



Complete Summary

TITLE

Lipid screening in children and adolescents: percentage of children who are at risk for familial hypercholesterolemia who receive serum cholesterol screening.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

Brief Abstract

DESCRIPTION

This measure assesses the percentage of children who are at risk for familial hypercholesterolemia who receive serum cholesterol screening.

RATIONALE

The priority aim addressed by this measure is to increase appropriate cholesterol screening for children at risk for familial hypercholesterolemia.

PRIMARY CLINICAL COMPONENT

Lipid screening; familial hypercholesterolemia; total cholesterol, high-density lipoprotein-cholesterol

DENOMINATOR DESCRIPTION

Total number of children with documentation of family history of heart disease risk factors (see the related "Denominator Inclusions/Exclusions" field in the Complete Summary)

NUMERATOR DESCRIPTION

Number of those in the denominator who have had a cholesterol test that included total cholesterol and high-density lipoprotein (HDL)-cholesterol (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

PRIMARY MEASURE DOMAIN

Process

SECONDARY MEASURE DOMAIN

Not applicable

EVIDENCE SUPPORTING THE MEASURE

A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Lipid screening in children and adolescents.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Physician Group Practices/Clinics

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Ages 2 to 20 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Familial hypercholesterolemia (FH) occurs in about 0.2% of the population and accounts for about 5% of the cases of coronary heart disease (CHD) events at a young age.

EVIDENCE FOR INCIDENCE/PREVALENCE

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

See the "Incidence/Prevalence" field.

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

Children ages 2 to 20 who had an encounter in the last month

A random sample of at least 10 children (ages 2 to 20) per month is suggested. The total sample of charts of children seen by the medical group in the month reviewed will need to be sufficient to ensure that a minimum of 10 charts reflect documentation of the presence of family risk factors for heart disease.

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Total number of children with documentation of family history of heart disease risk factors*

*This includes a sample from all children ages 2 to 20 who were seen by the medical group in the last month with documentation that family risk factors for heart disease have been checked. Any comment, note, or form mentioning the heart disease history as "yes" is counted.

Exclusions

Unspecified

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Number of those in the denominator with documentation of a cholesterol test* that included total cholesterol and high-density lipoprotein (HDL)-cholesterol

*Current Procedure Terminology (CPT-4) codes:

- 83718 Lipoprotein, direct measurement: HDL-cholesterol
- 83719 & very low-density lipoprotein (VLDL)
- 83721 & low-density lipoprotein (LDL)
- 80061 Lipid Profile

Exclusions
Unspecified

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Medical record

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

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

Percentage of children who are at risk for familial hypercholesterolemia who receive serum cholesterol screening.

MEASURE COLLECTION

[Lipid Screening in Children and Adolescents Measures](#)

DEVELOPER

Institute for Clinical Systems Improvement

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Jun

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Institute for Clinical Systems Improvement (ICSI). Lipid screening in children and adolescents. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2004 Jun. 17 p. [16 references]

MEASURE AVAILABILITY

The individual measure, "Percentage of children who are at risk for familial hypercholesterolemia who receive serum cholesterol screening," is published in "Health Care Guideline: Lipid Screening in Children and Adolescents." This document is available from the [Institute for Clinical Systems Improvement \(ICSI\) Web site](#).

For more information, contact ICSI at, 8009 34th Avenue South, Suite 1200, Bloomington, MN 55425; phone: 952-814-7060; fax: 952-858-9675; Web site: www.icsi.org; e-mail: icsi.info@icsi.org.

NQMC STATUS

This NQMC summary was completed by ECRI on September 13, 2004.

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