APPENDIX A: DEFINITIONS FOR INDICATOR TABLES

DEFINITIONS FOR ACNE (CHAPTER 1)

Moderate acne: Red papules and many pustules present.

Severe acne: Red papules, pustules, cysts and nodules present.

DEFINITIONS FOR ALCOHOL DEPENDENCE (CHAPTER 2)

Alcohol-associated pathology: Pathology caused by alcohol abuse. We intend to operationalize this definition. Although the following list is not intended to be exhaustive, examples include: cirrhosis, pancreatitis, gastrointestinal bleeding, cardiomyopathy, assault, suicide and motor vehicle accidents. Cirrhosis, cardiomyopathy and pancreatitis may cause chronic decreases in health related quality of life due to vomiting, ascites, abdominal pain, bleeding, shortness of breath and may eventually result in mortality. Gastrointestinal bleeding has a short-term mortality risk as well as a chronic impact on health-related quality of life due to anemia and other complications. Motor vehicle accidents and assaults may result in chronic disability from injuries and death. The health related quality of life of persons other than the patient may also be affected. Liver disease and alcohol related trauma are more common in women.

Regular or binge drinkers: Patient drinks more than 2 drinks each day, more than 11 drinks in a week or more than 5 drinks in a day in the last month.

CAGE: Self-administered alcohol abuse screening instrument. The Cut down, Annoyed, Guilty, Eye-Opener (CAGE) questionnaire is a 4-question test that focuses on drinking history.

MAST: Self-administered alcohol abuse screening instrument. Michigan Alcohol Screening Test (MAST) is a 25-question instrument on lifetime alcohol abuse.

HSS: Self-administered alcohol abuse screening instrument. The Health Screening Survey (HSS) is a 9-item lifestyle questionnaire that asks parallel questions on exercise, weight control, smoking and alcohol use during the past 3 months.

AUDIT: Self-administered alcohol abuse screening instrument. The Alcohol Use Disorders Inventory Test (AUDIT) is a 10-question instrument designed for the WHO that assesses alcohol use and problems in the last 12 months.

SAAST: Self-administered Alcohol Screening Test (SAAST). 35 item questionnaire that focuses on detection of dependence.

SMAST: Short MAST (see above).

DEFINITIONS FOR ALLERGIC RHINITIS (CHAPTER 3)

There are no definitions for this chapter.

DEFINITIONS FOR ASTHMA (CHAPTER 4)

Theophylline toxicity: Toxicities include tremulousness and agitation, nausea, vomiting, and cardiac arrhythmia.

Trial of inhaled steroids: Prescription of at least the minimum dose of inhaled steroids for no less than one month.
Chronic oral corticosteroids: Three or more corticosteroid tapers for exacerbations in the past year; or continuous treatment with any dose prednisone; or three or more administrations of intra-muscular corticosteroids in the past year.

DEFINITIONS FOR BREAST MASS (CHAPTER 5)

Breast mass: A palpable lump or nodule which is referred to in the medical record as a mass, lump, or nodule. Other indications of irregularity, such as “thickening,” “density,” or “irregularity” do not fit definition of mass.

DEFINITIONS FOR CESAREAN DELIVERY (CHAPTER 6)

Trial of labor: This term implies that vaginal delivery is intended. Labor is allowed to proceed until delivery, or until some indication for cesarean (such as fetal distress of failure to progress in labor) intervenes.

Failure to progress (FTP) in labor: Also known as “dystocia.” Labor (as measured by cervical dilation and descent of the presenting part) has either stopped progressing or progresses at a rate below accepted norms. Accepted norms for cervical dilation range from 0.5 to 1.5 cm of cervical change per hour.

Electronic fetal monitoring (EFM): A method by which the fetal heart rate can be monitored continuously during labor. External EFM uses a Doppler device strapped to the mother's abdomen. Internal EFM uses a clip attached to the fetal scalp to detect electrocardiographic impulses from the fetus. Certain patterns of EFM tracing may be indicative of fetal hypoxia.

DEFINITIONS FOR CIGARETTE USE COUNSELING (CHAPTER 7)

Smoking-related morbidity and mortality: We intend to operationalize this definition. Although not intended to be exhaustive, examples include coronary heart disease, cerebrovascular disease, chronic obstructive pulmonary disease, and obstetrical complications as well as carcinoma of the lung, trachea, bronchus, esophagus, kidney, bladder, pancreas and stomach.

Counseling: We plan a broad operationalization of counseling to include everything from pamphlets and brief advice in the primary care setting to specialized structure programs.

DEFINITIONS FOR DEPRESSION (CHAPTER 8)

Medical complications of substance abuse: There are numerous medical complications of substance abuse. For alcohol, this includes: blackouts, seizures, delirium, liver failure. For IV drugs of any kind, this includes: local infection, endocarditis, hepatitis and HIV, death from overdose. For cocaine and amphetamines, this includes: seizures, myocardial infarction, and hypertensive crises.

Depressive symptoms: Included are: depressed mood, diminished interest or pleasure in activities, weight loss/gain, impaired concentration, suicidality, fatigue, feelings of worthlessness and guilt, and psychomotor agitation/retardation.

General medical disorders that contribute to depression: Included are: severe arthritis, low back pain, coronary artery disease, congestive heart failure, renal failure.

DEFINITIONS FOR DIABETES MELLITUS (CHAPTER 9)

Diabetic complications: Although the following list is not intended to be exhaustive, examples include visual loss, dysfunction of the heart, peripheral vasculature, peripheral nerves, and kidneys. We intend to operationalize this term.
Failed dietary therapy: Adherence to ADA diet fails to improve glycemic control, as glycosylated hemoglobin measure remains above 6.05 mg/dl percent for 3 months. There is no accepted definition of timeframe; we chose a conservative estimate of 3 months.

Failed oral hypoglycemics: Oral hypoglycemics at maximum recommended dose fail to bring glycosylated hemoglobin measure of glycemic control below 6.05 mg/dL percent for 3 months. There is no accepted definition of timeframe; we chose a conservative estimate of 3 months.

Failure of preferred agents: Failure to achieve glycemic control or reduce diabetic complications.

DEFINITIONS FOR FAMILY PLANNING/CONTRACEPTION (CHAPTER 10)
There are no definitions for this chapter.

DEFINITIONS FOR HEADACHE (CHAPTER 11)

New patients: Patients who present for the first time to the physician, practice or health plan. In other words, patient for whom a history and physical has been performed and is available to the physician.

New onset headache: Patient has no prior history of presenting with headache complaint.

Abnormal neurological examination: We intend to operationalize this term. Includes examination of the cranial nerves, including pupils and eye movements, examination of the deep tendon reflexes and of the fundi.

Constant headache: Unrelieved, persistent headache that may range from low-level to severe and last for 1 week. Experts contend that such headaches are more indicative of intracranial neoplasm than intermittent headaches. There is no accepted definition for timeframe; we chose a conservative estimate of 1 week.

Severe headache: Headache of a severity that prohibits daily activities.

Acute headache: Headache lasting less than one week.

Moderate or severe headaches: Headache of a severity that inhibits or prohibits daily activities.

Tension headaches: Tension headaches are likely to be described as dull, nagging and persistent, with tight and constricting pain, and are also referred to as contraction, stress or ordinary headaches. The pain of these headaches may be either unilateral or bilateral and may involve the frontal region. Pain is likely to be most severe in the neck, shoulders and occipital region.

Uncontrolled hypertension: Failure to control blood pressure to normal or stage 1 levels (systolic less than 160, diastolic less than 100).

Atypical chest pain: Chest discomfort not suggestive of coronary heart disease

Side effects of migraine therapeutic agents: Although not exhaustive, examples of side effects include the following:

  Ergotamines: vasoconstriction, exacerbation of coronary artery disease, nausea, abdominal pain, somnolence;
  Opiates: dependence, somnolence, withdrawal;
  Phenothiazines: dystonic reactions, anticholinergic reactions, insomnia.

Migraine symptoms and headaches: Migraines typically last 4 to 72 hours, with the vast majority lasting less than 24 hours and involving headache-free periods between prostrating
attacks. Migraine pain can occur anywhere in the head or face, but seems to occur most often in the temple. Common migraine symptoms include unilateral location, pulsating quality, moderate or severe intensity (inhibits or prohibits daily activities), aggravation by walking stairs or similar activity, nausea and/or vomiting, and/or photophobia and phonophobia. Classic migraine symptoms include homonymous visual disturbance, unilateral paresthesias, unilateral weakness and aphasia or undistinguishable speech difficulty.

**First line therapy:** Medication that should be used prior to trial of any other medication.

**DEFINITIONS FOR HYPERTENSION (CHAPTER 12)**

**Stage 1-4 hypertension:** A high blood pressure diagnostic staging system involving the following ranges of elevated cuff measurements in mm of HG: Stage 1 is mild (systolic 140-159, diastolic 90-99), Stage 2 is moderate (systolic 160-179, diastolic 100-109) and Stage 3 is severe (systolic 180-209, diastolic 110-119), Stage 4 is very severe (systolic >209, diastolic >120)

**Premature CAD:** Coronary artery disease for patients under age 55.

**Tobacco abuse:** Any use of tobacco products.

**Medications known to cause hypertension:** We are planning to operationalize this definition. Although the following list of medications is not intended to be exhaustive, examples include steroids, nasal decongestants, appetite suppressants, cyclosporine, monoamine oxidase inhibitors, tricyclic antidepressants and erythropoietin.

**Temporary (discontinuation of drug therapy):** Interruption of therapy involving drugs known to cause hypertension to see if blood pressure normalizes, indicating the drug(s) is the cause of the patient’s hypertension.

**Failure on (first-line pharmacotherapy):** Uncontrolled hypertension, or failure to control blood pressure to normal or stage 1 levels (systolic less than 160, diastolic less than 100)

**Contraindication (for first-line pharmacotherapy):** Beta blockers and/or thiazide diuretics are not recommended as first line pharmacotherapy for patients with certain concomitant diseases, such as hyperlipidemia, diabetes, asthma, gout (see text).

**Persistent elevations:** Elevations persisting for at least 6 months.

**Hypertensive complications:** Target organ damage, including cardiovascular disease, cerebrovascular disease, retinopathy and nephropathy. Cardiovascular disease can result in chest pain, shortness of breath, claudication, fatigue, and death. Cerebrovascular disease can result in neurologic symptoms (e.g., aphasia, paralysis) and death. Retinopathy can result in visual field defects and blindness. Nephropathy can result in edema, arrhythmias, nausea, vomiting, dialysis, and death.

**DEFINITIONS FOR ACUTE LOW BACK PAIN (CHAPTER 13)**

**Acute low back pain:** Less than 3 months’ duration of activity intolerance due to low back pain and/or back-related leg symptoms.

**Significant trauma:** An injury caused by rough contact with a physical object that may have resulted in spinal fracture.

**Prolonged use of steroids:** Patient is receiving long-term corticosteroid therapy (greater than 3 weeks).

**Unexplained weight loss:** Loss of 10 percent or more of body weight if patient is not trying to lose weight.
Neurologic screening: Includes ankle and knee reflexes, ankle and great toe dorsiflexion strength, and distribution of sensory complaints.

Diagnostic testing: EMG, SEPs, ESR, CBC, UA, bone scan, pain myelography, MRI, CT, CT-myelography, discography, CT-discography.

Prolonged bed rest: Greater than 4 days.

Immunosuppression: Suppression of immunologic response. Includes immune disorders such as hematologic and solid tumors, congenital immunodeficiency, HIV and long-term immunosuppressive therapy.

DEFINITIONS FOR PRENATAL CARE (CHAPTER 14)

Screened for anemia: A hemoglobin or hematocrit (blood test)

Smoking history: Interview asking the patient whether or not she smokes or has smoked during the pregnancy, and if so how much.

Drug history: Interview asking the patient whether or not she has used illicit drugs during the pregnancy or prior to pregnancy, and if so which drugs, how much and how often.

Alcohol history: Interview asking the patient whether she has used alcohol during the pregnancy, and if so how much and how often.

Quickening: First movements of the fetus felt in utero; generally occur between the 18th and 20th week of pregnancy, although they have been felt as early as 10 weeks.

Stages of labor: The first stage of labor begins with the initial contractions and continues up to the point the woman reaches 10 mm of cervical dilatation. The second stage begins when 10 cm of cervical dilatation and ends with the delivery of the infant. The third stage begins with delivery of the infant and ends with delivery of the placenta.

Pregnancy induced hypertension: The diagnosis includes: elevated blood pressure (SBP > 140 mm Hg, or DBP > 90 mm Hg, or SBP increase > 30 mm Hg or DBP increase > 15 mm Hg; AND either proteinuria 1+ or more OR edema > trace.

Intrauterine growth retardation: 4 cm less than indicated by gestational age.

DEFINITIONS FOR CORTICOSTEROIDS FOR FETAL MATURATION IN PRETERM LABOR (CHAPTER 15)

There are no definitions for this chapter.

DEFINITIONS FOR PREVENTIVE CARE (CHAPTER 16)

HIV and STD prevention counseling: Ideally, counseling will include discussion of high-risk behaviors, use of barrier contraceptives, and abstinence. However, we will accept any notation that counseling occurred as meeting this indicator.

DEFINITIONS FOR UPPER RESPIRATORY INFECTIONS (CHAPTER 17)

Preceding viral infection: Viral infection two weeks or less prior to onset of cough. Viral infection examples include common cold and influenza.
DEFINITIONS FOR URINARY TRACT INFECTION (CHAPTER 18)

Suspected upper tract infection: Concomitant presence of such symptoms as fever, chills, and/or back pain suggest an upper tract infection.

Complicated lower tract infection: Patients with diabetes, functional or structural anomalies of the urinary tract, symptoms lasting more than 7 days, recent previous urinary tract infection, use of diaphragm, pregnancy.

DEFINITIONS FOR VAGINITIS AND SEXUALLY TRANSMITTED DISEASES (CHAPTER 19)

There are no definitions for this chapter.