

IDENTIFYING INFORMATION	
<b>Name:</b>	Completion of selected screening tests
<b>Short/Other Names:</b>	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
<b>Description:</b>	The percentage of eligible patients in Alberta who completed screening tests for lipids (cardiovascular risk profile), diabetes, colorectal cancer, breast cancer, and cervical cancer.
<b>Rationale:</b>	Screening tests are used to determine the approximate risks for certain diseases in healthy adults. Thus, providing screening information will encourage screening activities to identify early onset of these diseases.
<b>Interpretation:</b>	A higher rate implies more eligible patients have been screened.
<b>Target/Benchmark:</b>	No benchmarks have been identified.
INDICATOR CALCULATION	
<b>Calculation:</b>	<p>Screening rate =</p> $\left( \frac{\text{Number of eligible patients who completed screening test}}{\text{Total number of eligible patients in Alberta}} \right) \times 100$ <p><b>Type of Measure</b> Percentage</p> <p><b>Adjustment Applied</b> None</p>
<b>Denominator:</b>	<p><b>Description</b> The number of eligible patients in the province of Alberta.</p> <p><b>Inclusion Criteria</b></p> <ul style="list-style-type: none"> <li><b>A) Lipids:</b> Patients aged between 40 and 74 years.</li> <li><b>B) Diabetes:</b> Patients 40 years or older.</li> <li><b>C) Colorectal cancer:</b> Patients aged between 50 and 74 years.</li> <li><b>D) Breast cancer:</b> Women aged between 50 and 74 years.</li> <li><b>E) Cervical cancer:</b> Women aged between 25 and 69 years.</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>▪ None</li> </ul>
<b>Numerator:</b>	<p><b>Description</b></p> <p><b>A) Lipids:</b> The total number of eligible patients with plasma lipid profile screening within a 5-year period.</p> <p><i>Plasma lipid profile identification</i> (Lab test codes or lab test order code or lab test order name):</p> <ul style="list-style-type: none"> <li>▪ LIP (Lipase).</li> </ul>

- LIPID (Lipid).
- LIPID PROFILE (Lipid Profile).
- LDL (Low Density Lipoproteins Cholesterol).

**Inclusion Criteria**

- Patients aged between 40 and 74 years.
- Patients with identified plasma lipid profile test records.

**Exclusions**

- Patients younger than 40 or older than 74.

**B) Diabetes:**

An eligible patient is an asymptomatic patient screened for diabetes. A patient is eligible if they meet the inclusion criteria outlined below.

**Inclusion Criteria**

- Patients 40 years or older.

Diabetes screening is identified by the following lab test codes, and ICD-9 or ICD-10 diagnostic codes:

Lab test codes [Order Test Code]:

- HBA1C (Hemoglobin A1c).
- GLUF (Glucose fasting).

ICD-9 or ICD-10 diagnostic codes:

- V77.1 (Screening for Diabetes Mellitus).
- Z13.1 (Encounter for Screening for Diabetes Mellitus).

**Exclusions**

- Diabetic patients identified in the episode specific disease category (EDC) aggregate groups in the HQCA's dynamic proxy disease registry.
- Patients aged younger than 40 years.

**C) Colorectal Cancer:**

The total number of asymptomatic patients screened for colorectal cancer.

The number of eligible patients is based on:

- 2 years of past lab data for fecal immunochemical test.
- 10 years of past claims data for colonoscopy.
- 5 years of past claims data for flex sigmoidoscopy.

*Colorectal cancer screening identification:* (Lab test codes or order test code or order test name)

- Fecal immunochemical test (FIT), lab test codes [Test Code or Order Test Code]:
  - FIT (Fecal Immunochemical Test)
  - FIT1 (Fecal Immunochemical Test 1)
  - FIT2 (Fecal Immunochemical Test 2)
- Colonoscopy is identified by the procedure (billing) codes below:
  - 01.22 (Other non-operative colonoscopy)
  - 01.22A (Other non-operative colonoscopy for screening high risk patients)
  - 01.22B (Other non-operative colonoscopy for screening moderate risk patients)
  - 01.22C (Other non-operative colonoscopy for screening average risk patients)
  - 01.16A (Small bowel capsule endoscopy)
  - 01.16B (Balloon [single or double] enteroscopy, rectal route)
- Flex Sigmoidoscopy is identified by the procedure (billing) codes below:
  - 01.24B (Flexible proctosigmoidoscopy)
  - 01.24BA (Flexible proctosigmoidoscopy for screening of patients considered to be of high risk for colon cancer due to family history)
  - 01.24BB (Flexible proctosigmoidoscopy for screening of patients considered to be of high risk for colon cancer)

**Inclusion Criteria**

- Patients aged between 50 and 74 years.
- Patients with identified colorectal cancer screening records.

**Exclusions**

- Patients younger than 50 or older than 74.

**D) Breast Cancer:**

The total number of eligible women who have completed at least one mammogram in a given 30-month period.

**Inclusion Criteria**

- Women aged between 50 and 74 years.
- Identifying mammography procedure codes:
  - X27 (Mammography – both breast).
  - X27 D (Screening mammography – age 50-74 years inclusive).

**Exclusions**

	<ul style="list-style-type: none"> <li>▪ Women younger than 50 years and older than 74 years.</li> </ul> <p>Women with an invasive breast cancer who have had mammograms identified as screening services.</p> <p><b>E) Cervical Cancer:</b></p> <p>The total number of eligible women who have completed at least one Pap test within a 42 month (3.5 year) period.</p> <p><i>Pap test identification:</i></p> <ul style="list-style-type: none"> <li>▪ 13.99BA (Periodic Papanicolaou Smear).</li> <li>▪ 13.99BC (Pelvic examination requiring swab and/or sample collection, includes Periodic Papanicolaou Smear).</li> <li>▪ 79.29E (Biopsy of cervix).</li> <li>▪ V76.2 (Screening for malignant neoplasms of the cervix).</li> <li>▪ Z12.4 (Encounter for screening for malignant neoplasm of cervix).</li> </ul> <p><b>Inclusion Criteria</b></p> <ul style="list-style-type: none"> <li>▪ Women aged 25 to 69 years.</li> <li>▪ Women with identified Pap test records.</li> </ul> <p><b>Exclusions</b></p> <ul style="list-style-type: none"> <li>▪ Women younger than 25 or older than 69.</li> <li>▪ Women with hysterectomy performed as at April 1, 2005.</li> </ul>
<b>Data Details</b>	
<b>Data Sources:</b>	Alberta Health Physician claims Alberta Health Care Insurance Plan (AHCIP) Registry AHS Laboratory Data
<b>Available Data Years:</b>	<p><b>Type of Year</b> Fiscal year [starts April 1, ends March 31]</p> <p><b>First Available Year</b> 2013/14</p> <p><b>Last Available Year</b> 2017/18</p>
<b>Geographic Coverage:</b>	The province of Alberta excluding the military and prisoners.
<b>Reporting Levels:</b>	Province
<b>Quality Statement</b>	
<b>Limitations and Technical Notes:</b>	<ul style="list-style-type: none"> <li>▪ PCN assignment is based on which physician a patient is assigned to by the HQCA algorithm.</li> </ul>

	<ul style="list-style-type: none"><li>▪ Not all physicians belong to a PCN; as a result not all patients are assigned to PCNs.</li><li>▪ All calculations include only patients who are currently listed as <b>'Active'</b> in the Alberta Health Care Insurance Plan (AHCIP) Registry database. This may lead to underestimation of the calculated measure above.</li><li>▪ Each patient is counted once regardless of the number of tests performed in a given time period.</li><li>▪ Only Alberta data is available. As such, any visits by Alberta patients to labs or facilities outside of the province are not included.</li></ul>
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