

Appendix H
DOD/VA GUIDELINE METRICS

Low Back Pain Metrics

Highest Priority Indicators Recommended for Special Study Monitoring

Guideline Element	Indicator	Indicator Type	Monitoring Method	Average Score
Identify red flag conditions	<i>Percentage of new LBP patients who are evaluated appropriately for red flag conditions in the initial visit, including history and focused physical examination</i>	Process of Care	Special Study	8.5 *
Conservative treatment; Patients who do not improve	Average improvement in disability for acute low back pain/sciatica patients, as measured by Oswestry LBP instrument	Clinical Outcome	Special Study	8.3
Conservative Treatment	Level of patient satisfaction with amount of education and instruction provided for LBP care	Patient Satisfaction	Patient Survey	8.2
Treatment of Chronic sciatica	<i>Percentage of LBP patients with radicular pain at 6 weeks duration, and a positive imaging study, who are referred to a surgical specialist</i>	Process of Care	Special Study	Not scored

NOTE: indicators established by the DoD/VA Working Group are highlighted.

*This score was given to an indicator for performance of a neurological examination at the initial visit for low back pain patients, which was replaced with the more comprehensive metric presented here.

Other Priority Indicators Recommended for Routine Monitoring

Guideline Element	Indicator	Indicator Type	Monitoring Method	Average Score
Conservative Treatment; Patients who do not improve	Percentage of acute LBP patients who are referred for physical therapy or manipulation	Process of Care	Routine	7.1
Conservative Treatment; Patients who do not improve	Average time from initial LBP visit until referral for physical therapy or manipulation for those who are referred	Process of Care	Routine	7.1
Conservative Treatment; Patients who get worse	Percentage of acute LBP patients for whom plain x-rays are obtained	Process of Care	Routine	7.0
Conservative Treatment; Patients who get worse	Percentage of acute LBP patients for whom CT scan or MRI are obtained	Process of Care	Routine	6.8

**Indicators Suggested for Use by Individual Services or
Health Care Facilities**

Guideline Element	Indicator	Monitoring Method	Average Score
PROCESS OF CARE			
All	Percentage of clinicians who received the low back pain guideline	Routine	6.8
Conservative Treatment	Percentage of LBP patient charts that document patient education	Special Study	6.6
All	Percentage of LBP patient charts that contain a documentation form	Special Study	6.2
Conservative treatment; Patients who do not improve	Average time between first low back pain visit to first record of plain x-rays obtained	Routine	6.1
Conservative treatment; Patients who do not improve	Average time between first low back pain visit to first record of CT scan or MRI obtained	Routine	6.1
CLINICAL OUTCOMES			
Conservative treatment; Patients who do not improve	Percentage of acute low back pain/sciatica patients who progress to chronic, as measured by outpatient visits >6 weeks following initial visit for LBP	Routine	7.8
Conservative treatment; Patients who do not improve	Average number of days to full return to duty status for military personnel with low back pain/sciatica that results in restricted duty status	Special Study	7.5
Conservative treatment; Patients who do not improve	Percentage of military personnel with low back pain/ sciatica who return to full duty work within 6 weeks	Special Study	7.2
Conservative treatment; Patients who do not improve	Average improvement in Fear Avoidance Behavior Questionnaire (FABQ) score for acute low back pain/sciatica patients	Special Study	6.8
Treatment of Chronic Low Back Pain or Sciatica	Percentage of lost acute LBP patients with continuing disability >6 weeks after first visit, based on Oswestry score	Special Study	6.7
PATIENT SATISFACTION			
Conservative Treatment	General satisfaction with treatment for acute low back pain/sciatica	Patient Survey	8.0
Conservative Treatment	Satisfaction with extent of pain alleviation for acute low back pain/sciatica	Patient Survey	7.8

Asthma Metrics

Highest Priority Indicators

Indicator Type	Indicator
INITIAL MANAGEMENT (MAY BE MORE THAN ONE VISIT)	
Process	% asthmatics 6 and over with spirometry within 6 months of initial diagnosis
BOTH INITIAL MANAGEMENT AND TREATMENT FOLLOW-UP	
Process	% asthma patients with documented asthma severity level
Process	% asthma f/u visits with documented asthma severity level
Process	% patients with persistent asthma who are prescribed long term controllers
Process	% asthmatics with prescription for beta-2 agonist inhaler for exacerbations as needed
Process	% asthmatics with written action plan documented in past 12 months
Process	% persistent asthmatics with written action plan documented in past 12 months
Process	% asthmatics who have identified PCP
Process	% asthmatics 6 and over with spirometry in past 12 months
TREATMENT FOLLOW-UP	
Process	% asthmatics with MDI prescribed with documented assessment of MDI technique
Process	% asthmatics 12 and over with documented smoking status
Process	% asthmatics under 18 with documentation of parents', siblings' and other housemates' smoking status
Intermed. Outcome	% asthmatics with MDI prescribed with demonstrated adequate MDI technique
Outcome	Annual ER Visits/1000 asthmatics
Outcome	Annual hospitalizations/1000 asthmatics
EMERGENCY MANAGEMENT	
Process	% ER/urgent office visits for asthma with PEF or FEV1 for children 6 and over
Process	% patients given beta2-agonists in ER/urgent office visit with repeat FEV1 or PEF prior to discharge
Process	% asthma hospitalizations followed up within 14 days with an outpatient visit
Process	% patients presenting with acute asthma who are prescribed a course of oral corticosteroids
Outcome	Readmission rate within 12 months following asthma hospitalization
Outcome	% of patients with repeat ER/urgent office visit within 3 months of ER/urgent office visit

Asthma Metrics

Highly Rated—Routine

Indicator Type	Indicator
INITIAL MANAGEMENT (MAY BE MORE THAN ONE VISIT)	
	None
BOTH INITIAL MANAGEMENT AND TREATMENT FOLLOW-UP	
Process	Bronchodilator vs anti-inflammatory ratio
Process	Bronchodilator medication raw numbers
Process	Anti-inflammatory medication raw numbers
Intermed. Outcome	% patients hospitalized for asthma with no prior prescription for corticosteroids
TREATMENT FOLLOW-UP	
Process	% asthmatics 6 and over with spirometry in past 2 years
Process	% asthma f/u visits with peak flow or FEV1 recorded for patients 6 and over
Outcome	% of ER/urgent office visits within 2 months of a scheduled asthma office visit
EMERGENCY MANAGEMENT	
Process	% ER/urgent office visits for asthma with PEF or FEV1 for children 6 and over
Intermed. Outcome	% of patients revisiting ER within 6 months of index visit
Clinical outcome	Mortality rate for patients with asthma
TELEPHONE TRIAGE	
	None

Asthma Metrics

Highly Rated—Special Study

Indicator Type	Indicator
INITIAL MANAGEMENT (MAY BE MORE THAN ONE VISIT)	
	<i>Missed Pediatric Asthma Diagnoses:</i>
Clinical outcome	% patients between 6 and 15 with 2 visits with diagnosis of pneumonia w/o fever AND no record of peak flow/FEV1
Clinical outcome	% patients between 6 and 15 with 2 visits with diagnosis of bronchitis/bronchitis AND no record of peak flow/FEV1
BOTH INITIAL MANAGEMENT AND TREATMENT FOLLOW-UP	
Process	% asthma f/u visits with documentation of action plan
Process	% persistent asthmatics referred for asthma education within 6 months of initial diagnosis
Intermed. outcome	% persistent or moderate to severe asthmatics who report having an action plan
Intermed. outcome	% persistent asthmatics who know when to contact PCP about signs and sx
Intermed. outcome	% asthmatics who know <ul style="list-style-type: none"> • basic disease information • difference between long term control and quick relief medications
Intermed. outcome	% asthma f/u visits for patients with persistent or moderate to severe asthma 6 and over with record of home peak flow monitoring
Outcome	Restricted activity days due to asthma in past month/asthmatic
Outcome	School days missed in past year/asthmatic under 18
Outcome	Work days (or duty days) lost in past year/asthmatic 18 or over
TREATMENT FOLLOW-UP	
Process	% asthmatics with documentation of asthma trigger assessment
Process	% persistent asthmatics with documented flu vaccination in previous September-January
Intermed. outcome	% asthmatics with knowledge of asthma triggers
Intermed. outcome	% asthmatics 12 and over who smoke
Intermed. outcome	% asthmatics under 18 who live in house with a smoker
Outcome	Annual unscheduled clinic visits/1000 asthmatics
EMERGENCY MANAGEMENT	
Process	% patients presenting to ER/urgent office visit with pulse oximetry
Process	% patients presenting to ER/urgent office visit with FEV1 or PEF less than 70% of baseline who are given beta2-agonists
TELEPHONE TRIAGE	
Process	% of asthma patients with action plan who call in to telephone triage
Intermed. outcome	% of asthma patients who call in to telephone triage that are able to initiate additional action
Patient satisfaction	% of asthma patients or caregivers who are satisfied with telephone advice at follow-up
Clinical outcome	% of asthma patients who seek emergency treatment or are admitted to the hospital within 10 days of calling in to telephone triage for advice

Diabetes Metrics*

Accountability Set	Quality Improvement Set
<ol style="list-style-type: none"> 1. Percentage of patients receiving ≥ 1 glycohemoglobin (HbA1c) test/year 2. Percentage of patients with the highestrisk HbA1c level (i.e., HbA1c > 9.5%) 3. Percentage of patients assessed for nephropathy 4. Percentage of patients receiving a lipid profile once in 2 years 5. Percentage of patients with a low-density lipoprotein (LDL)** < 130 mg/dL 6. Percentage of patients with blood pressure** < 140/90 mm Hg 7. Percentage of patients receiving a dilated eye exam (see description for frequency) 	<ol style="list-style-type: none"> 1. HbA1c levels of all patients reported in six categories (i.e., <7.0%, 7.0%–7.9%, 8.0%–8.9%, 9.0%–9.9%, $\geq 10.0\%$, no value documented) 2. Distribution of LDL values** (i.e., <100, 100–129, 130–159, >159 mg/dL, no value documented) 3. Distribution of blood pressure values** (i.e., <140, 140–159, 160–179, 180–209, >209 mm Hg systolic; <90, 90–99, 100–109, 110–119, >119 mm Hg diastolic; no value documented) 4. Proportion of patients receiving a well-documented foot exam to include a risk assessment

*Some of the measures have exclusions based on co-morbidity or based on the results from a previous examination. All measures apply to people with diabetes between 18 and 75 years of age, regardless of type of diabetes, and measures 1, 2, and 7 can be applied to children 10–17 years old as well.

**For all measures requiring a value (e.g., LDL-C, blood pressure), the most recent test result will be used.