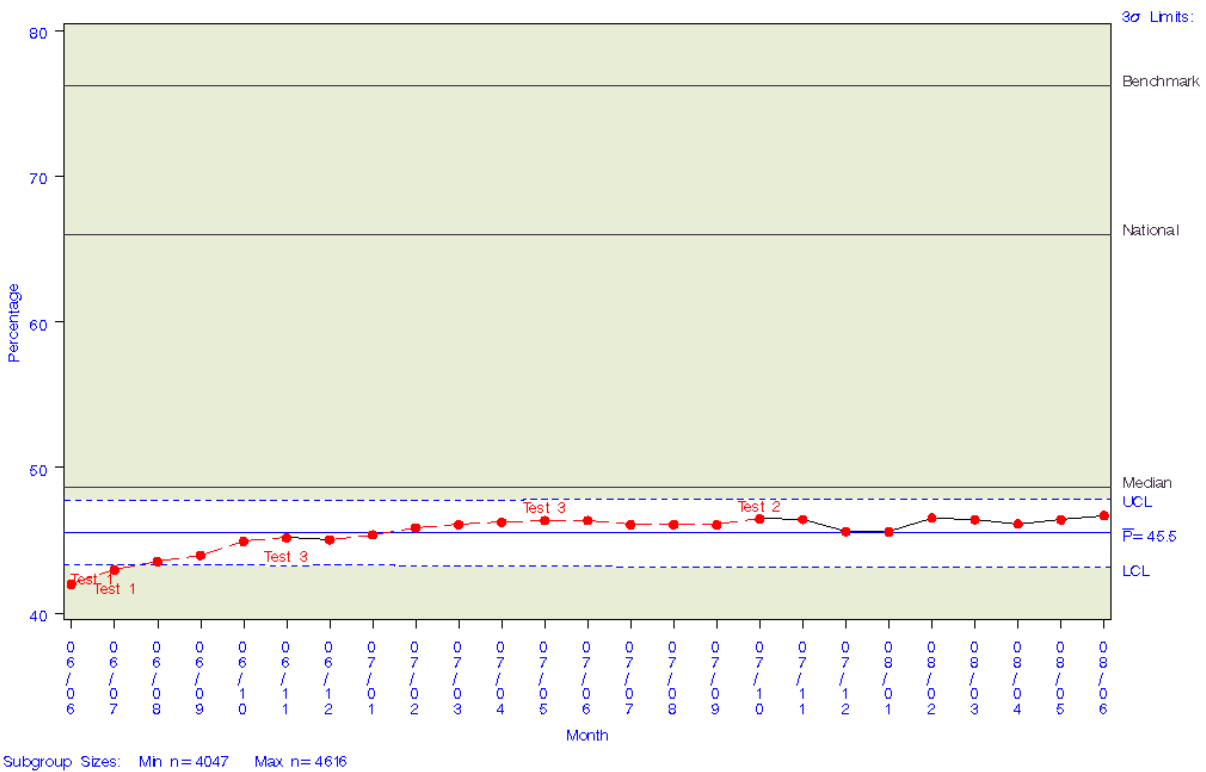
Women 16 – 25 years old Screened for Chlamydia in 1 year



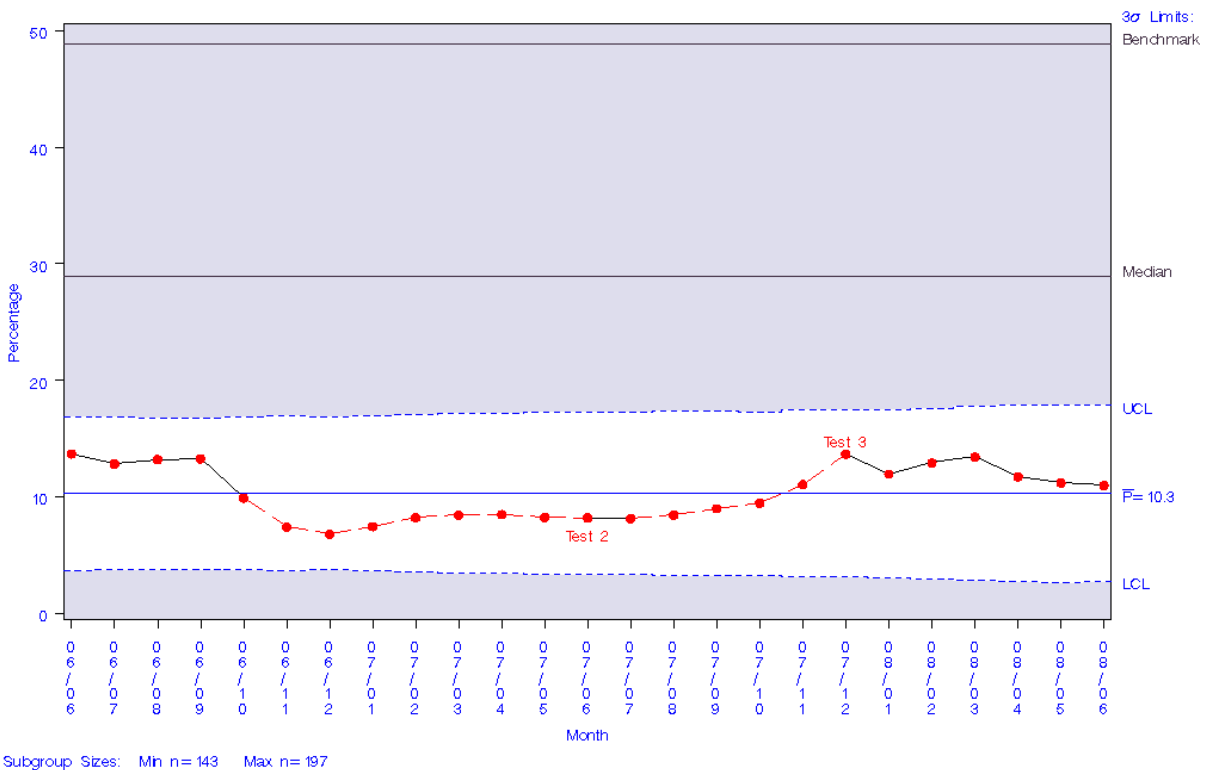
Bone Density recorded since age 65 in women



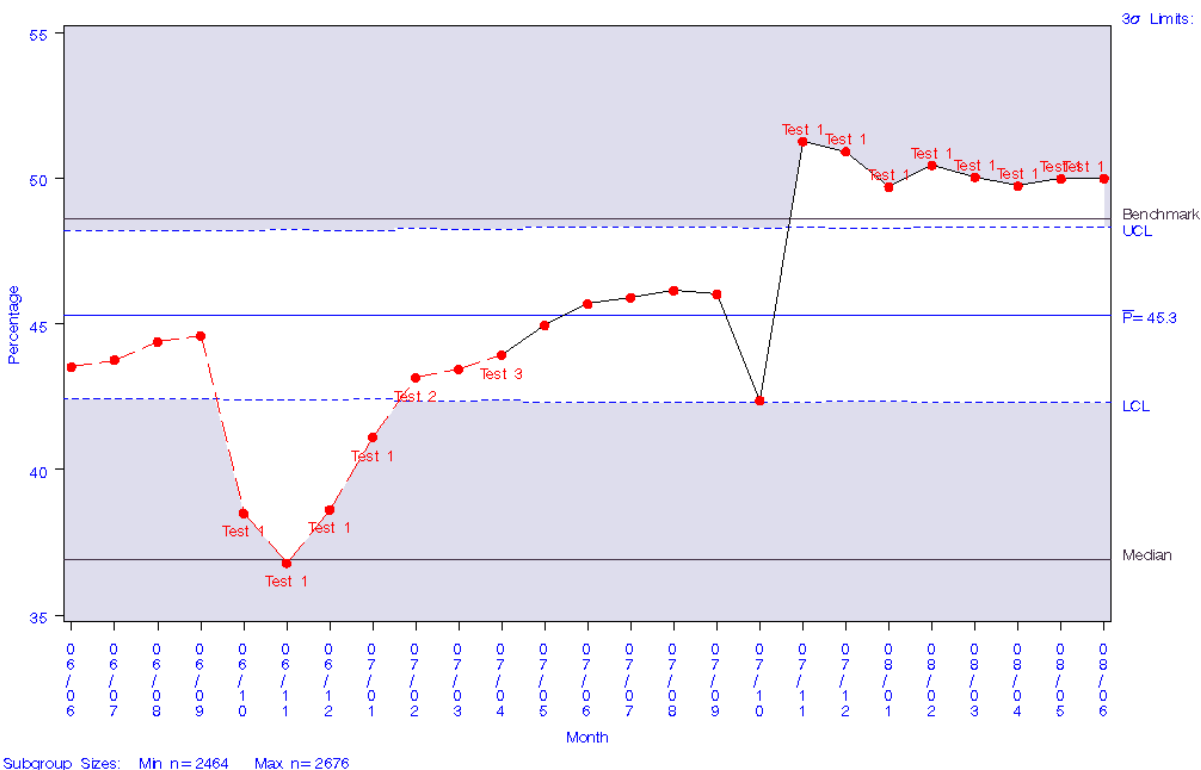
Tetanus Immunization in past 10 years for pts ≥ 12 years



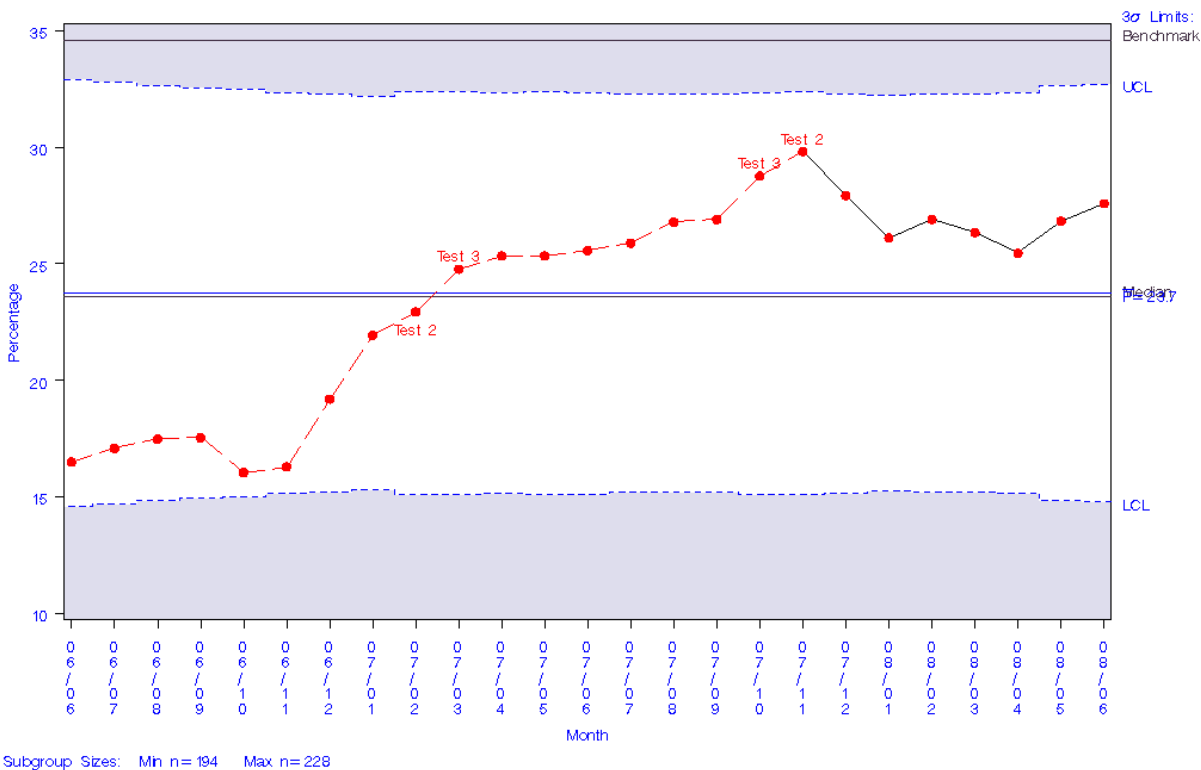
Influenza Immunization in past year for 6 mon — 5 yr



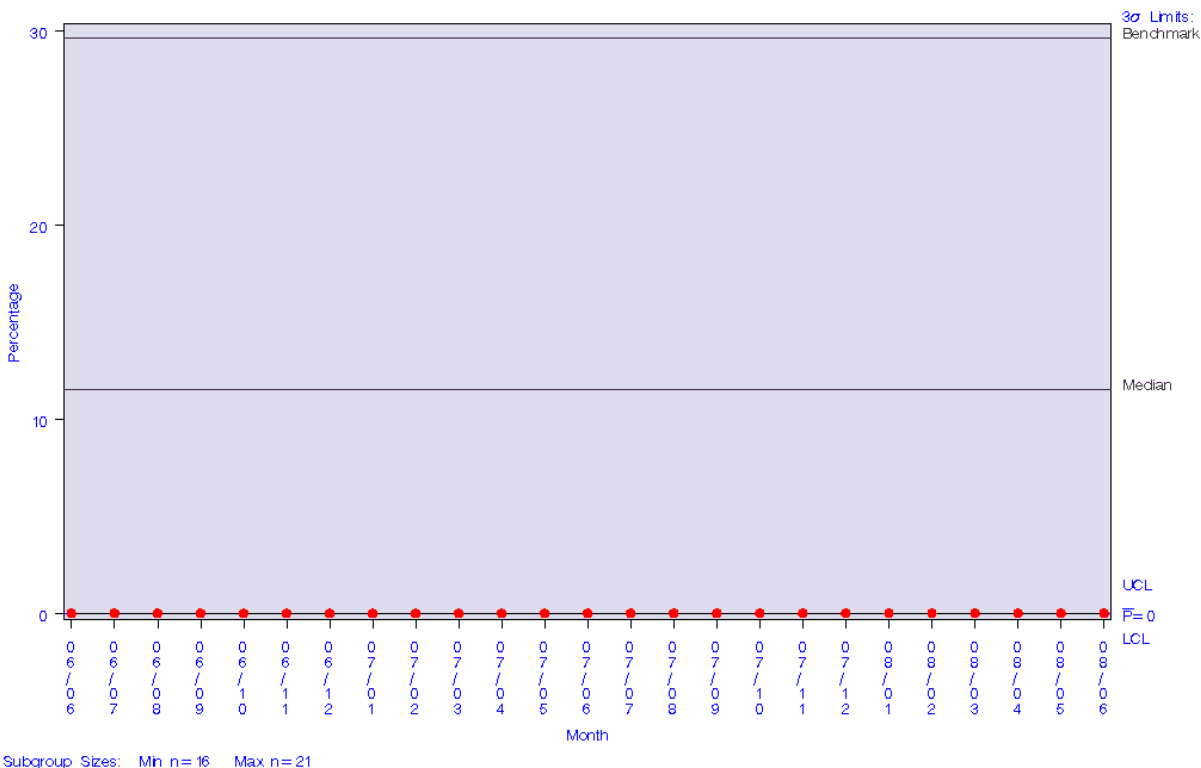
Influenza Immunization in past year for pts >= 50 years



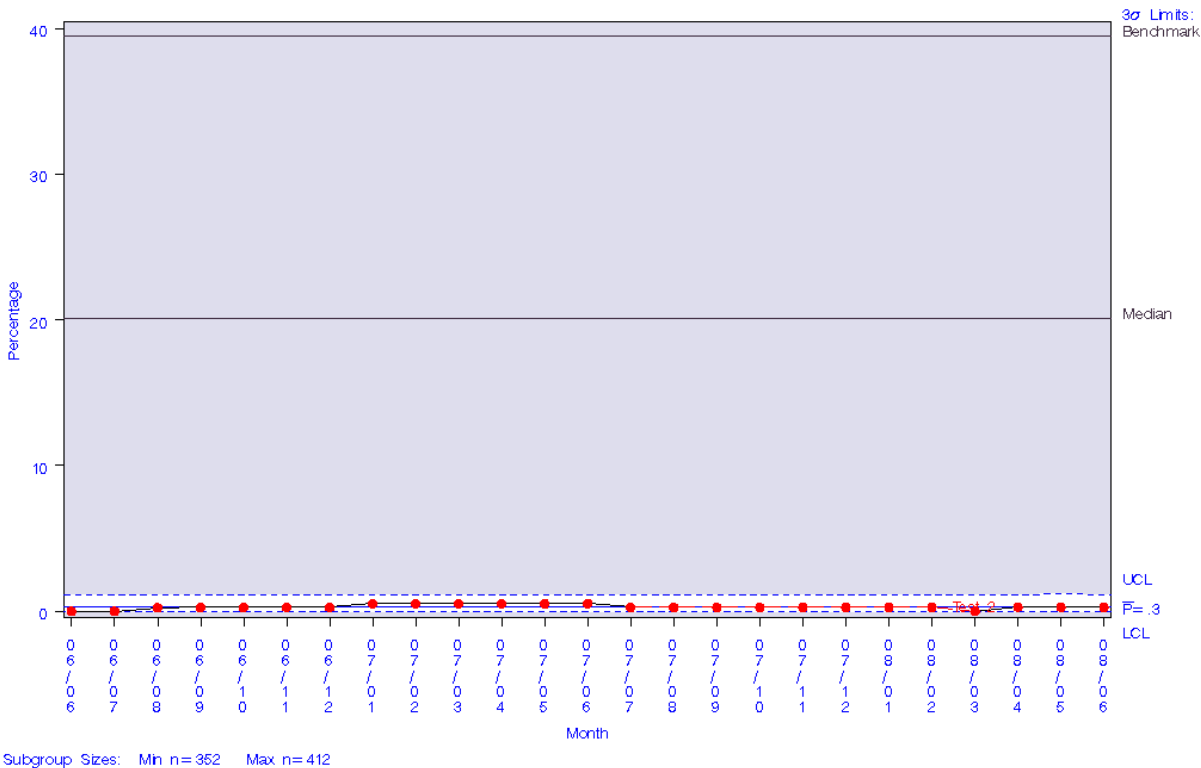
Influenza Immunization in past year for High Risk 18–49 year old pts



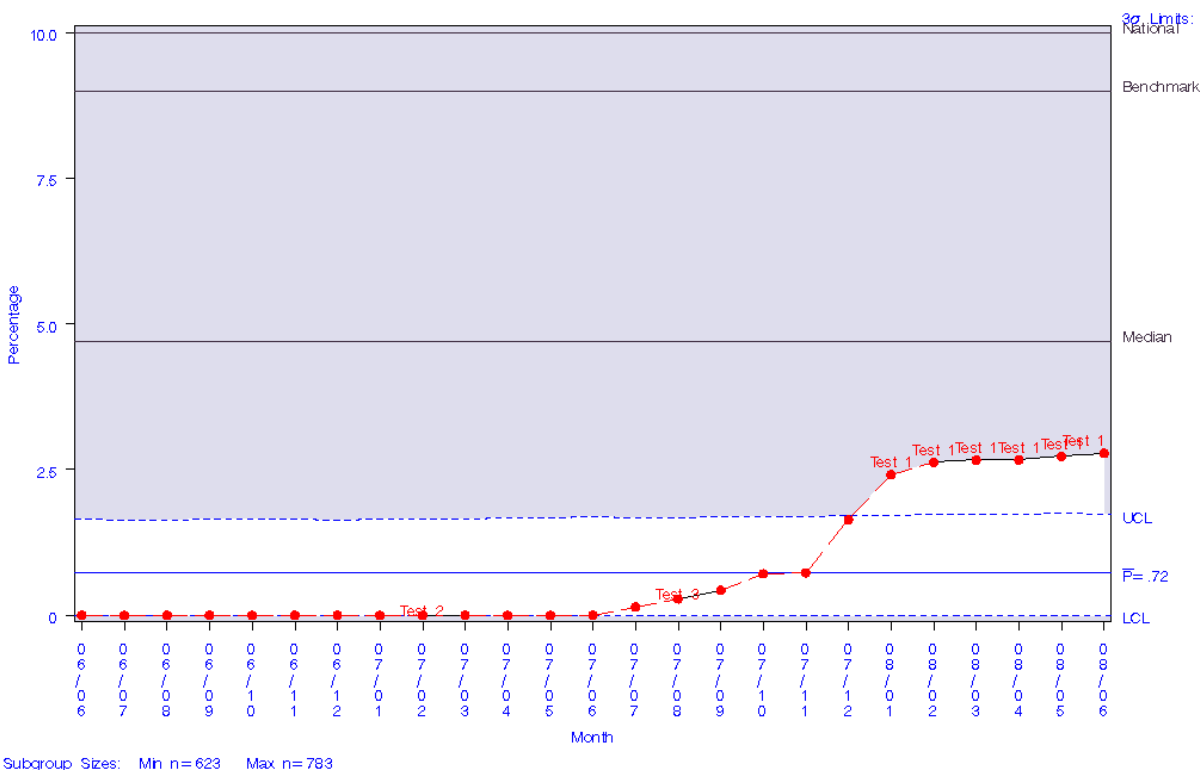
Two Hepatitis A Immunizations ever recorded for pts with chronic liver disease



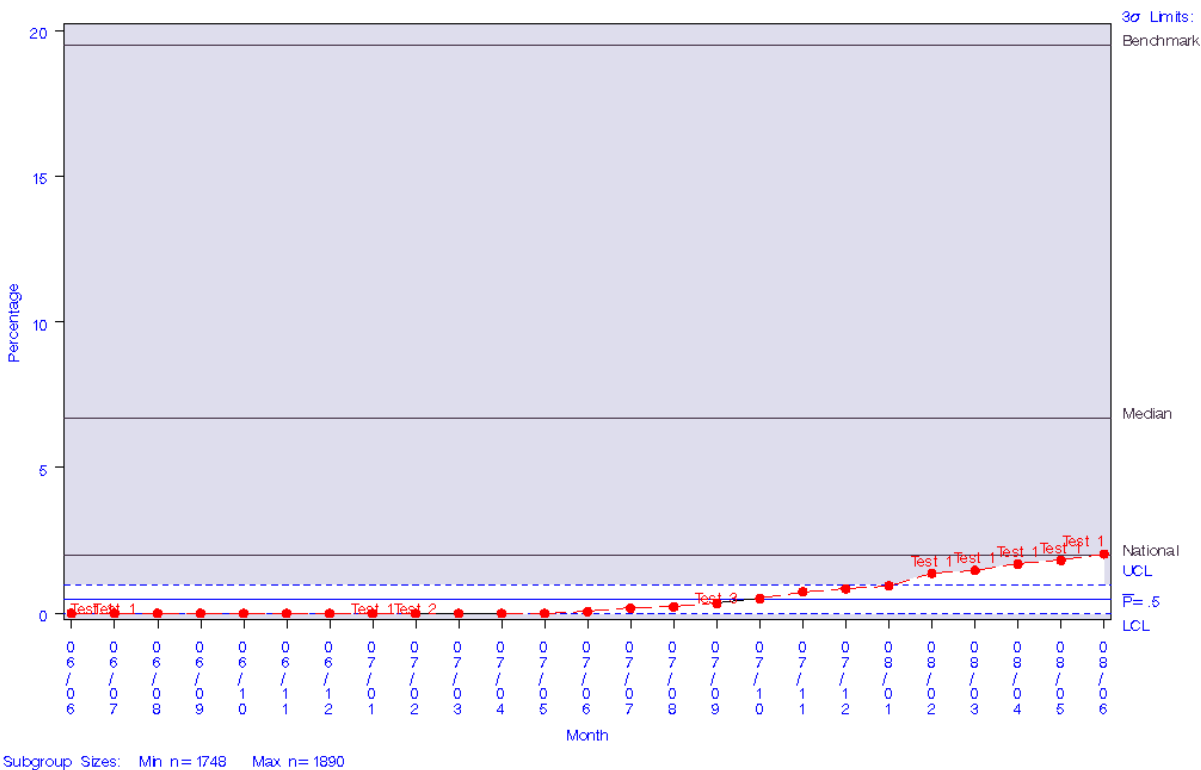
Meningococcal Immunization ever recorded for pts 11 – 19 yrs



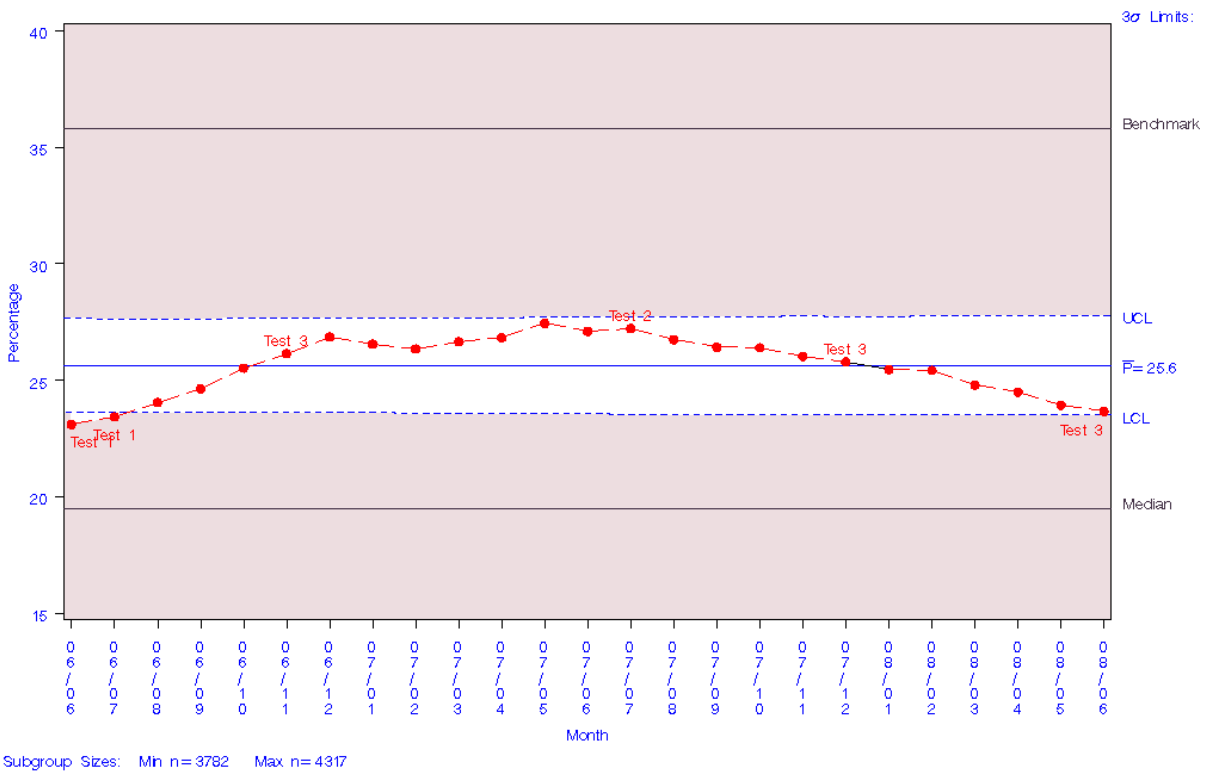
Three HPV Immunizations ever recorded for female pts 9 – 26 yrs



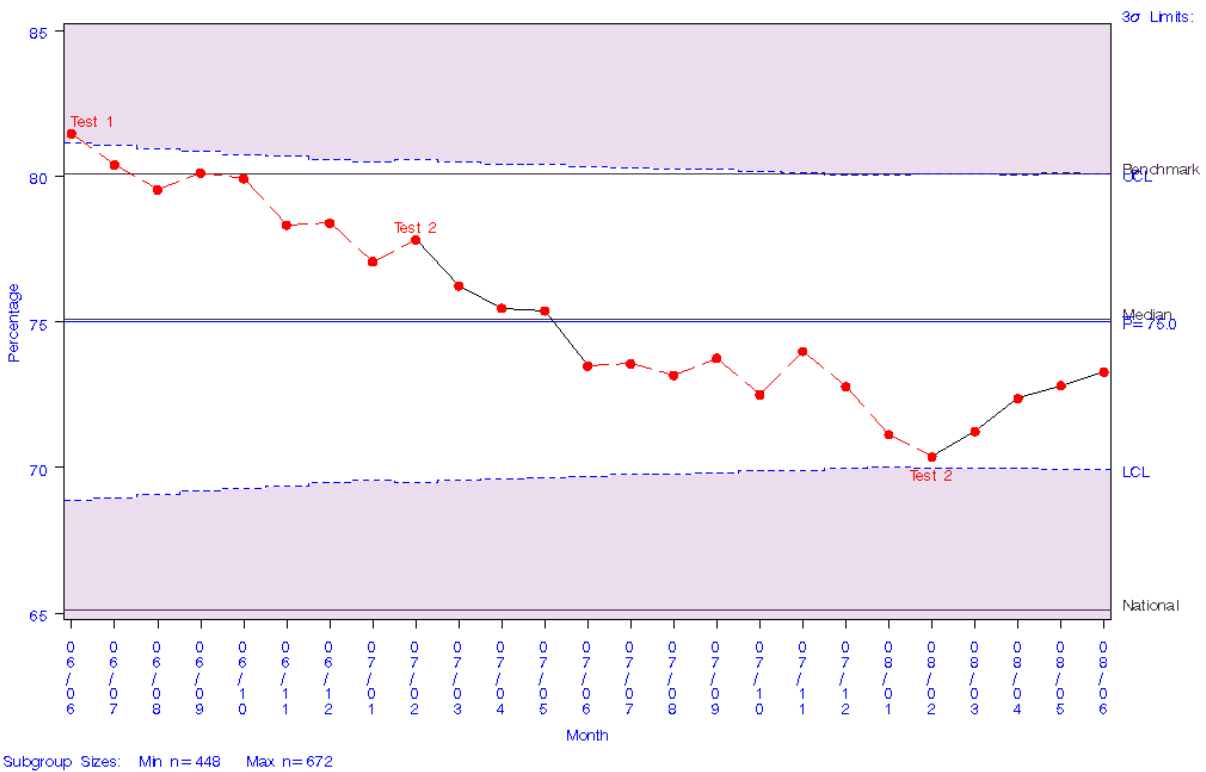
Zoster Immunization ever recorded for pts >= 60 years



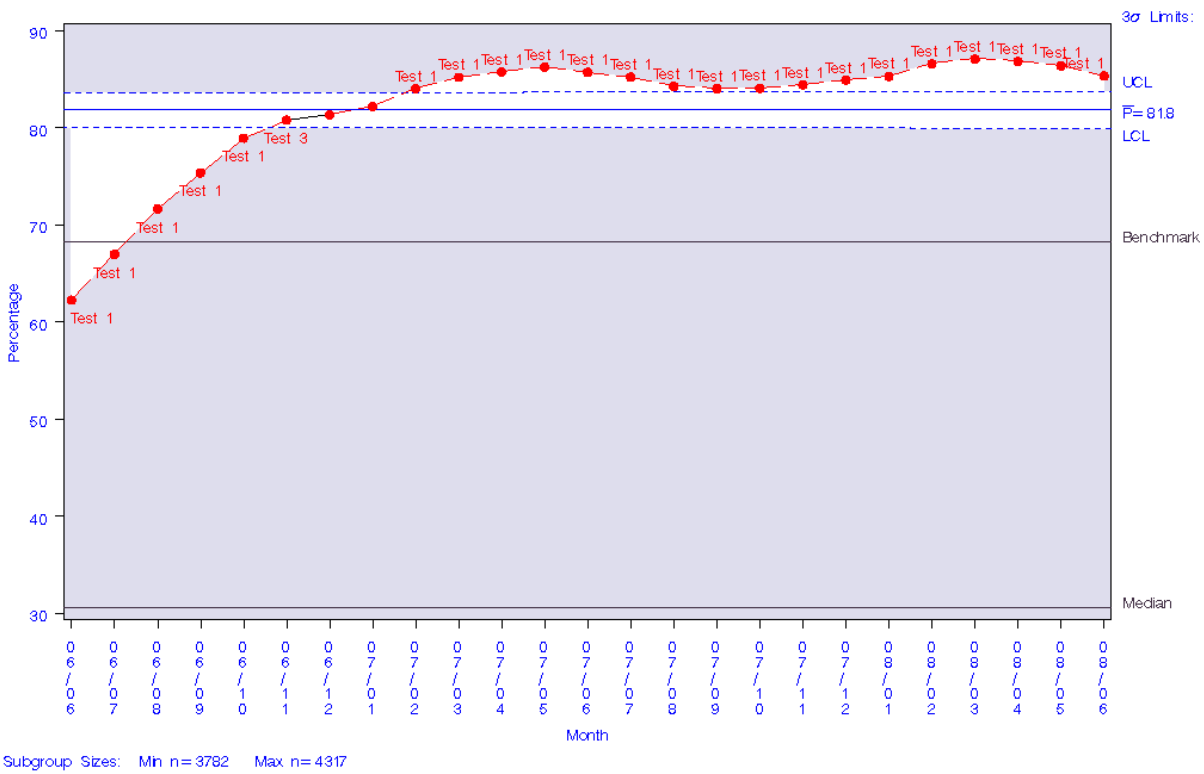
Patients Screened for Depression in last 2 years



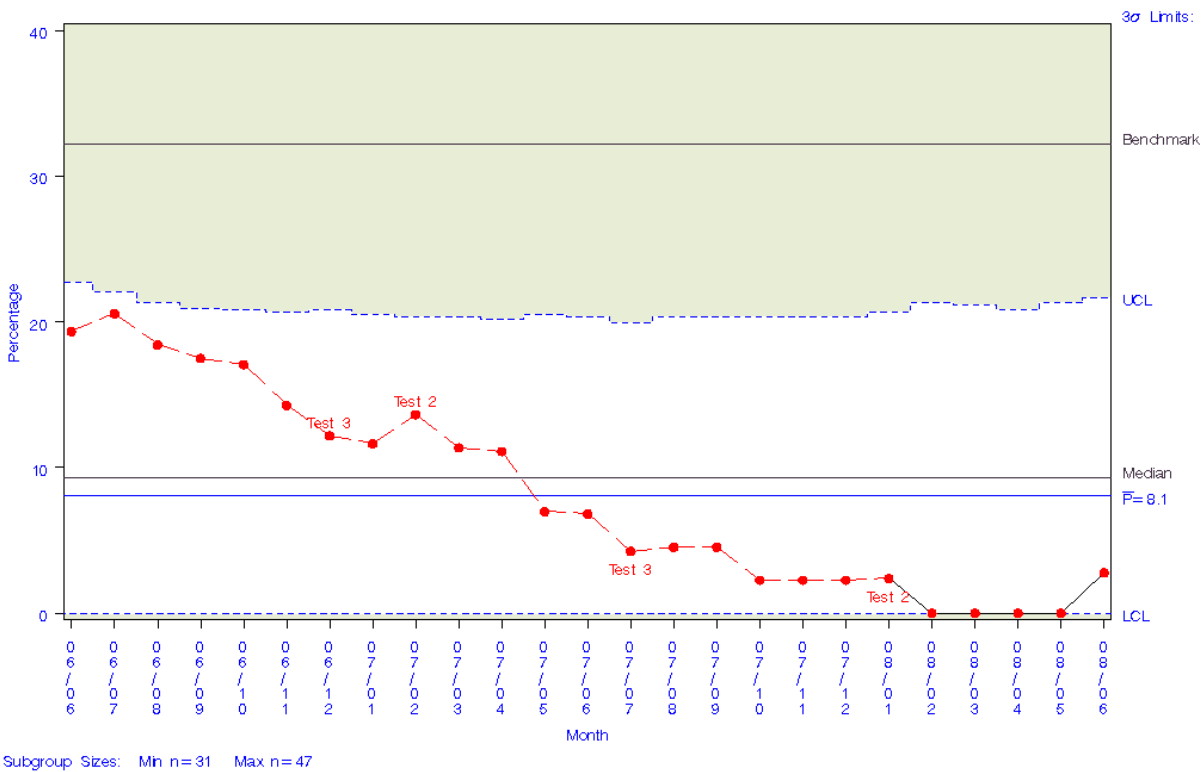
Depression pts in last year with anti-depressant



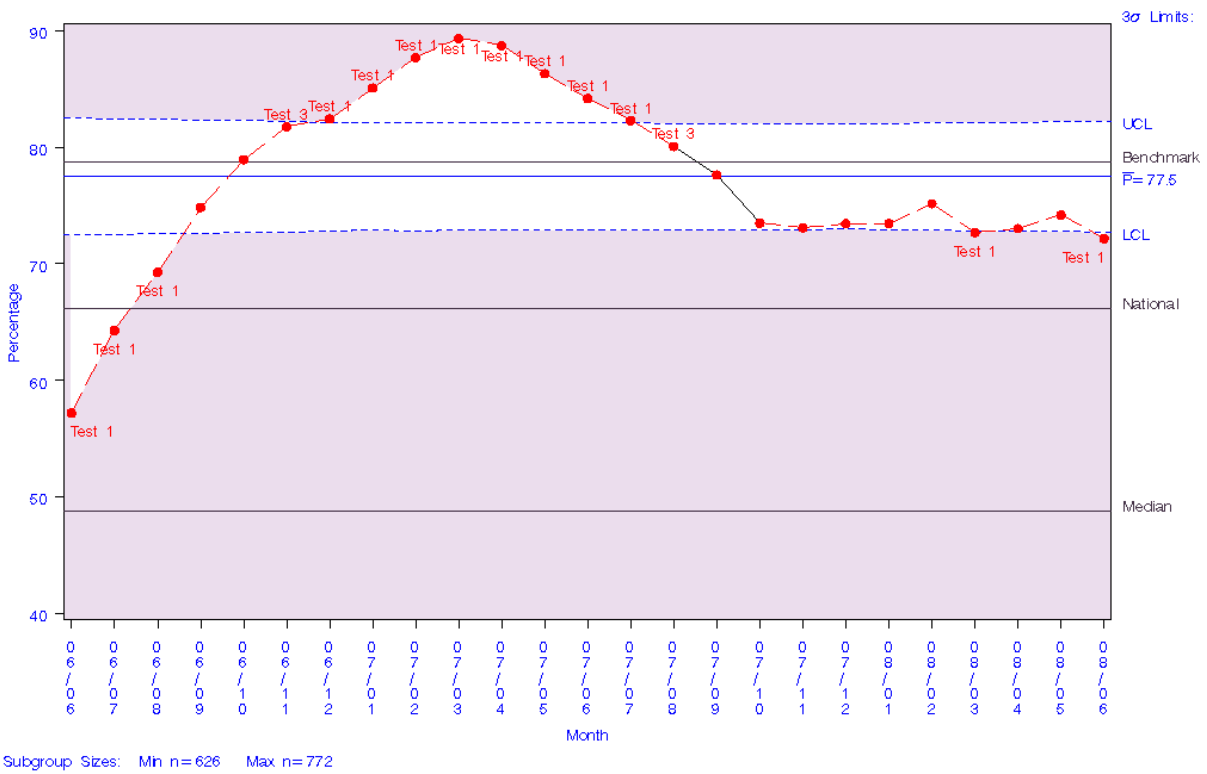
Patients Screened for at-risk drinking in last 2 years



Alcohol Abuse pts with alcohol counseling in last year

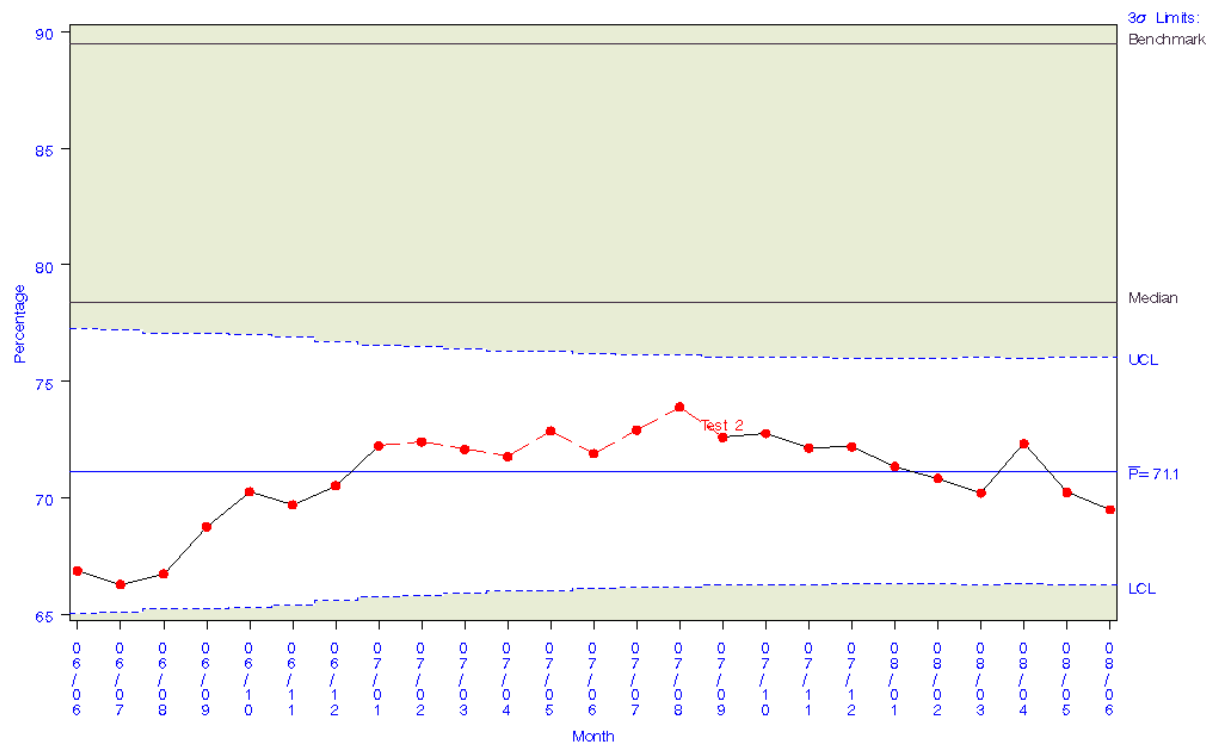


Tobacco Abuse pts with smoking cessation counseling in last year

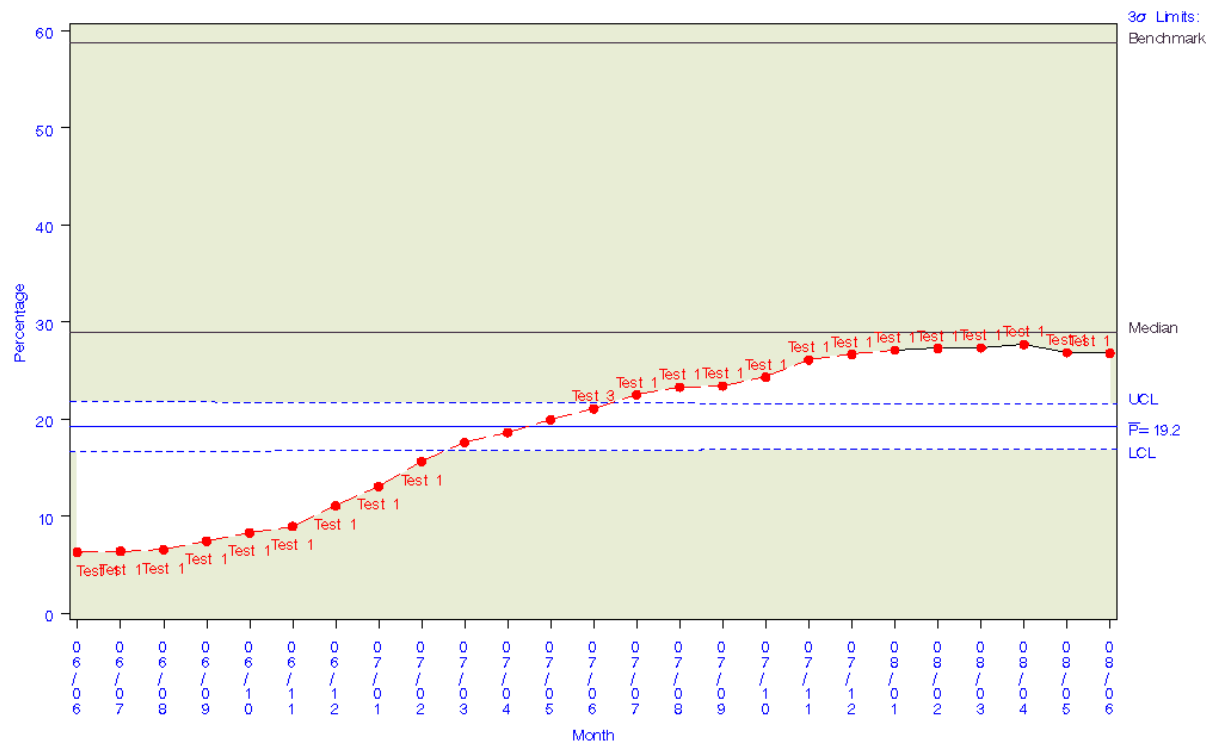


Graph intentionally left blank

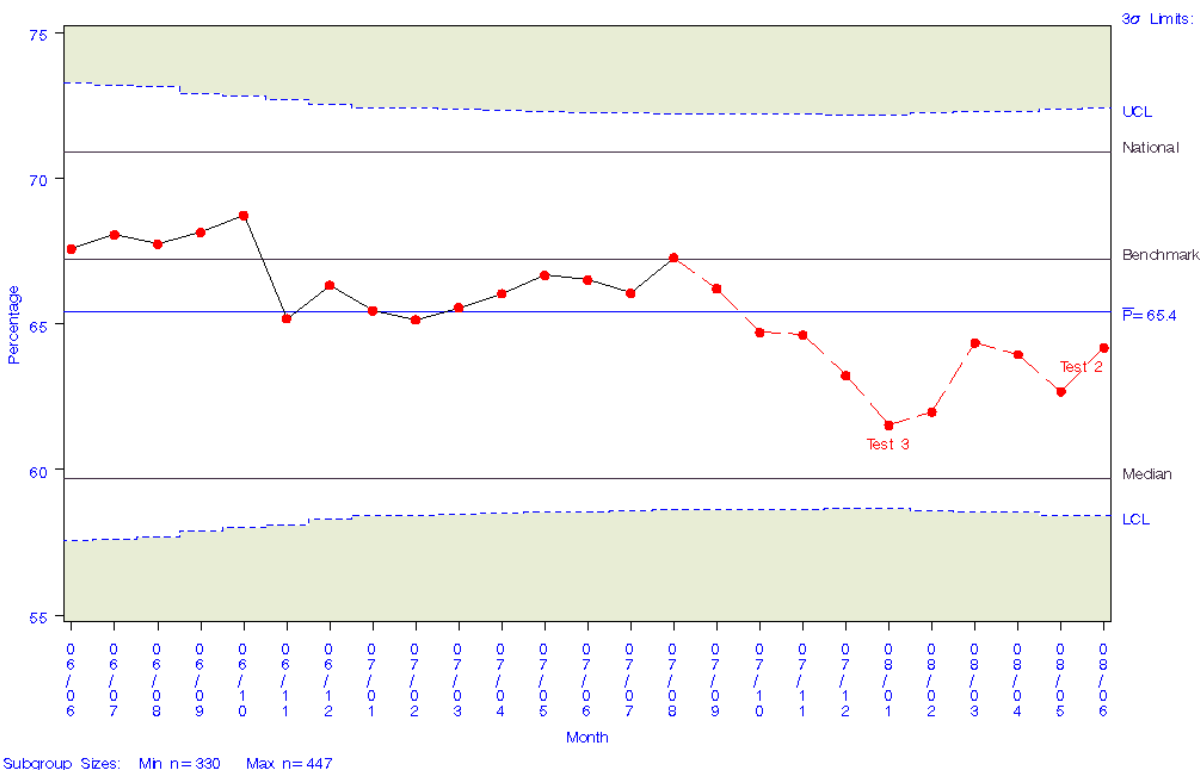
Glucose in past year in patients with Obesity diagnosis



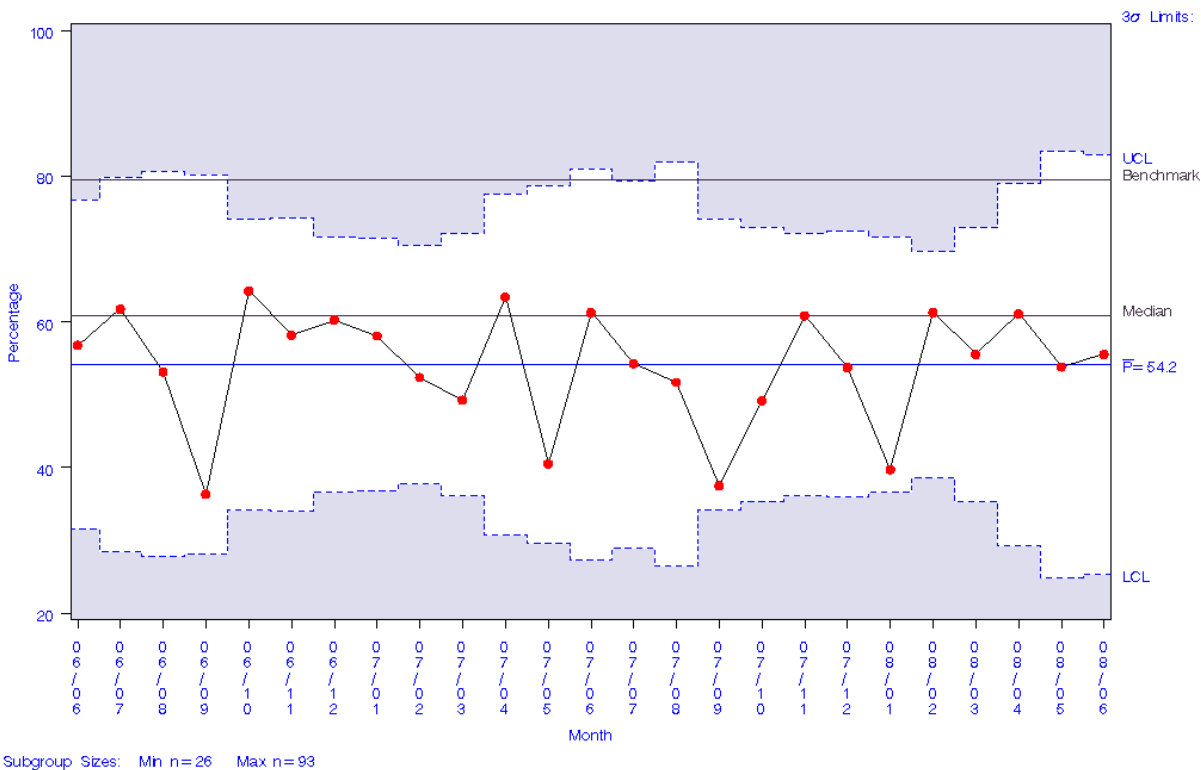
Diet/Nutrition Counseling in last year for High Risk pts



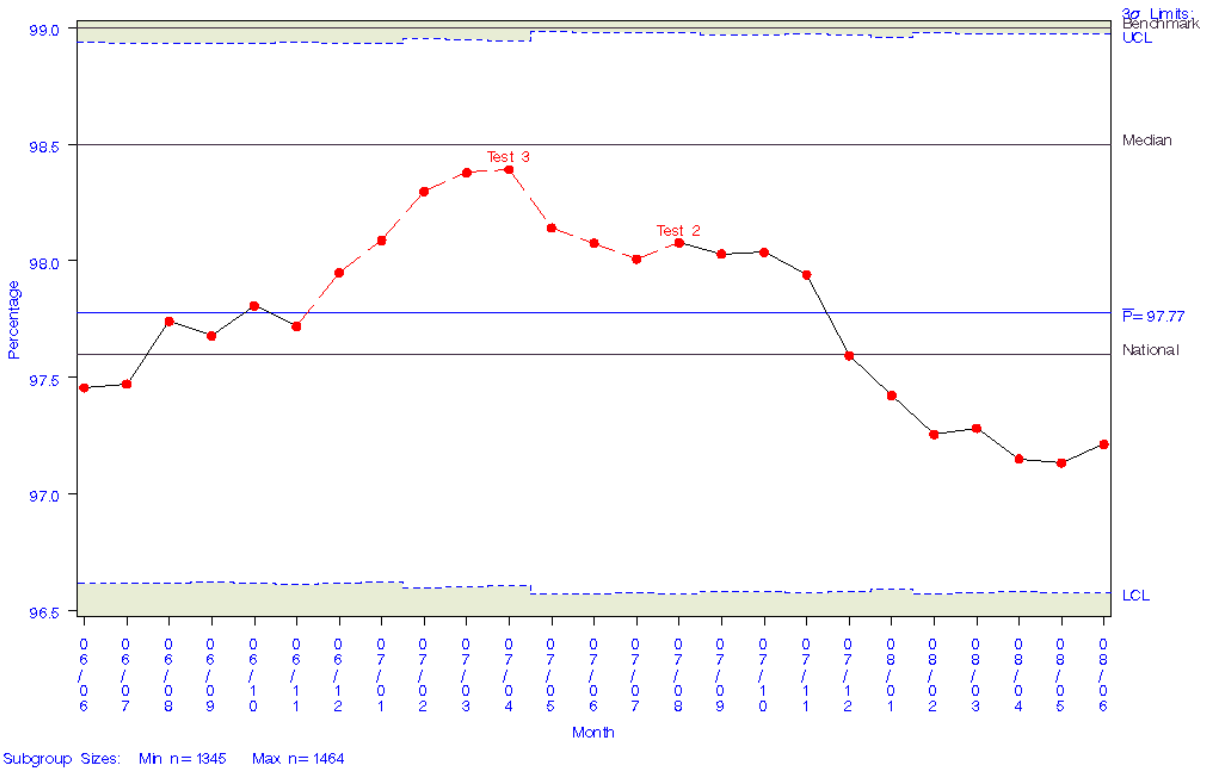
Asthma pts ≥ 5 years with Controller Rx



URI, Pharyngitis, Bronchitis: No Antibiotic Rx within 3 days of unique visit



Elderly pts without Innappropriate Rx



Elderly pts without Rarely Appropriate Rx

