

# Oregon Chronic Disease Data Clearinghouse

## Definitions and Inclusion Criteria

### Identification of health care provider

You were identified as these patients' physician, either because:

(1) You are the assigned as the primary care provider by the patient's health plan, or

(2) Based on OMPRO PCP-imputation algorithm. The course of the imputation algorithm will vary, depending on the information provided by the plans. If a patient belongs to a single health plan and that plan has assigned a physician to that patient (contractually, not by imputation), OMPRO will assume that physician is the PCP. If a patient belongs to a single plan but has no assigned PCP, OMPRO will calculate the number of visits that patient has made to each physician he/she has seen, then designate the physician providing the majority of care as the PCP, or designate the physician seen most recently as the PCP if the number of visits happens to be split equally among two or more physicians. If a patient belongs to multiple health plans, OMPRO will determine the major plan under which most visits took place, then assign the physician providing the majority of care as the PCP, or assign as the PCP the physician seen most recently if two or more physicians are seen with equal frequency.

### Identification of chronic disease

**Asthma** patients are identified as having the following health plan claims:

- A. Three or more asthma medication dispensings (using list of medications provided) OR
- B. One or more acute inpatient discharge(s) with primary diagnosis of asthma (codes defined above) OR
- C. One or more emergency department visits with primary diagnosis of asthma (codes defined above) OR
- D. Two or more outpatient visits with asthma listed anywhere as one of diagnoses (codes defined above)

This is the definition of asthma adapted from 2004 HEDIS specifications. Claims used to identify asthma patients may have been paid or are pending.

According to asthma guidelines established by The National Asthma Education and Prevention Program (NAEPP) of the National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute (NHLBI), to establish the diagnosis of asthma, the clinician must determine that: episodic symptoms of airflow obstruction are present, airflow obstruction is at least partially reversible, and alternative diagnoses are excluded.

This report is based on the NAEPP's Guidelines for the Diagnosis and Management of Asthma.

**Diabetes** patients are identified as having the following health plan claims:

- A. Dispensed insulin or oral hypoglycemics/ antihyperglycemics during the two-year period (using list of medications provided) OR
- B. Two face-to-face encounters with different dates of service in ambulatory setting or nonacute inpatient setting with diagnosis of diabetes (codes defined above) OR
- C. One face-to-face encounter in acute inpatient or emergency room setting during the two-year period with diagnosis of diabetes (codes defined above)

This is the definition of diabetes adapted from 2004 HEDIS specifications. Claims used to identify diabetes patients may have been paid or are pending.

The American Diabetes Association (ADA) defines diabetes as:

1. Symptoms of diabetes plus casual plasma glucose concentration  $\geq 200$  mg/dl (11.1 mmol/l). Casual is defined as any time of day without regard to time since last meal. Classic symptoms of diabetes include polyuria, polydipsia, and unexplained weight loss. OR
2. FPG  $\geq 126$  mg/dl (7.0 mmol/l.) Fasting is defined as no caloric intake for at least 8 hours. OR
3. 2-h PG  $\geq 200$  mg/dl (11/1 mmol/l) during an OGTT. Test should be performed as described by WHO\*, using glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.

This report is based on the Oregon Diabetes Program Population-based Guidelines.

The patient list contains data from the following health plans: CareOregon, Clear Choice Health Plans, Family Care, Lifewise, Mid Valley IPA, ODS Health Plans, Office of Medical Assistance Programs (OMAP), PacifiCare, PacificSource, Providence Health Plans, Regence BlueCross/BlueShield, Tuality Health Alliance



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