

Chronic disease cohorts-hypertension

Alternate Name*

Chronic disease cohorts-hypertension

INDICATOR DESCRIPTION

Description*

Percentage of patients with hypertension

Indicator Status*

Active

HQO Reporting tool/product

Personalized/Custom Reports (includes Practice Reports)

Dimension*

Equitable

Type*

Outcome

DEFINITION AND SOURCE INFORMATION

Unit of Measurement*

Percentage

Calculation Methods*

Numerator/ Denominator * 100

Numerator including inclusion/exclusion*

Number of patients with hypertension

Denominator including inclusion/exclusion*

Total number of rostered or virtually rostered patients as of March 31st the previous year

Adjustment (risk, age/sex standardization)- detailed

This data is unadjusted. Unadjusted data reports the physician's actual practice data. This is useful for comparing one's own data over time.

Data Source

Ontario Health Insurance Plan (OHIP) Claims History Database

Discharge Abstract Database (DAD)

Data provided to HQO by

Institute for Clinical Evaluative Sciences (ICES)

OTHER RELEVANT INFORMATION

Caveats and Limitations

Does not capture patients whose date of last contact not within 7 years of index

Comments Detailed

A patient is said to have hypertension if they have 2 physician billing claims or 1 hospital discharge with a diagnosis of hypertension in a 2-year period that had the following ICD 9 codes: 401.x, 402.x, 403.x, 404.x, or 405.x or the following ICD 10 codes: I10.x, I11.x, I12.x, I13.x, or I15.x Further information on how this cohort was generated: The case-definition algorithm to identify patients with hypertension links the Discharge Abstract Database (DAD) and the Ontario Health Insurance Plan (OHIP). Hypertension is said to be present if an individual had one hospital admission with a hypertension diagnosis (CIHI ICD-9 dxcodes: 401x, 402x, 403x, 404x, or 405x; CIHI ICD-10 dx10codes: I10, I11, I12, I13, or I15), or an OHIP claim with a hypertension diagnosis (OHIP dxcodes: 401, 402, 403, 404, or 405) followed within two years by either an OHIP claim or a hospital admission with a hypertension diagnosis. The administrative data case-definition algorithm has a sensitivity of 72%, specificity of 95%, positive predictive value of 87% and negative predictive value of 87%.¹

TAGS

TAGS*

Primary Care
Outcome
Chronic Disease
Equitable
Ontario Health Insurance Plan (OHIP) Claims History Database
Discharge Abstract Database (DAD)

PUBLISH

PUBLISH DATETIME*

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