

Clinical Performance Measures

Preventive Care and Screening

Tools Developed by Physicians for Physicians

Provided by:

Physician Consortium for Performance Improvement

Purpose

This measurement tool provides physicians with *evidence-based*¹ clinical performance measures, including a data collection flowsheet, that may be useful for quality improvement activities within physician practices. The measures and flowsheet are intended for prospective data collection only. The ability to track changes over time is integral to the concept of continuous quality improvement in patient care. Evidence-based clinical performance measures have been identified as a means for tracking these changes.

These measures are provided for physicians by the **Physician Consortium for Performance Improvement (The Consortium)**, a physician-led initiative that includes methodological experts, clinical experts representing more than 50 national medical specialty societies, state medical societies, the Agency for Healthcare Research and Quality, and the Centers for Medicare and Medicaid Services. The Consortium's vision is to fulfill the responsibility of physicians to patient care, public health, and safety by becoming the leading source organization for evidence-based clinical performance measures and outcomes reporting tools for physicians.

Performance measures must be designed based on their intended purpose.^{2,3} The measures presented here are intended to facilitate individual physician quality improvement. Therefore, there are no minimum sample size requirements, and the suggested feedback is sufficiently detailed to pinpoint areas of concern for the physician. The measures defined in this measurement tool are not intended, and should not be used, for physician comparison.⁴

Performance measures are not clinical guidelines; rather, measures are derived from evidence-based clinical guidelines and indicate whether or not or how often a process or outcome of care occurs.² Performance measures provide important information to a physician, allowing him or her to enhance the quality of care delivered to patients.

Preventive Care and Screening

The preventive interventions included in this measurement set have been shown to be effective in disease prevention and early detection. The interventions that comprise the preventive care measures were selected based on a combination of factors including risk factor prevalence, disease incidence, morbidity and mortality related to the resulting diseases, prevalence of complications, health care costs, and the existence of established clinical recommendations.

This Physician Performance Measurement Set (PPMS) was developed by the Physician Consortium for Performance Improvement (The Consortium) to facilitate quality improvement activities by physicians. The performance measures contained in this PPMS are not clinical guidelines and do not establish a standard of medical care. This PPMS is intended to assist physicians in enhancing quality of care and is not intended for comparing individual physicians to each other or for individual physician accountability by comparing physician performance against the measure or guideline. The Consortium has not tested this PPMS.

This PPMS is subject to review and may be revised or rescinded at any time by The Consortium. The PPMS may not be altered without the prior written approval of The Consortium. A PPMS developed by The Consortium, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes. Any other use is subject to the approval of The Consortium. Neither The Consortium nor its members shall be responsible for any use of this PPMS.

Preventive Care and Screening

The identified patient populations for these measures were selected based on 1) the level of scientific evidence supporting the intervention, and 2) the strength of clinical guideline recommendations. It is acknowledged that these measures do not encompass all possible performance measures for preventive care and screening or all possible age groups for which there is clinical evidence; the intention in selecting these populations is to begin with the interventions for which scientific evidence is strongest.

For preventive care and screening, The Consortium recommends that physicians select those individual measures that are appropriate for their patient population. For example, a physician whose patients are primarily under the age of 50 years may choose to apply the Tobacco Use measure, which covers patients aged 18 years and older, but not the Adult Influenza Immunization measure, which currently focuses on patients aged 50 years and older. The Consortium strives to provide physicians with tools that are flexible and useful.

For more information and updates, including a list of practicing physicians and other experts who developed this measurement set, please visit The Consortium's Web site

www.ama-assn.org/go/quality

References

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2. Performance Measurement Coordinating Council. Desirable Attributes of Performance Measures. A Consensus Document from the AMA, JCAHO, and NCQA. 1999. Available at: <http://www.ama-assn.org/ama/pub/category/2946.html>. Accessed August 2002.
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4. Hofer TP, Hayward RA, Greenfield S, Wagner EH, Kaplan SH, Manning WG. The unreliability of individual physician "report cards" for assessing the costs and quality of care of a chronic disease. *JAMA*. 1999;28:2098-2105.

Physician Consortium for Performance Improvement Clinical Performance Measures – Tobacco Use

Statistics on Tobacco Use

- In 2001, the median prevalence of smoking in all 50 US states and the District of Columbia was 23%.¹
- Smoking causes an estimated 440,000 deaths in the United States annually.^{2,4}
- Tobacco use is the leading cause of preventable morbidity and mortality associated with heart disease, stroke, lung cancer, and chronic lung diseases, in the United States.^{2,5}
- The total direct and indirect costs of tobacco use in the United States are estimated at \$157 billion annually.³

Statistics on Current Practice

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for tobacco use. It has been reported that:

- In 2000, 66% of smokers aged 18 years and older in the average managed care plan were advised to quit smoking during a visit with their physician.⁵
- In 1998, 71% of smokers enrolled in a Medicare managed care plan received advice to quit smoking.⁶

Selected Evidence-Based Clinical Guidelines

Evidence-based clinical practice guidelines are available for tobacco use. These measures are based on clinical guidelines from the following:

- Canadian Task Force on Preventive Health Care⁷
- US Department of Health and Human Services, Public Health Service⁸
- US Preventive Services Task Force⁹

These performance measures were developed in agreement with these guidelines, enabling the physician to track his or her performance in individual patient care and across patient populations. *Please note that treatment must be based on individual patient needs and professional judgment.*

Relevant Physician Specialties, Patient Population, and Settings of Care

These performance measures are designed for:

- Use by any physician who manages the ongoing care of patients aged ≥ 18 years.
- Prospective data collection in the office-based practice setting only.

	Clinical Recommendations	Clinical Performance Measures Per Two-Year Measurement Period	
Tobacco Use	Periodic screening for tobacco use is recommended for all patients. ^{8,9} Tobacco cessation counseling is recommended for all patients who smoke. ^{7,9} (A Recommendation, Level-I Evidence) ⁹	Percentage of patients who were queried about tobacco use one or more times during the two-year measurement period Numerator = Patients who were queried about tobacco use one or more times Denominator = All patients aged ≥ 18 years at the beginning of the two-year measurement period	
		Percentage of patients identified as tobacco users who received cessation intervention during the two-year measurement period Numerator = Patients identified as tobacco users who received cessation intervention Denominator = All patients aged ≥ 18 years at the beginning of the two-year measurement period identified as tobacco users	<i>Per Patient:</i> Whether or not patient was queried about tobacco use one or more times Whether or not patient identified as a tobacco user received cessation intervention

References

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- 9 US Preventive Services Task Force. Guide to clinical preventive services. 2nd ed. 1996. Available at: <http://www.ahrq.gov/clinic/2ndcps/tobacco.pdf>. Accessed June 2003.

Physician Consortium for Performance Improvement Clinical Performance Measures – Problem Drinking

Statistics on Problem Drinking

- More than 8 million individuals in the United States meet the diagnostic criteria for alcohol dependence and an additional 5.6 million meet the diagnostic criteria for alcohol abuse.¹
- Alcohol abuse is a major cause of mortality, leading to 100,000 deaths in the United States annually.²
- Excessive drinking is linked to an increased risk of liver disease, high blood pressure, stroke, and certain types of cancer.^{1,3}
- The total direct and indirect costs of alcohol abuse in the United States are estimated at more than \$185 billion annually.⁴

Statistics on Current Practice

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for problem drinking. It has been reported that:

- The rate of alcohol screening in health care settings remains less than 50%.^{5,6}
- In one study only 20% of patients at a general medical clinic reported being screened for alcohol use in the previous six months.⁷

Selected Evidence-Based Clinical Guidelines

Evidence-based clinical practice guidelines are available for the management of problem drinking. This measure is based on clinical guidelines from the following:

- Partnership for Prevention²
- US Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Substance Abuse Treatment⁸
- US Preventive Services Task Force⁹

This performance measure was developed in agreement with these guidelines, enabling the physician to track his or her performance in individual patient care and across patient populations. *Please note that treatment must be based on individual patient needs and professional judgment.*

Relevant Physician Specialties, Patient Population, and Settings of Care

This performance measure is designed for:

- Use by any physician who manages the ongoing care of patients aged ≥18 years.
- Prospective data collection in the office-based practice setting only.

	Clinical Recommendations	Clinical Performance Measures Per Two-Year Measurement Period	
Problem Drinking	Routine screening and counseling for problem drinking in adults is recommended. ^{2,8,9} (B Recommendation, Level-I, II-2 Evidence) ⁹	Percentage of patients who were queried about and screened for problem drinking during the two-year measurement period Numerator = Patients who were screened for problem drinking Denominator = All patients aged ≥18 years at the beginning of the two-year measurement period	
		<i>Per Patient:</i> Whether or not patient was queried about and screened for problem drinking	<i>Per Patient Population:</i> Percentage of patients who were queried about and screened for problem drinking during the two-year measurement period

References

- 1 Grant BF, Harford TC, Dawson DA, et al. Prevalence of DSM-IV alcohol abuse and dependence—United States, 1992. *Alcohol Health Res W.* 1994;18:243-248.
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Physician Consortium for Performance Improvement Clinical Performance Measures – Adult Influenza Immunization

Statistics on Influenza Immunization

- Approximately 95 million cases of influenza are reported in the United States annually.¹
- Approximately 36,000 individuals die from influenza-related complications in the United States annually.^{2,3}
- Influenza immunizations can prevent up to 50% to 60% of hospitalizations and 80% of deaths from influenza-related complications among the elderly.⁴
- The total direct and indirect costs of influenza in the United States are estimated at more than \$12 billion annually.⁴

Statistics on Current Practice

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not receiving influenza immunization. It has been reported that:

- In 2002, only approximately 35% of adults aged 50 to 64 years had received an influenza immunization during the past 12 months.⁵
- In 2002, approximately 67% of adults aged 65 years and older had not received an influenza immunization during the past 12 months.⁵

Selected Evidence-Based Clinical Guidelines

Evidence-based clinical practice guidelines are available for adult influenza immunization. This measure is based on clinical guidelines from the following:

- Centers for Disease Control and Prevention, Advisory Committee on Immunization Practices⁶
- US Preventive Services Task Force⁷

This performance measure was developed in agreement with these guidelines, enabling the physician to track his or her performance in individual patient care and across patient populations. *Please note that treatment must be based on individual patient needs and professional judgment.*

Relevant Physician Specialties, Patient Population, and Settings of Care

This performance measure is designed for:

- Use by any physician who manages the ongoing care of patients aged ≥50 years.
- Prospective data collection in the office-based practice setting only.

	Clinical Recommendations	Clinical Performance Measures Per One-Year Measurement Period	
Influenza Immunization (Adult) <i>Denominator Exclusion:</i> Documentation of medical reason(s) ^a for not providing immunization; documentation of patient reason(s) ^b for declining immunization	Annual influenza immunization is recommended for all groups who are at increased risk for complications from influenza including persons aged ≥50 years. ^{6,7} (B Recommendation, Level-I, II-2 Evidence) ⁷	Percentage of patients who received an influenza immunization during the one-year measurement period Numerator = Patients who received an influenza immunization Denominator = All patients aged ≥50 years at the beginning of the one-year measurement period	
		<i>Per Patient:</i> Whether or not patient received an influenza immunization	<i>Per Patient Population:</i> Percentage of patients who received an influenza immunization during the one-year measurement period Percentage of patients who received an influenza immunization during the one-year measurement period, with all denominator exclusions applied

a Specify medical reasons (eg, egg allergy) for not providing immunization.

b Specify patient reasons (eg, economic, social, religious) for declining immunization.

References

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Physician Consortium for Performance Improvement Clinical Performance Measures – Colorectal Cancer Screening

Statistics on Colorectal Cancer

- In 2003, an estimated 148,000 new cases of colorectal cancer will be diagnosed in the United States.^{1,2}
- Colorectal cancer is the second leading cause of cancer deaths in the United States and is expected to cause more than 57,000 deaths in 2003.^{1,2}
- Screening for colorectal cancer can reduce the mortality rate from this disease by at least 30%.³
- The total direct and indirect costs of colorectal cancer in the United States are estimated at \$6.5 billion annually.³

Statistics on Current Practice

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not screened for colorectal cancer. It has been reported that:

- In 2001, only 45% of adults aged 50 years or older had ever received a fecal occult blood test (FOBT).⁴
- In 2001, only 47% of adults aged 50 years or older had ever received a colonoscopy or sigmoidoscopy.⁴

Selected Evidence-Based Clinical Guidelines

Evidence-based clinical practice guidelines are available for colorectal cancer screening. This measure is based on clinical guidelines from the following:

- American Academy of Family Physicians⁵
- American Cancer Society⁶
- Partnership for Prevention⁷
- US Multisociety Task Force on Colorectal Cancer⁸
- US Preventive Services Task Force⁹

This performance measure was developed in agreement with these guidelines, enabling the physician to track his or her performance in individual patient care and across patient populations. *Please note that treatment must be based on individual patient needs and professional judgment.*

	Clinical Recommendations	Clinical Performance Measures Per One-Year Measurement Period	
Colorectal Cancer Screening <i>Denominator Exclusion:</i> Documentation of medical reason(s) ^a for not providing colorectal cancer screening; documentation of patient reason(s) ^b for declining colorectal cancer screening; high risk population ^c	Annual screening for colorectal cancer is strongly recommended for men and women aged ≥50 years. ^{5,9} <ul style="list-style-type: none"> • Fecal occult blood testing (FOBT) annually • Flexible sigmoidoscopy every 5 years • Annual FOBT <i>plus</i> flexible sigmoidoscopy every 5 years • Double-contrast barium enema every 5 years • Colonoscopy every 10 years (B Recommendation, Level-I, II-1, II-2 Evidence)⁹ 	Percentage of patients screened for colorectal cancer during the one-year measurement period Numerator = Patients with any of the recommended colorectal cancer screening test(s) performed Denominator = All patients aged ≥ 50 years at the beginning of the one-year measurement period	
		<i>Per Patient:</i> Whether or not patient was screened for colorectal cancer	<i>Per Patient Population:</i> Percentage of patients screened for colorectal cancer during the one-year measurement period Percentage of patients screened for colorectal cancer during the one-year measurement period, with all denominator exclusions applied Distribution of screening test(s) performed: <ul style="list-style-type: none"> • FOBT • Sigmoidoscopy • Double-contrast barium enema • Colonoscopy • Recommended or considered only (no test performed)

a Specify medical reasons (eg, total colectomy, terminal illness) for not providing colorectal cancer screening.

b Specify patient reasons (eg, economic, social, religious) for declining colorectal cancer screening.

c Those at higher risk require more intensive surveillance.

Relevant Physician Specialties, Patient Population, and Settings of Care

This performance measure is designed for:

- Use by any physician who manages the ongoing care of patients aged ≥ 50 years.
- Prospective data collection in the office-based practice setting only.

References

- 1 American Cancer Society. What are the key statistics for colon and rectum cancer? Available at: http://www.cancer.org/docroot/CRI/content/CRI_2_4_1X_What_are_the_key_statistics_for_colon_and_rectum_cancer.asp?sitearea=&level=. Accessed March 2003.
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Physician Consortium for Performance Improvement

Clinical Performance Measures – Screening Mammography

Statistics on Breast Cancer and Screening Mammography

- In 2003, more than 211,000 women in the United States will be diagnosed with invasive breast cancer.¹
- In 2003, about 39,000 women in the United States will die from breast cancer.¹
- Mammography screening can reduce mortality by 17% among women aged 40 to 49 years and by 30% for women aged 50 to 74 years.²
- The total direct and indirect costs of breast cancer in the United States are estimated at more than \$6 billion annually.³

Statistics on Current Practice

Despite potential risks and established clinical guidelines, recent data suggest that some individuals are not receiving preventive screening mammography. It has been reported that:

- In 2001, 76% of women aged 52 to 69 years had at least one mammogram in the previous two years.⁴
- In 2000, 17% of women aged 40 to 49 years had never had a mammogram.⁵

Selected Evidence-Based Clinical Guidelines

Evidence-based clinical practice guidelines are available for screening mammography. This measure is based on clinical guidelines from the following:

- American Academy of Family Physicians⁶
- American College of Obstetricians and Gynecologists⁷
- American College of Preventive Medicine⁸
- Canadian Task Force on Preventive Health Care⁹
- National Cancer Institute¹⁰
- US Preventive Services Task Force¹¹

This performance measure was developed in agreement with these guidelines, enabling the physician to track his or her performance in individual patient care and across patient populations. *Please note that treatment must be based on individual patient needs and professional judgment.*

	Clinical Recommendations	Clinical Performance Measures Per Two-Year Measurement Period	
Screening Mammography <i>Denominator Exclusion:</i> Documentation of medical reason(s) ^a for not performing screening mammography; documentation of patient reason(s) ^b for declining screening mammography; high risk population ^c	Screening mammography every 1-2 years is recommended for women aged 50-69 years. ⁶⁻¹¹ (A Recommendation, Level-I, II-2 Evidence) ¹¹	Percentage of female patients who had a mammogram performed during the two-year measurement period Numerator = Female patients who had a mammogram performed Denominator = All female patients aged 50-69 years at the beginning of the two-year measurement period	
		<i>Per Patient:</i> Whether or not female patient had a mammogram performed	<i>Per Patient Population:</i> Percentage of female patients who had a mammogram performed during the two-year measurement period Percentage of female patients who had a mammogram performed during the two-year measurement period, with all denominator exclusions applied
Note: Evidence to support screening mammography in women aged 50 to 69 years is stronger than the evidence to support screening mammography in women aged 40 to 49 years or aged ≥70 years. The Preventive Care and Screening Work Group continues to monitor the evidence and reviews this measure annually.			

a Specify medical reasons (eg, history of bilateral mastectomy, terminal illness) for not performing screening mammography.

b Specify patient reasons (eg, economic, social, religious) for declining screening mammography.

c Those at higher risk require more intensive surveillance.

Relevant Physician Specialties, Patient Population, and Settings of Care

This performance measure is designed for:

- Use by any physician who manages the ongoing care of female patients aged 50 to 69 years.
- Prospective data collection in the office-based practice setting only.

References

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Physician Consortium for Performance Improvement

Preventive Care and Screening Physician Performance Measurement Set

Prospective Data Collection Flowsheet

Provider No. _____ Patient Name or Code _____ Birth Date ____/____/____
 (mm / dd / yyyy)

Gender M F Height (m) _____

Date of visit (mm/dd/yyyy)		____/____/____	____/____/____	____/____/____	____/____/____
Weight (lb/kg)		<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh	<input type="checkbox"/> Unable to weigh
Blood pressure		L _____ R _____ sitting supine standing	L _____ R _____ sitting supine standing	L _____ R _____ sitting supine standing	L _____ R _____ sitting supine standing
Tobacco Use (assess during each visit)	Tobacco Use	<input type="checkbox"/> Never <input type="checkbox"/> Former ____pack yrs ____/____/____ (stop date) <input type="checkbox"/> Current ____pack/day	<input type="checkbox"/> Never <input type="checkbox"/> Former ____pack yrs ____/____/____ (stop date) <input type="checkbox"/> Current ____pack/day	<input type="checkbox"/> Never <input type="checkbox"/> Former ____pack yrs ____/____/____ (stop date) <input type="checkbox"/> Current ____pack/day	<input type="checkbox"/> Never <input type="checkbox"/> Former ____pack yrs ____/____/____ (stop date) <input type="checkbox"/> Current ____pack/day
	Cessation Intervention for Tobacco Users	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication <input type="checkbox"/> Referral	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication <input type="checkbox"/> Referral	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication <input type="checkbox"/> Referral	<input type="checkbox"/> Counseling <input type="checkbox"/> Medication <input type="checkbox"/> Referral
Problem Drinking (assess during each visit)	Alcohol Use	<input type="checkbox"/> Never <input type="checkbox"/> Current _____ # drinks per day wk month <input type="checkbox"/> Screened for problem drinking	<input type="checkbox"/> Never <input type="checkbox"/> Current _____ # drinks per day wk month <input type="checkbox"/> Screened for problem drinking	<input type="checkbox"/> Never <input type="checkbox"/> Current _____ # drinks per day wk month <input type="checkbox"/> Screened for problem drinking	<input type="checkbox"/> Never <input type="checkbox"/> Current _____ # drinks per day wk month <input type="checkbox"/> Screened for problem drinking
	Influenza Immunization (ages 50+ and high-risk groups annually)	<input type="checkbox"/> Given _____ <input type="checkbox"/> Not given (medical reasons*) <input type="checkbox"/> Not given (patient reasons*)	<input type="checkbox"/> Given _____ <input type="checkbox"/> Not given (medical reasons*) <input type="checkbox"/> Not given (patient reasons*)	<input type="checkbox"/> Given _____ <input type="checkbox"/> Not given (medical reasons*) <input type="checkbox"/> Not given (patient reasons*)	<input type="checkbox"/> Given _____ <input type="checkbox"/> Not given (medical reasons*) <input type="checkbox"/> Not given (patient reasons*)
Colorectal Cancer Screening (assess ages 50+ annually)	Colorectal Cancer Screening	Indicate test(s) completed FOBT ____/____/____ Sigm. ____/____/____ <input type="checkbox"/> Average risk <input type="checkbox"/> High risk Col. ____/____/____ DCBE ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)	Indicate test(s) completed FOBT ____/____/____ Sigm. ____/____/____ Col. ____/____/____ DCBE ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)	Indicate test(s) completed FOBT ____/____/____ Sigm. ____/____/____ Col. ____/____/____ DCBE ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)	Indicate test(s) completed FOBT ____/____/____ Sigm. ____/____/____ Col. ____/____/____ DCBE ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)
	Screening Mammography (assess women every 1-2 years)	Mammogram Performed	Date performed ____/____/____ <input type="checkbox"/> Average risk <input type="checkbox"/> High risk <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)	Date performed ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)	Date performed ____/____/____ <input type="checkbox"/> Not performed (medical reasons*) <input type="checkbox"/> Not performed (patient reasons*)

*Specify medical (eg, egg allergy for influenza immunization, bilateral mastectomy for screening mammography) or patient (eg, economic, social, religious) reasons for not providing preventive care: