



Quality Improvement Committee

Glossary of Terms and Acronyms*

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AARC	American Association for Respiratory Care
ACC/AHA	The American College of Cardiology (ACC) and the American Heart Association (AHA) joint collaboration to ensure that the cardiovascular community speaks with one voice on clinical performance measurement based on a history of joint development of clinical practice guidelines
ACCCM	American College of Critical Care Medicine
ACS	American College of Surgeons
ACS NSQIP	[See NSQIP]
AHIP	America's Health Insurance Plans
AHRQ	Agency for Healthcare Research and Quality
AMA-PCPI	American Medical Association Physician Consortium for Practice Improvement, a physician-led initiative formed in 2004 that includes methodological experts, clinical experts representing more than 90 national medical specialty societies, state medical societies, medical specialty boards, AHRQ, and CMS. The Consortium's vision is to fulfill the responsibility of physicians to patient care, public health, and safety by becoming the leading source organization for evidence-based clinical performance measures and outcomes reporting tools for physicians. Divided into three steering committees: Performance Measurement, Reporting, and Data Sharing and Aggregation. Consortium measures to date (93), covering 15 conditions, include the following: adult diabetes ¹ ; asthma; chronic obstructive pulmonary disease; chronic stable coronary artery disease ² ; community-acquired bacterial

pneumonia; heart failure²; and hypertension²; major depressive disorder; osteoarthritis³; prenatal testing; and preventive care and screening (5).

Consortium measures in development include the following: pediatric acute gastroenteritis; child and adolescent major depressive disorder; perioperative care; atrial fibrillation; conditions related to kidney disease; and eye care

AQA	Formerly called the Ambulatory Care Quality Alliance, now known just by the letters AQA, formed in September 2004 by AHRQ, AHIP, ACP, and AAFP. AQA is composed of AHRQ, CMS, medical specialty societies, purchasers, public insurers, and private payers. There are three workgroups that report to the Steering Committee. The ACCP participates in the Performance Measurement Workgroup and its three subgroups Acute and Chronic Care, Surgery and Procedure, and Cost of Care. There are also workgroups on Reporting (Provider and Consumer) and on Data Sharing and Aggregation (Health Information Technology, National health Data Stewardship Board, and Pilot Projects).
ASCRS	American Society of Colon and Rectal Surgeons
ASHP	American Society of Health system Pharmacists
ATS	American Thoracic Society
BtE	Bridges To Excellence, a not-for-profit coalition-based organization (predominantly purchaser-driven) created to encourage quality health care by recognizing and rewarding health-care providers who demonstrate that they deliver safe, timely, effective, efficient, equitable, and patient-centered care.
Care Setting	Locations where health care is provided, including the following: ambulatory care; ancillary services; behavioral health care; community health care; emergency medical services; home care; hospices; hospitals; long-term care facilities; managed care plans; physician group practices/clinics; rehabilitation centers; residential care facilities; rural health care; and substance use treatment programs/centers
Case Finding	The procedure for determining whether a case is potentially eligible for inclusion in the denominator of a measure. It is the concept of establishing a sampling frame from which a more highly specified selection of cases will be made.
CDC	Centers for Disease Control and Prevention

CEC	Continuing Education Committee of the ACCP
CAHPS [®]	Consumer Assessment of Healthcare Providers and Systems, a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care, first launched and funded by AHRQ in 1995. Health-care organizations, public and private purchasers, consumers, and researchers use CAHPS results from standardized surveys to assess the patient-centeredness of care, compare and report on performance, and improve quality of care.
CMS	Centers for Medicare and Medicaid Services
CSMC	Consensus Standards Maintenance Committee of NQF. There are several such committees, including the Pulmonary CSMC and the Cardiovascular CSMC, on which ACCP has representation.
Current Use of the Measure	A measure is considered to be in current use if at least one health-care organization has used the measure to evaluate or report on the quality of care within the last 3 years
Denominator (Index) Event	The event or state that defines a case as eligible for inclusion in the denominator
Denominator Sampling Frame	The list of all cases potentially eligible for inclusion in the denominator, from which a more highly specified selection of cases will be made
Denominator Time Window	The time period in which cases are reviewed for inclusion in the denominator
DOQ-IT	The Doctor's Office Quality - Information Technology (DOQ-IT) program is a national initiative that promotes the adoption of Electronic Health Record (EHR) systems to improve quality and safety for Medicare beneficiaries in small- and medium-sized physician offices.
Domains	Domains include the following: access to care; outcome of care; patient experience of care; population health; process of care; structure of care; and use of services
Episode of Care	The course of health care for an illness or a condition as observed in the chosen data source (<i>eg</i> , the percentage of patients with a primary diagnosis

of schizophrenia who receive an antipsychotic medication between 300 and 600 CPZ equivalents per day during the maintenance phase of the illness)

Expedited Consideration

NQF process for very well-established measure sets that are widely used. The review period of 30 calendar days is assumed, but may be reduced to 14 calendar days if recommended by the Program Committee and approved by the Board of Directors of NQF

G-codes Codes, developed by CMS, used for physicians to report data used for the calculation of quality measures. These new codes will supplement the usual claims data with clinical data that can be used to measure the quality of services rendered to Medicare beneficiaries.

GRC Government Relations Committee of the ACCP

HEDIS Health Plan Employer Data and Information Set

HIT Health information technology

HQA Hospital Quality Alliance

HSP Health and Science Policy committee of the ACCP

ICSI Institute for Clinical Systems Improvement

IHA Integrated Healthcare Association. In January 2002, the IHA embarked upon a P4P initiative, a California statewide effort to use standard measures to evaluate the performance of contracted physician organizations (PO). The goal of the endeavor is to develop a common set of measures for POs, publicly report scores for those measures for California POs and financially reward POs that consistently demonstrate high levels of performance. To date, seven health plans in California, representing more than seven million California commercial enrollees, have participated in the P4P project. Those plans included: Aetna, Blue Cross of California, Blue Shield of California, CIGNA HealthCare of California, Health Net, Pacific Care, and Western Health Advantage. The clinical quality measures were adapted from the NCQA's Health Plan Employer Data and Information Set. This P4P program includes an audit review to ensure that results are an accurate reflection of the PO's performance. IHA has stated that the fundamentals of its P4P program are grounded in two core requirements: (1) employ a common set of metrics to measure physician group performance and (2) commit significant funding to reward this performance. Participants in this effort include 225 physician organizations representing 35,000 physicians.

IHI	Institute for Healthcare Improvement (Institute for Healthcare Improvement 100,000 Lives Campaign)
Incidence	Incidence is a rate, showing how many new cases of a disease occurred in a population during a specified interval of time (usually expressed as the number of new cases per unit time per fixed number of people)
IOM	Institute of Medicine
IOM Domains (6)	<p>Effectiveness: Relates to providing care processes and achieving outcomes as supported by scientific evidence.</p> <p>Efficiency: Relates to avoiding waste, including waste of equipment, supplies, ideas, and energy.</p> <p>Equity: Relates to providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.</p> <p>Patient centeredness: Relates to meeting patient's needs and preferences and providing education and support.</p> <p>Safety: Relates to actual or potential bodily harm.</p> <p>Timeliness: Relates to obtaining needed care while minimizing delays.</p>
IPIP	Improving Performance in Practice, a joint effort lead by the ABMS with the American Board of Family Medicine, American Board of Internal Medicine, American Board of Pediatrics, American Academy of Family Physicians, American College of Physicians, and American Academy of Pediatrics. The Robert Wood Johnson Foundation has awarded a 1-year grant to the American Board of Medical Specialties (ABMS) Research and Education Foundation to fund the design of state-based quality improvement programs incorporating physician education support, collaborative learning and practice opportunities, and information collection and data sharing systems to help physicians improve the quality of healthcare they provide. This physician-led initiative is targeting diabetes, asthma, and preventive care—high priority areas identified by the Institute of Medicine in which more efficient and effective health care can be delivered.
IQI	Inpatient Quality Indicator, an AHRQ QI module includes volume indicators (<i>eg</i> , the number of certain procedures performed by a hospital for which there is a link between volume and outcomes), mortality indicators for certain patient procedures and conditions, and utilization indicators for procedures whose rates vary significantly. Examples include CABG volume, in-hospital mortality rate for stroke, and Cesarean section rate.

JCAHO	Joint Commission on the Accreditation of Healthcare Organizations
Leapfrog	The Leapfrog Group formed by a number of major US corporations, has strongly encouraged the adoption of a number of safer practices in hospitals, including EMR, proper staffing of ICUs, concentrating highly technical surgical procedures in high-volume centers, and implementation of the NQF Safe Practices
MedPAC	Medicare Payment Advisory Commission
NCQA	National Committee for Quality Assurance, founded in 1990 with support from large employers and the managed care industry, NCQA evaluates quality at the health-plan level via its HEDIS measures, using administrative claims data on HMO enrollees
NEDSS	National Electronic Disease Surveillance System
NGC	National Guidelines Clearinghouse, a public online comprehensive database of evidence-based clinical practice guidelines. NGC is an initiative of the Agency for Healthcare Research and Quality (AHRQ) and the US Department of Health and Human Services (HHS). NGC was originally created by AHRQ in partnership with the American Medical Association and the American Association of Health Plans (now America's Health Insurance Plans [AHIP]). All councils report to the Board of Directors.
NHQR	National Healthcare Quality Report, which found a 9.2-percent increase in improvement on measures reported by hospitals, December 2005
NPSC	National Patient Safety Council, originally hosted by the AMA, the NPSC has become a major force in increasing awareness of patient safety issues
NQCB	National Quality Coordination Board, proposed by the Institute of Medicine in its report, <i>Performance Measurement: Accelerating Improvement</i> , to coordinate and fund the development of standardized performance measurements and ensure their proper implementation
NQF	National Quality Forum, voluntary consensus standards-setting organization as defined by the National Technology Transfer and Advancement Act of 1995 and the Office of Management and budget (OMB) Circular A-119, composed of health providers, health plans, consumer groups, purchasers, research and quality improvement experts. NQF is four councils: Purchaser Council; Consumer Council; Research and Quality Improvement Council; and Health Professional, Provider, and Health Plan Council, to which the ACCP has been assigned membership.

NQMC National Quality Measures Clearinghouse, a public repository for evidence-based quality measures and measure sets sponsored by the Agency for Healthcare Research and Quality (AHRQ) and US Department of Health and Human Services (HHS).

NSQIP National Surgical Quality Improvement Program. The ACS NSQIP is an ongoing program for monitoring and improving the quality of surgical care available to all private sector hospitals that meet the minimum participation requirements, complete a hospital agreement, and pay an annual fee of \$35,000. The goal: the reduction of surgical mortality and morbidity. The VA has a parallel system (VA NSQIP) to compare its results against the ACS NSQIP private sector data.

Numerator Time Window

The time period in which cases are reviewed for inclusion in the numerator: encounter or point in time; episode of care; fixed time period; and institutionalization

Outcome Type

Adverse outcome; clinical outcome; functional status; health risk state or behavior; proxy for outcome (a process of care used as an indicator of health status, *eg*, an admission to hospital used as an indication of increased severity of illness); and quality of life measure

P4P Pay For Performance

PCPA Physician Clinical Performance Assessment

PHIN Public Health Information Network

PM Performance Measure, a performance measure is derived from clinical practice guidelines and indicates whether or not and how often a process or outcome of care occurs

PPMS Physician Performance Measure Sets

PQI Prevention Quality Indicator, an AHRQ QI module using hospital discharge data to identify conditions (*eg*, asthma and diabetes) for which good outpatient care can potentially prevent the need for hospitalization or for which early and appropriate intervention can prevent complications or more severe disease.

Prevalence

Prevalence is the proportion of people in the entire population who have a disease at a certain point in time without regard to when they first got the disease

PVRP	Physician Voluntary Reporting Program, CMS, effective January 3, 2006, whose purpose is to encourage physicians to begin measuring and monitoring the care they deliver. This program is currently voluntary with no penalty for nonparticipation; however, mandatory participation may result pending the results of the trial period and any potential legislation. Specifically, CMS has defined a set of G-codes to report data for the calculation of the quality measures. These new codes will supplement the usual claims data with clinical data that can be used to measure the quality of services rendered to Medicare beneficiaries. Within the voluntary reporting program, physicians who choose to participate will capture data about the quality of care provided to Medicare beneficiaries in order to identify the most effective ways to use the quality measures in routine practice and to support physicians in their efforts to improve quality of care.
PSI	Patient Safety Indicators, and AHRQ QI module that includes provider-level indicators of potentially preventable complications due to care at a particular hospital, <i>eg</i> , a bed sore or foreign body left in after surgery, and are-level indicators that capture all cases of potentially preventable inpatient and outpatient complications that occur in a given area
QI	Quality Improvement
QIC	Quality Improvement Committee of the ACCP
QIO	Quality Improvement Organization
QMIS	The Quality Measures Management Information System (QMIS) is a comprehensive, Web-based, electronic tool to support the Measures Management System. It will be the repository of all the quality measures used by CMS and the electronic tool to track the development and maintenance of those measures.
RC	Review Committee
Reliability	The degree to which the measure is free from random error
SAC	Strategic Advisory Council (NQF)
SC	Steering Committee
SCCM	Society of Critical Care Medicine
SCHIP	State Children's Health Insurance Program, a Medicaid program

SCIP	The Surgical Care Improvement Project is a national partnership of organizations committed to improving the safety of surgical care through the reduction of postoperative complications. The SCIP partnership is launching a multiyear national campaign to substantially reduce surgical mortality and morbidity through collaborative efforts. The goal is to reduce the incidence of surgical complications nationally by 25% by the year 2010. Initiated in 2003 by the CMS and CDC, the SCIP partnership is coordinated through a steering committee of 10 national organizations, and more than 20 additional organizations who provide their expertise to technical expert panels.
SQA	<p>Surgical Quality Alliance is composed of 14 surgical societies to develop consensus on surgical performance measures. Some measures have been adopted, G-codes developed, and submitted to CMS. Members include: American Academy of Ophthalmology; American Academy of Otolaryngology, Head and Neck Surgery; American Association of Neurological Surgeons; American Association of Orthopaedic Surgeons; American College of Osteopathic Surgeons; American College of Surgeons; American Society of Anesthesiologists; American Society of Cataract and Refractive Surgery; American Society of General Surgeons; American Society of Plastic Surgeons; American Urological Association; Congress of Neurological Surgeons; Society for Vascular Surgery; and Society of Thoracic Surgeons.</p> <p>SQA measures developed thus far include the following: antibiotic/antiseptic prophylaxis—surgeon; antibiotic/antiseptic prophylaxis—anesthesiologist; DVT prophylaxis; cardiac risk—surgeon; cardiac risk—anesthesiologist; preoperative smoking cessation; preoperative time out; patient copy of preoperative instructions; and patient copy of postoperative instructions</p>
STS	Society of Thoracic Surgeons
SVS	Society for Vascular Surgeons
TAP	Technical Advisory Panel
TEP	Technical Expert Panel
Validity	The degree to which the measure is associated with what it purports to measure
VA NSQIP	[See NSQIP]

*Some definitions were provided by the National Quality Measures Clearinghouse, at

www.qualitymeasures.ahrq.gov/resources/glossary.aspx.