

# WELFORD CHART NOTES NEWSLETTER

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## WRITE YOUR OWN QUALITY MEASURES *(User's Manual, pgs 931-934.)*

Last month, we saw how to use the Quality Measures feature to analyze the quality of care in your practice. The program comes with a number of these measures, but what if you want to use others? Well, you can! The easiest way to learn how to do this is to highlight a Quality Measure and press **VIEW** to see how it is constructed, or even press **EDIT** if you want to tweak its contents. But let's try writing a new one from scratch. Suppose we want our patients with renal failure to have a blood pressure below 135/85:

1. Press Report\Quality Measures\Add.
2. For **Title**, enter "BP: Last < 135/85 mm Hg".
3. For **Category**, since Renal Failure isn't already on the list, make a new Category by simply typing in "Renal Failure".

**Quality Measure Editor**

Title:\* BP < 135/85 mm Hg

Category:\* Renal Failure Author: Beverly McFadden Date Recorded: 5-23-2006

Numerator:\* (has renal failure or last creatinine > 1.5) and (age >=18) and last systolic BP <135 and last diastolic BP < 85

Denominator:\* (has renal failure or last creatinine > 1.5) and (age >=18)

Reminder: Start antihypertensive therapy

Comment:

Exceptions:

+ Add  
Delete  
Edit

OK Cancel ? Help Vocab Add to Rule Reminders \* denotes required field.

The **Denominator** should capture all patients (who are not designated as **Exceptions**) with the target disease or condition. In this case, we want everyone with Renal Failure. It is up to you how you want to use the program to identify these people. For example, you might base it on having an active Diagnosis of RENAL FAILURE. Or, you might base it on having a serum creatinine above a certain level (e.g. 1.5 mg/dl). Or, you might want to use both, in case the patient had the diagnosis recorded but no creatinine recorded, or vice versa. You might also want to restrict it to certain age groups.

4. For **Denominator**, enter "(has renal failure or last creatinine > 1.5) and (age >=18)".

The **Numerator** should be a subset of the patients in the **Denominator**. It should start with the **Denominator**, but then add “and” followed by whatever treatment or health status you are tracking in this population. In this example, you want to track whether the last blood pressure was below 135/85.

5. For the **Numerator**, first press **Copy** to copy the **Denominator** text into the **Numerator** box. Then add “and last systolic BP <135 and last diastolic BP < 85”.
6. The **Reminder** is optional for Quality Measures, but if you later want to convert this Quality Measure into a Rule Reminder (version 5.0 will allow you to do this), you will want to record one. Enter “Start antihypertensive therapy”.
7. You can leave the **Comment** field blank. In some cases, you might wish to enter an explanation for why this Quality Measure is important, or references to the medical literature or the Internet about this Quality Measure.
8. If you know of a patient who should be considered an **Exception** to this Quality Measure, you can add the name now. If you think of the patient later, you can always add it later by editing this Quality Measure.
9. Press **Ok** to store this Quality Measure. The program will ask to verify the meaning of the **Numerator** and **Denominator**. Press **Yes** to each question.
10. Notice that your Quality Measure is now listed under the **Renal Failure** Category (at the bottom of the list).

Although this was a fairly simple Quality Measure to write, the principles are the same even for very complex ones. Here are some tips to remember when constructing your **Numerator** and **Denominator**:

- Watch your use of “and”, “or”, “not”, and parentheses. Make sure these mean what you intend.
- When the program asks to verify what they mean, read this verification carefully to make sure it matches your intention.
- If the Quality Measure involves prescribing a medication, make sure the **Numerator** and **Denominator** include a clause “and not allergic to <medication name>” so that patients who are allergic to the medication (and thus should not receive it) are properly excluded from the calculation of the Quality Measure.
- Similarly, include clauses in the **Numerator** and **Denominator** to exclude patients who have diagnoses which contraindicate the use of the medication. For example, if the medication is a beta blocker, include clauses like “and not has asthma and not has complete heart block” so these patients, who should not receive a beta blocker, are properly excluded from the calculation of this Quality Measure.
- If the Quality Measure involves a concept which is not yet listed in the Vocabulary Editor, be sure to add it before writing the Quality Measure. (You can press the **Vocab** button to access the Vocabulary Editor). For example, suppose you are writing a Quality Measure looking at how many patients with depression have counseling. Since “counseling” is not a term in the Program Vocabulary, you need to add this as a new term in order to use it in the Quality Measure. (You could decide to consider it a Medication if you only want to test things like “ever had counseling” or “on counseling”; or else consider it a Lab Book item if you want to do more complicated analyses of its events over time, like “last counseling < 1 year ago”). Remember that initially no patients will comply with a Quality Measure with a newly minted term inside it. You need to record in the appropriate place (i.e. Medication Editor or Lab Book) which patients have had this new term in order for the Quality Measure to count them.

## NEWS ON UPCOMING VERSIONS

We are finishing work on version 5.0. It lets you see a report of the Datebook, Rule Reminder, and Flowsheet items that the patient is due for now and into the future on a single list.

## SEND US YOUR TIPS

If you have tips, shortcuts, questions, or suggestions for future newsletter topics, please send them to us at:

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