

Report Card: Blue Cross Blue Shield AQC Metrics

Available at: www.carethatmatters.org

Metric	Care That Matters Analysis
<p>1. DIABETES and EYE EXAMS Adults 18-75 with diabetes had at least one eye exam within the last 2 years.</p>	<p>Quality Indicator*: Good Evidence supports reduced eye damage in diabetes with screening eye exams.</p>
<p>2. EARLY TESTING- CERVICAL CANCER Women 21-64 received a PAP smear in the past 3 years, or ages 30-64 had PAP and HPV testing in the last 5 years.</p>	<p>Conclusive evidence that cervical cancer screening reduces mortality in the population specified, and the benefit outweighs the anxiety and hassle of testing.</p>
<p>3. EARLY TESTING- COLORECTAL CANCER Adults 51-75 are tested for early colorectal cancer, with colonoscopy in the last 10 years, sigmoidoscopy in the last 5 years, or stool test in the last year.</p>	<p>Early testing by these methods reduces the amount of colon cancer and death from colon cancer.</p>
<p>4. STREP THROAT and TESTING Children ages 2-18 receiving antibiotics for strep throat have a strep test within 3 days.</p>	<p>Good evidence supports verifying strep throat before antibiotic treatment due to similarity with viral causes that aren't affected by antibiotics.</p>
<p>5. DIABETES and BLOOD PRESSURE Adults 18-75 with diabetes had blood pressure checked this year and most recent result is less than 140/90.</p>	<p>Quality Indicator: Suggested Modification Good evidence supports reducing blood pressure below 140/90 reduces heart attacks, strokes, and death in type II diabetes. Such evidence is not available for type I diabetes and so these patients should not be included.</p>
<p>6. DIABETES and KIDNEY DISEASE Adults 18-75 with diabetes were tested for evidence of early onset kidney disease in the past year.</p>	<p>Patients with early stage kidney disease do benefit from early detection and treatment. Established type I diabetes guidelines suggest initiating testing 5 years after diagnosis. Testing should not apply to those with life expectancy shorter than the potential gain from preventing kidney damage.</p>
<p>7. EARLY TESTING- CHLAMYDIA in TEENS Sexually active women 16-20 were tested for chlamydia last year.</p>	<p>Evidence supports testing for chlamydia in the absence of symptoms. An annual schedule is arbitrarily chosen and may be too frequent.</p>
<p>8. EARLY TESTING- CHLAMYDIA in ADULTS Sexually active women 21-24 were tested for chlamydia last year.</p>	<p>As above, this is supported with evidence but annually is arbitrary and may be too frequent.</p>
<p>9. ANTIBIOTICS for BRONCHITIS Adults 18-64 diagnosed with acute bronchitis are not prescribed antibiotics within 3 days.</p>	<p>Patients with chronic lung conditions should be excluded since early treatment of respiratory symptoms may be helpful.</p>
<p>10. ANTIBIOTICS for UPPER RESPIRATORY TRACT INFECTION Children diagnosed with upper respiratory tract infections don't receive antibiotics.</p>	<p>Good evidence indicates that antibiotics for simple upper respiratory tract infections are more harmful than helpful. However, antibiotics for prolonged moist cough may be beneficial.</p>
<p>11. DEPRESSION- SHORT TERM For a 16 week period, adults with depression who have started an antidepressant missed less than 30 days of treatment, determined by whether or not they filled their prescriptions at the drug store.</p>	<p>Quality Indicator: Poor Although there is good evidence that antidepressants work only for severe depression, this metric incorrectly includes mild-moderate depression as well. The time periods chosen are arbitrary and do not reflect studied cutoffs. The metric denies patient choice to stop treatment due to side effects or switch to other effective or potentially preferable therapies.</p>

<p>12. DEPRESSION- LONG TERM For a 6 month period, all adults with depression who were started on an antidepressant missed less than 51 days.</p>	<p>As above, this metric inappropriately includes mild-moderate depression. The time periods are again arbitrary. Patient choice for effective alternative treatments and side effect avoidance is denied.</p>
<p>13. DIABETES and TESTING BLOOD SUGAR Adults 18-75 with diabetes had long-term blood sugar (A1C) tested in the last year.</p>	<p>No evidence suggests that the simple act of testing long-term blood sugar itself leads to reduced harm from diabetes.</p>
<p>14. DIABETES and BLOOD SUGAR GOALS Adults 18-75 with diabetes had long-term blood sugar (A1C) less than 9% when last tested this year.</p>	<p>No A1C goal has been established as optimal. The benefits of intensive A1C lowering (slight reductions in heart attack, eye damage, and amputation) are less well established than the harms (dangerously low blood sugar, weight gain, emotional distress and cost). An A1C goal of 9 hasn't been studied and is therefore arbitrary.</p>
<p>15. CHECKUPS for INFANTS Children less than 15 months receiving regular checkups</p>	<p>Good evidence suggests there is no benefit for a particular number of checkups, with 3 visits being no worse than 6 visits in the first year of life.</p>
<p>16. CHECKUPS for CHILDREN Children ages 3-6 years who receive at least one check up annually</p>	<p>Although widely considered good practice, there is no evidence that annual checkups for children is beneficial.</p>
<p>17. CHECKUPS for ADOLESCENTS Adolescents received at least one checkup with primary care or OB-GYN doctor annually.</p>	<p>There is no evidence that annual checkups for adolescents is beneficial.</p>
<p>18. BLOOD PRESSURE GOALS Adults aged 18-85 have last blood pressure measured at less than 140/90 in the last year.</p>	<p>Treating very high blood pressure is important, but major review committees do not agree on specific goals. They recommend higher goals for ages above 60. Good evidence suggests treating pressures only slightly above 140/90 is not beneficial for patients without cardiovascular risks.</p>
<p>19. EARLY TESTING- BREAST CANCER Women 50-74 received at least one mammogram within the last year.</p>	<p>Although mammograms slightly reduce the chance of dying from breast cancer itself, they do not reduce the overall chance of dying. This may pressure clinicians and women to choose a test that does not suit their preferences.</p>

***Dynamed criteria for appropriateness for clinical implementation**

1. Convincing evidence that action changes clinical outcomes
2. Desirable consequences outweigh undesirable consequences (including consideration of consequences of quality measure implementation)
3. Population adequately specified for appropriately targeted quality measure implementation
4. Intervention adequately specified for appropriately performed implementation

- If all 4 criteria are met, measure will be designated as "Meets criteria"
- If criteria 1 and/or 2 not met, measure will be designated as "Does not meet criteria"
- If criteria 3 and/or 4 not met, measure will be designated "Meets criteria with suggested modification"