



## **AHRQ Quality Indicators**









## **Introduction to the AHRQ Prevention Quality Indicators**

Prevention is an important role for all health care providers. Providers can help individuals stay healthy by preventing disease, and they can prevent complications of existing disease by helping patients live with their illnesses. To fulfill this role, however, providers need data on the impact of their services and the opportunity to compare these data over time or across communities. Local, State, and Federal policymakers also need these tools and data to





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HCUPnet can be found at

















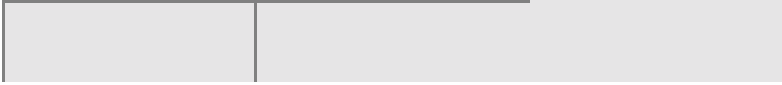
**Construct validity.** Construct validity analyses provided information regarding the relatedness or independence of the indicators. If quality indicators do indeed measure quality,

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Billings J, Zeitel L, Lukomnik J, et al. Impact of socioeconomic status on hospital use in New York City,

summary score was derived by assigning a weight to each ranking (e.g., 3, 2, 1, 0) and summing across these nine individual tests. Higher scores indicate better performance on the empirical tests.





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# Detailed Evidence for Prevention Quality Indicators





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last decade. With appropriate outpatient

cluster level. Millman et al. found that low-

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**Uncontrolled Diabetes Admission Rate**


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*Precision: Is there a substantial amount of*





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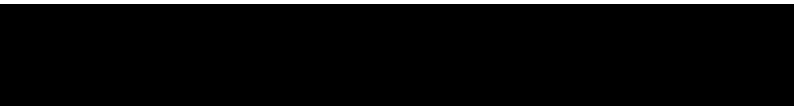
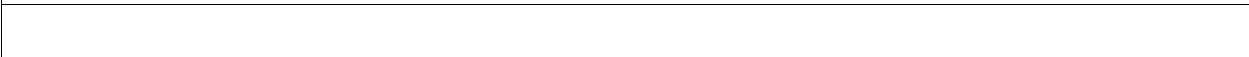




































right magnitude and in the right direction”). Criterion validity was viewed as an assessment of bias (criterion #3), where the “gold standard







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The PPV represents that the chance that a positive test result reflects a

















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**Search strategy  
development**

**Literature search  
results in 2,600 articles**

**Obtained indicator definitions from:**













## **Empirical Methods**

*Analysis Approach*









$$v = \frac{1}{\rho} \nabla \cdot \sigma(\phi, \nabla \phi) \quad \forall \phi \in \mathcal{H}^1(\Omega)$$



**Table 1. Precision Tests**

Measure	Statistic		Interpretation
Precision. Is most of the variation in an indicator at the level of the provider? Do smoothed estimates of quality lead to more precise measures?			
a. Raw variation	Provider Standard	Unadjusted	Provider variation is si

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168. Williams GR, Jiang JG, Matchar DB, et al. Incidence and occurrence of total (first-ever and