



Complete Summary

TITLE

Adults' access to preventive/ambulatory health services: percentage of enrollees who had an ambulatory or preventive-care visit.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

Brief Abstract

DESCRIPTION

This measure assesses the percentage of enrollees age 20 through 44, 45 through 64, and 65 years and older who had an ambulatory or preventive care visit. Nine separate rates are calculated, one for each of the three product lines for each of the three age groups (nine rates in total). Managed care organizations (MCOs) report the percentage of:

- Medicaid and Medicare enrollees who were continuously enrolled during the measurement year and who had an ambulatory or preventive care visit during the measurement year
- Commercial enrollees who were continuously enrolled during the measurement year and the two years prior to the measurement year and who had an ambulatory or preventive-care visit during the measurement year or two years prior to the measurement year

RATIONALE

Access to preventive and ambulatory health services is an important issue for consumers. This measure is intended to evaluate the percentage of enrollees age 20 through 44, 45 through 64, and 65 years and older who had an ambulatory or preventive care visit and identify any adult access issues.

PRIMARY CLINICAL COMPONENT

Ambulatory care; preventive care; access

DENOMINATOR DESCRIPTION

Members who are 20 through 44, 45 through 64, and 65 years and older as of December 31 of the measurement year and who are continuously enrolled during

the measurement year for Medicaid and Medicare members (the measurement year and two years prior to the measurement year for commercial members) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

NUMERATOR DESCRIPTION

Medicaid and Medicare: One (or more) ambulatory or preventive care visit(s) during the measurement year

Commercial: One (or more) ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year

See the related "Numerator Inclusions/Exclusions" field in the Complete Summary.

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Access

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Wide variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Gayles M. (Health Care Analyst, Quality Measurement. National Committee for Quality Assurance. Washington, DC). Personal communication [supplemental materials attached]. 2003 Oct 24. 17 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Accreditation
Decision-making by businesses about health-plan purchasing
Decision-making by consumers about health plan/provider choice
Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Community Health Care
Home Care
Managed Care Plans
Nursing Homes
Physician Group Practices/Clinics
Residential Care Facilities

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Physician Assistants
Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age greater than or equal to 20 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Members who are 20 through 44, 45 through 64, and 65 years and older as of December 31 of the measurement year and who are continuously enrolled during the measurement year for Medicaid and Medicare members (the measurement year and two years prior to the measurement year for commercial members) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Members who are 20 through 44, 45 through 64, and 65 years and older as of December 31 of the measurement year and who are continuously enrolled during the measurement year for Medicaid and Medicare members (the measurement year and two years prior to the measurement year for commercial members) with no more than one gap in enrollment of up to 45 days during each year of continuous enrollment

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid and Medicare: One (or more) ambulatory or preventive care visit(s) during the measurement year

Commercial: One (or more) ambulatory or preventive care visits during the measurement year or the two years prior to the measurement year

Refer to the original measure documentation for Current Procedure Terminology (CPT) codes and Uniform Billing 1992 (UB-92) Revenue Codes to identify preventive/ambulatory health services.

Exclusions

Exclude inpatient procedures, hospitalizations and emergency room visits.

Exclude mental health and chemical dependency services. Refer to the original measure documentation for International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes and CPT codes to identify excluded mental health and chemical dependency services.

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Analysis by subgroup (stratification on patient factors)

DESCRIPTION OF ALLOWANCE FOR PATIENT FACTORS

This measure requires that separate rates be reported for commercial, Medicare, and Medicaid plans for each of the three age groups (nine rates in total).

STANDARD OF COMPARISON

External comparison at a point in time
External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Adults' access to preventive/ambulatory health services.

MEASURE COLLECTION

[HEDIS® 2004: Health Plan Employer Data and Information Set](#)

DEVELOPER

National Committee for Quality Assurance - Private Nonprofit Organization

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

1998 Jan

REVISION DATE

2002 Jan

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

National Committee for Quality Assurance (NCQA). HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical specifications. Washington (DC): National Committee for Quality Assurance (NCQA); 2003. 374 p.

MEASURE AVAILABILITY

The individual measure, "Adults' Access to Preventive/Ambulatory Health Services," is published in "HEDIS 2004. Health plan employer data & information set. Vol. 2, Technical Specifications."

For more information, contact the National Committee for Quality Assurance (NCQA) at 2000 L Street, N.W., Suite 500, Washington, DC 20036; Telephone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org.

NQMC STATUS

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

COPYRIGHT STATEMENT

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For detailed specifications regarding the National Committee on Quality Assurance (NCQA) measures, refer to HEDIS Volume 2: Technical Specifications, available from the NCQA Web site at www.ncqa.org.

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