

## AHRQ Quality Indicators

Measure Number	Measure Name	Measure Description	Measure Type <sup>b</sup>	Data Source(s)	Condition
1A	<u>Missed red flag</u> <u>SaferDx e-measure</u> <u>1</u>	<b>Sub-measure 1</b> : The proportion of red flag abnormal test results suspicious for possible cancer (positive FOBT/FIT or labs consistent with iron deficiency anemia) in non-deceased patients aged 45 to 74, where neither a clinical exclusion reason for additional evaluation, nor an appropriate follow-up action was identified within 60 days of the test results at the hospital or health system. Iron deficiency anemia is defined as: hemoglobin < 11 g/dL, and mean corpuscular volume < 81 fL, and no ferritin > 100 ng/dL in the past 60 days. (Includes exclusions based on clinical rationale, e.g. enrolled in hospice/palliative care.)	Process	EHR	Colorectal cancer
1B	<u>Missed red flag</u> <u>SaferDx e-measure</u> <u>2</u>	<b>Sub-measure 2:</b> The proportion of red flag abnormal test results suspicious for possible cancer (chest imaging flagged by a radiologist as suspicious for malignancy) in non-deceased patients aged 18 and over, where neither a clinical exclusion reason for additional evaluation, nor an appropriate follow-up action exists within 30 days of the test results at the hospital or health system.	Process	EHR	Lung cancer
2A	Emergency presentation SaferDx e-measure 1	<b>Sub-measure 1</b> : The proportion of newly diagnosed lung cancers with emergency presentation, among total new lung cancer diagnoses at the hospital or health system.	Outcome	EHR	Lung cancer
2B	Emergency presentation SaferDx e-measure 2	<b>Sub-measure 2</b> : The proportion of newly diagnosed colorectal cancers with emergency presentation, among total new colorectal cancer diagnoses at the hospital or health system.	Outcome	EHR	Colorectal cancer

## Table 1. Summary of measures under consideration by AHRQ Quality Indicators (QI) Program<sup>a</sup>

Measure Number	Measure Name	Measure Description	Measure Type <sup>b</sup>	Data Source(s)	Condition
3A	Late-stage diagnosis SaferDx e-measure 1	<b>Sub-measure 1</b> : The proportion of late-stage (Stage 3 and 4) lung cancer diagnoses at the time of initial diagnosis, among total new lung cancer diagnoses at the hospital or health system.	Outcome	EHR	Lung cancer
3B	Late-stage diagnosis SaferDx e-measure 2	<b>Sub-measure 2</b> : The proportion of late-stage (Stage 3 and 4) colorectal cancer diagnoses at the time of initial diagnosis, among total new colorectal cancer diagnoses at the hospital or health system.	Outcome	EHR	Colorectal cancer
4	Rate of Timely Follow-up on Abnormal Mammography for Breast Cancer	The percentage of female patients aged 40 to 75 years with at least one abnormal screening mammogram (BI-RADS 0, 4, 5) during the measurement period (i.e., calendar year) who received follow-up imaging with negative/benign results or a diagnostic sample extraction procedure within 60 days after their index (i.e., first) abnormal screening mammogram.	Process	EHR	Breast cancer
		• Negative/benign follow-up imaging was defined as diagnostic mammography, breast ultrasound or MRI with BI-RADS ratings of 1, 2, or 3.			
		• Relevant diagnostic sample extraction procedures were breast biopsy, fine needle aspiration, and surgical excision.			
5	Rate of Timely Follow-up on Abnormal Stool- based Tests for Colorectal Cancer	The proportion of patients aged 45-75 years with at least one positive stool-based colorectal cancer screening test during the measurement period that received timely follow-up diagnostic evaluation (i.e., colonoscopy, flexible sigmoidoscopy, or CT colonography) within 180 days of the first positive stool-based test result.	Process	EHR	Colorectal cancer
6	Closing the loop on completion of follow-up recommendations for actionable incidental findings of pulmonary nodules	Percentage of patients, aged 35 years and older, with a single >6.0mm pulmonary nodule actionable incidental finding who received follow- up imaging within the recommended time interval, among all images ordered throughout the hospital or health system. (An actionable incidental finding is a mass or lesion detected on cross-sectional imaging [CT, MRI, PET, and SPECT] of the neck, chest, or abdomen not related to the reason for imaging that represents a finding for which non-emergent follow-up is recommended.)	Outcome <sup>b</sup>	EHR	Lung cancer

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7	Diagnostic Delay of Venous Thromboembolism in Primary Care (DOVE) Measure	The rate of delayed diagnosis of VTE, defined as a VTE diagnosed >24 hours but within 30 days following a primary care visit where VTE symptoms were first present among all adult patients who are diagnosed with VTE within 30 days. VTE-related symptoms are identified in the EHR either as structured data (using the VTE-related symptoms value set, OID 2.16.840.1.113762.1.4.1206.51) or identified in unstructured data in the clinical notes by a natural language processing (NLP) algorithm.	Outcome	EHR, implements NLP using unstructured data in the notes	VTE
8	Perinatal Cardiovascular Disease Risk Assessment Measure	The percentage of pregnant or postpartum patients at a healthcare facility or hospital network who are assessed for cardiovascular disease (CVD) risk using the CVD risk assessment algorithm from the California Maternal Quality Care Collaborative (CMQCC). The population includes all patients who have a prenatal or postpartum visit, including minors.	Process	EHR	CVD
9	Appropriate Utilization of Imaging in Ruptured Abdominal Aortic Aneurysm (AAA)	Percentage of adult patients aged 55 years and older presenting to the emergency department (ED) with abdominal pain or back pain and hypotension for whom a point-of-care ultrasound or CT scan of the abdomen was performed.	Process	EHR	Ruptured AAA
10	Measuring the Value-Functions of Primary Care: Provider Level Continuity of Care Measures	A measure for the percentage of patients with $\geq 2$ visits to any primary care providers (PCPs) during the measurement period with a Bice-Boxerman Continuity of Care (CoC) score of $\geq 0.7$ . The Bice- Boxerman index is a validated measure of patient-level care continuity that ranges from 0 to 1; 0 reflects completely disjointed care (a different provider for each visit) and 1 reflects complete continuity with the same provider for all visits. Higher levels of care continuity are associated with lower levels of utilization and costs.	Process	Claims	Primary Care Continuity

Measure Number	Measure Name	Measure Description	Measure Type <sup>b</sup>	Data Source(s)	Condition
11	Stroke Symptom- Disease Pair Analysis of Diagnostic Error (SPADE) measure	The rate of adult patients (aged 18 years and older) treated and released from the Emergency Department (ED) with either a non- specific, presumed benign symptom-only dizziness diagnosis or a specific inner ear/vestibular diagnosis (collectively referred to as "benign dizziness") who were subsequently admitted to a hospital for a stroke within 30 days of their ED visit.	Outcome	Claims	Stroke
12	Acute Myocardial Infarction (AMI) SPADE measure	The rate of adult patients (aged 18 years and older) treated and released from the ED with a diagnosis of non-specific chest pain who were subsequently admitted to a hospital for an AMI within 30 days of their ED visit.	Outcome	Claims	AMI
13	Appendicitis SPADE measure	The rate of adult patients (aged 18 years and older) treated and released from the ED with a diagnosis of abdominal pain, constipation, nausea, and/or vomiting, fever, and diarrhea who were subsequently admitted to a hospital for appendicitis within 30 days of their ED visit.	Outcome	Claims	Appendicitis
14	<u>Pediatric sepsis</u> <u>SPADE measure</u>	The rate of pediatric patients (less than 18 years old) treated and released from the ED with a diagnosis of fever of unknown origin who were subsequently admitted to a hospital for sepsis within 30 days of their ED visit.	Outcome	Claims	Sepsis

<sup>a</sup> Measures are sourced from the <u>Moore Foundation Diagnostic Excellence Measures</u> and from environmental scans focused on implementing the symptomdisease pair analysis of diagnostic error (SPADE) approach.

<sup>b</sup> Measure type is based on the measure developer's assessment of their measure according to <u>AHRQ definitions</u>. An outcome measure reflects the impact of the health care service or intervention on the health status of patients, while a process measure indicates what a provider does to maintain or improve health, either for healthy people or for those diagnosed with a health care condition. These measures typically reflect generally accepted recommendations for clinical practice.

AAA= Abdominal Aortic Aneurysm; AMI= Acute Myocardial Infarction; BI-RADS= Breast Imaging Reporting and Data System; CT= Computed Tomography; CVD= Cardiovascular Disease; ED= Emergency Department; FOBT= Fecal Occult Blood Test; FIT= Fecal Immunochemical Test; MRI= Magnetic Resonance Imaging ;NLP= Natural Language Processing; PCP= Primary Care Provider; PET= Positron Emission Tomography; SPADE= Symptom-Disease Pair Analysis of Diagnostic Error; SPECT= Single-Photon Emission Computed Tomography; VTE= Venous Thromboembolism