

Uncontrolled Diabetes Admission Rate

Prevention Quality Indicators #14

Technical Specifications

Area-Level Indicator

AHRQ Quality Indicators, Version 4.4, March 2012

Numerator

All discharges of age 18 years and older with ICD-9-CM principal diagnosis code for uncontrolled diabetes, without mention of a short-term or long-term complication.

ICD-9-CM Uncontrolled diabetes diagnosis codes:

25002 DMII WO CMP UNCNRD 25003 DMI WO CMP UNCNRD

- The PQI reference population includes discharges with MDC 14 and age less than 18 years; however, the DRG and MS-DRG grouper logic precludes assignment of MDC 14 for discharge records with a PQI defining principal diagnosis.

Exclude cases:

- transfer from a hospital (different facility)
- transfer from a Skilled Nursing Facility (SNF) or Intermediate Care Facility (ICF)
- transfer from another health care facility
- with missing gender (SEX=missing), age (AGE=missing), quarter (DQTR=missing), year (YEAR=missing), principal diagnosis (DX1=missing), or county (PSTCO=missing)

See Prevention Quality Indicators Appendices:

- Appendix A – Admission Codes for Transfers

Denominator

Discharges in the numerator are assigned to the denominator based on the Metro Area¹ or county of the patient residence, not the Metro Area or county of the hospital where the discharge occurred.²

¹ The term “metropolitan area” (MA) was adopted by the U.S. Census in 1990 and referred collectively to metropolitan statistical areas (MSAs), consolidated metropolitan statistical areas (CMSAs), and primary metropolitan statistical areas (PMSAs). In addition, “area” could refer to either 1) FIPS county, 2) modified FIPS county, 3) 1999 OMB Metropolitan Statistical Area, or 3) 2003 OMB Metropolitan Statistical Area. Micropolitan Statistical Areas are not used in the QI software.

² The denominator can be specified with the diabetic population only and calculated with the QI SAS software through the condition-specific denominator at the state-level feature.

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May be combined with diabetes short-term complications as a single indicator as a simple sum of the rates to form the Health People 2010 indicator (note that the AHRQ QI excludes transfers to avoid double counting cases).