

CORRECTIONS HEALTH MANAGEMENT ANALYTICS GLOSSARY

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Measure	Target Goal	Definition	Methodology	Corrective Action Threshold	HEDIS 2016 (Medicaid)
DISEASE PREVENTION AND MANAGEMENT					
Asthma	90%	Percentage of patients who were prescribed the appropriate treatment based on the current CMC asthma disease management guideline at the time of the report. To be included, the patient must meet the two criteria below:	Denominator: Total number of patients who meet the criteria to be included.	89%	73%
		1. The patient must have the condition mild persistent, moderate persistent, or severe persistent asthma for at least 12 months prior to the report date. This is based upon the first observed date for the diagnosis in the EMR. (ICD9 codes 493.2, 493.3, 493.4; ICD10 codes J45.3, J45.4, J45.5)	Numerator: Number of pts in the above group with active orders for inhaled corticosteroids		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
Hypertension (both <60 and ≥60)	57%	Percentage of hypertension patients whose most recent blood pressure measurement at the time of the report met both the systolic and diastolic standards for their age group. To be included, the patient must meet the criteria below:	Denominator: Total number of patients who met the criteria to be included.	56%	56.5%
		1. The patient must have a current diagnosis of hypertension which was first observed at least 12 months prior to the report date. (All ICD9 codes starting with 401; ICD10 codes I10 or I15.) This is based upon the first observed date for the diagnosis in the EMR.	Numerator: Number of patients in the above group whose systolic and diastolic blood pressures met the standard for their age group.		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
		3. The patient must have a documented blood pressure in the EMR within 12 months of the date of the report.			
		For hypertension patients < 60 y/o, the standard for systolic blood pressure was ≤140, and the standard for diastolic blood pressure was ≤90 (<= to 140/90).	Patients are sorted by their age group, and a calculation is conducted for each age group.		
		For hypertension patients ≥ 60 y/o, the standard for systolic			

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Measure	Target Goal	Definition	Methodology	Corrective Action Threshold	HEDIS 2016 (Medicaid)
Cont.		blood pressure was ≤ 150 , and the standard for diastolic blood pressure was ≤ 90 (\leq to 150/90).			
Coronary Artery Disease (CAD)	75%	Percentage of male CAD patients 21-75 years of age and female CAD patients 40-75 years of age who were dispensed a statin medication during the last 12 months. To be included, the patient must meet the criteria below:	Denominator: total number of patients who met the criteria to be included.	74%	75%
		1. The patient must have the condition CAD (defined below) for at least 12 months prior to the report date. This is based upon the first observed date for the diagnosis. CAD defining diagnoses include: myocardial infarction or who have a diagnosis of ischemic vascular disease (IVD) (ICD9 codes starting with 410, 411, 412, 413, 414; ICD10 codes are I20, I21 or I25.)	Numerator Number of patients in the above group who received a statin medication		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
Diabetes		Percentage of diabetes patients who met the various criteria and standards below. (ICD9 codes that start with 250; ICE 10 codes E10 or E11)			
Diabetes HbA1c	47%	Percentage of diabetes patients whose most recent HbA1c result at the time of the report was $< 8\%$. To be included, the patient must meet the three criteria below:	Denominator: Total number of patients who met the criteria to be included.	46%	47%
		1. The patient must have the condition diabetes (any type) for at least 12 months prior to the report date. This is based upon the first observed date for the diagnosis in the EMR.	Numerator: Number of patients in the above group whose hbA1c was $< 8\%$.		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
		3. The patient must have a documented HbA1c result in the EMR within 12 months of the date of the report.			

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Measure	Target Goal	Definition	Methodology	Corrective Action Threshold	HEDIS 2016 (Medicaid)
Diabetes Statin Therapy	60%	Percentage of diabetes patients 40-75 years of age who do not have clinical cardiovascular disease who were dispensed a statin medication during the last 12 months. To be included, the patient must meet the criteria below:	Denominator: Total number of patients who met the criteria to be included.	59%	60%
		1. The patient must have the condition diabetes (any type) for at least 12 months prior to the report date. This is based upon the first observed date for the diagnosis in the EMR.	Numerator: Number of patients in the above group who received a statin medication.		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
Diabetes BP	60%	Percentage of diabetes patients whose most recent blood pressure was less than or equal to 140/90. Both the systolic and diastolic pressure must meet the standard. To be included, the patient must meet the three criteria below:	Denominator: Total number of patients who met the criteria to be included.	59%	60%
		1. The patient must have the condition diabetes (any type) for at least 12 months prior to the report date. This is based upon the first observed date for the diagnosis in the EMR.	Numerator: Number of patients in the above group whose BP was <140/90		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
		3. The patient must have a documented BP result in the EMR within 12 months of the date of the report.			
Nephropathy Screening	90%	Percentage of diabetes patients who have either had a documented urine micro albumin result in the EMR or who have an active prescription for an ACE inhibitor or ARB medication. To be included, the patient must meet the two criteria below:	Denominator: Total number of patients who met the criteria to be included.	89%	90%
		1. The patient must have the condition diabetes (any type) for at least 12 months prior to the report date. This is	Numerator: Number of patients in the above group who either have a		

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Measure	Target Goal	Definition	Methodology	Corrective Action Threshold	HEDIS 2016 (Medicaid)
Cont.		based upon the first observed date for the diagnosis in the EMR.	documented urine microalbumin result in the EMR or who have an active prescription for an ACE inhibitor or an ARB medication.		
		2. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			
Mental Health Diabetes Screening	81%	1. Diabetes screening for People with Schizophrenia or Bipolar disorder who are using antipsychotic medication. (the Dx codes used for this measure are: F20, F20.0,F20.1,F20.2,F20.3,F20.4, F20.5, F20.81,F20.89, F20.9, F25.0,F25.1,F25.8,F25.9, F30.10, F30.11 F30.12,F30.13,F30.2,F30.3,F30.4, F30.8 ,F30.9, F31.0, F31.10,F31.11,F31.12,F31.13, F31.2, F31.30, F31.31, F31.32,F31.4,F31.5,F31.60, F31.61, F31.62, F31.63, F31.64,F31.70,F31.71,F31.72, F31.73, F31.74, F31.75,F31.76,F31.77,F31.78,F31.8, F31.89, F31.9, F31.91,F31.92,F31.81)	Denominator: Patients who were continuously incarcerated for the last 12 months with a diagnosis of schizophrenia or bipolar disorder and who were dispensed an antipsychotic medication.	80%	81%
		2. The percentage of eligible patients with schizophrenia or bipolar disorder who were dispensed an antipsychotic medication and had a diabetes screening test during the last 12 months. Exclusion: Patients with a diagnoses of Diabetes	Numerator: Number of patients from the denominator who had a glucose test or HbA1c within the same 12 month period.		
		3. The patient must have been in TDCJ custody for at least 12 months. This is based upon the patient's received date. (The 12 month custody period and the 12 month condition period must be concurrent)			

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Measure	Target Goal	Definition	Resource
ACCESS TO CARE			
Dental ATC-1	80%	Each patient who submits a Sick Call Request for Dental Services will be physically seen by a licensed healthcare worker within 72 hours of receipt of the SCR. A Licensed Health Care Professional includes a nurse, medical/dental provider or dental hygienist.	Electronic Health Record
Dental ATC-2	80%	Each patient who submits a Sick Call Request for Dental Services will have chief complaint(s) listed and the date and time the SCR was received documented in the medical record.	Electronic Health Record
Dental ATC-3	80%	Each patient who has been referred to a dentist (through nursing or dental triage) will be seen by the dentist within 10 working days of receipt of the SCR in the Health Services Department.	Electronic Health Record
Mental Health ATC-4	80%	Each patient on outpatient status who submits a Sick Call Request or is referred for Mental Health Services will be interviewed within 72 hours. For triage, the patient must be seen by a Health Care Professional.	Electronic Health Record
Mental Health ATC-5	80%	Each patient who submits a Sick Call Request or is referred for Mental Health Services will have chief complaint(s) listed and the date and time the SCR was received or reason for referral documented in the medical record.	Electronic Health Record
Mental Health ATC-6	80%	Each patient on Outpatient Mental Health status who has been referred to a Qualified Mental Health Professional (QMHP) for further evaluation and/or treatment is seen by the QMHP within 10 working days of receipt of the SCR in the Health Services Department. Or notification by Health Care Professional to determine urgency of need as follows: Urgent Mental Health Needs - refer immediately to QMHP, includes but is not limited to risk of suicide or injury to self or others, acute distress or agitation and certain medication side effects. Non-Urgent Mental Health needs - refer to QMHP within 10 working days. Request/Complaint not mental health related - refer patient to appropriate department and follow-up on further requests or referrals.	Electronic Health Record
Nursing ATC-7	80%	Each patient who submits a Sick Call Request for Medical Services (whether NSC or Provider Sick Call) will be physically seen within 72 hours. Must be seen by a Licensed Health Care Professional (Nurse [LVN or RN], MD, DO, PA or FNP).	Electronic Health Record
Nursing ATC-8	80%	Each patient who submits a Sick Call Request for Medical Services will have chief complaint(s) documented in the medical record.	Electronic Health Record
Medical ATC-9	80%	Each patient who has been referred to a physician, physician assistant or advanced practice nurse will be seen by the physician, physician assistant or advanced practice	Electronic Health Record

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Measure	Target Goal	Definition	Resource
		nurse within 10 working days of receipt of the SCR in the Health Services Department.	

SPECIALTY AND HOSPITAL SERVICES			
Specialty Care Referrals	N/A	Number of referrals for specialist consultations submitted and approved.	HG Report
Appointments via Telehealth	N/A	Number of primary and specialty clinic encounters conducted via Telehealth.	Operations Report
Hospital Admissions	N/A	Number of community hospital admissions.	UR Report
Emergency Department Visits	N/A	Number of community emergency visits.	UR Report

PHARMACY			
Prescriptions per inmate	N/A	Average number of prescriptions dispensed per inmate per month	Pharmacy TDCJ Monthly Utilization Report
Number of formulary scripts	N/A	Percentage of all provider generated prescriptions filled for medications on the formulary.	Pharmacy TDCJ Monthly Utilization Report
Number of non-formulary scripts	N/A	Percentage of all provider generated prescriptions filled for medications not on the formulary.	Pharmacy TDCJ Monthly Utilization Report
Reclamation dollars	N/A	Number of dollars reclaimed from unused medications.	Pharmacy TDCJ Monthly Utilization Report