

The following appendices are part of a Commonwealth Fund issue brief, Dong Ding and Sherry A. Glied, *Are Medicaid Patients Seen in Office-Based Practices Getting High-Quality Primary Care?* (Commonwealth Fund, Jan. 2023). <https://www.commonwealthfund.org/publications/issue-briefs/2023/jan/medicaid-patients-office-practices-high-quality-primary-care>.

APPENDICES

APPENDIX 1

Distribution of Primary Care Visits Among Settings by Visit Payment Type

	Office-based	Community health center	Outpatient	Total	Share of office-based out of total
All	961,515,472	25,513,360	125,721,428	1,112,750,260	86.4%
All (ages 19–64)	504,550,148	13,815,566	74,237,760	592,603,474	85.1%
Medicaid/CHIP visits	138,895,945	12,090,870	44,004,637	194,991,452	71.2%
Medicaid visits (ages 19–64)	56,069,744	5,199,992	23,227,040	84,496,776	66.4%
All PCP visits	571,357,599	25,242,368	45,596,499	642,196,466	89.0%
All PCP visits (ages 19–64)	283,426,037	13,576,221	23,198,372	320,200,630	88.5%
All Medicaid/CHIP PCP visits	101,636,672	11,985,306	18,063,491	131,685,469	77.2%
All Medicaid PCP visits (ages 19–64)	34,617,142	5,094,428	7,164,297	46,875,867	73.8%

Data: Authors' analysis of data from the National Ambulatory Medical Care Survey, 2011.

APPENDIX 2

Quality Measures: Definitions and Sources

Indicator	Denominator	Numerator	Exclusions	Evidence source
Management of common chronic diseases				
Treatment for chronic heart failure (CHF)	Visits by adults diagnosed with CHF	Visits by adults with CHF who received ACE inhibitors or angiotensin receptor blockers	Hyperkalemia, angioedema	American College of Cardiology Foundation/ American Heart Association ¹
Beta-blockers for coronary artery disease (CAD)	Visits by adults with CAD	Visits by adults with CAD who received a beta-blocker	Coronary obstructive pulmonary disease, asthma, heart block	Institute for Clinical Systems Improvement ²
Treatment for hypertension	Visits by adults with hypertension	Visits by adults with hypertension who received a diuretic, calcium channel blocker, ACE inhibitor, or beta-blocker	None	Joint National Committee ³
Statins for hyperlipidemia	Visits by adults with hyperlipidemia	Visits by adults with hyperlipidemia who received a statin	Cirrhosis, liver disease, hepatitis, alcoholism, pregnancy, renal disease	American College of Cardiology Foundation/ American Heart Association ⁴
Statins for diabetes mellitus (DM)	Visits by adults with DM	Visits by adults with DM who received a statin	Cirrhosis, liver disease, hepatitis, alcoholism, pregnancy, renal disease	American Diabetes Association ⁵
Statins for CAD	Visits by adults with CAD	Visits by adults with CAD who received a statin	Cirrhosis, liver disease, hepatitis, alcoholism, pregnancy, renal disease	American College of Cardiology Foundation/ American Heart Association ⁶
Treatment for asthma	Visits by adults with asthma	Visits by adults with asthma who received an inhaled corticosteroid or short-acting beta-agonist	None	National Asthma Education and Prevention Program ⁷
Treatment of depression	Visits by adults with depression	Visits by adults with depression who received antidepressants, psychotherapy, or mental health counseling	None	American College of Physicians/American Society of Internal Medicine ⁸
Preventive counseling				
Tobacco counseling	Visits by current tobacco users who had general medical examinations (GMEs)	Visits by current tobacco users who had GMEs who received tobacco use counseling	None	U.S. Preventive Services Task Force ⁹
Diet in adults	Visits by adults at moderate or high risk for CAD with GMEs	Visits by adults at moderate or high risk for CAD with GMEs who received diet counseling	None	U.S. Preventive Services Task Force ⁹
Exercise in adults	Visits by adults at moderate or high risk for CAD with GMEs	Visits by adults at moderate or high risk for CAD with GMEs who received exercise counseling	None	U.S. Preventive Services Task Force ⁹

Preventive screening				
Blood pressure check	GME visits by adults	GME visits by adults where blood pressure was measured	None	Joint National Committee ³
Cholesterol testing	Visits by adults	Visits by adults where cholesterol testing was ordered	None	Franks, Fiscella, and Meldrum ¹⁰
Papanicolaou (Pap) test	Visits by women ages 21–65	Visits by women where a Pap test was performed	None	U.S. Preventive Services Task Force ⁹
Breast exam	Visits by women	Visits by women where a breast exam was performed	None	Franks, Fiscella, and Meldrum ¹⁰
Pelvic exam	Visits by women	Visits by women where a pelvic exam was performed	None	Franks, Fiscella, and Meldrum ¹⁰
Mammogram	Visits by women older than age 40	Visits by women older than age 40 where a mammogram was performed	None	U.S. Preventive Services Task Force ⁹
Prostate-specific antigen (PSA) test	Visits by men older than age 50	Visits by men older than age 50 where a PSA test was ordered	None	U.S. Preventive Services Task Force ⁹
Structural measures				
Seen before	Visits by adults	Visits by adults who were seen before	None	N/A
Return appointment	Visits by adults	Visits by adults where a return visit was ordered	None	N/A
Referred to other doctor of medicine (MD)	Visits by adults	Visits by adults where a referral was ordered	None	N/A

Notes: We define an eligible visit as a visit that meets the inclusion criteria in the denominator column and does not have any of the exclusion criteria in the Exclusions column. Data on congestive heart failure, hypertension, coronary artery disease, hyperlipidemia, asthma, depression, and coronary obstructive pulmonary disease are collected by the National Ambulatory Medical Care Survey outside of reason for visit and diagnosis codes. For other conditions, we use reason for visit and diagnosis codes to identify certain conditions to exclude or include.

1. Clyde W. Yancy et al., “2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines,” *Journal of the American College of Cardiology* 62, no.16 (Oct. 15, 2013): e147–e239; and Clyde W. Yancy et al., “2017 ACC/AHA/HFSA Focused Update of the 2013 ACCF/AHA Guideline for the Management of Heart Failure: A Report of the American College of Cardiology/American Heart Association Task Force on Clinical Practice Guidelines and the Heart Failure Society of America,” *Circulation* 136, no.6 (Aug. 8, 2017): e137–e161.

2. Greg Goblirsch et al., *Stable Coronary Artery Disease* (Institute for Clinical Systems Improvement, updated May 2013).

3. Carrie Armstrong, Joint National Committee, “JNC 8 Guidelines for the Management of Hypertension in Adults,” *American Family Physician* 90, no.7 (Oct. 1, 2014): 503–4.

4. Neil J. Stone et al., “2013 ACC/AHA Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines,” *Journal of the American College of Cardiology* 63, no. 25, pt. B (July 1, 2014): 2889–934; and Matthew Naylor and Ramachandran S. Vasan, “Recent Update to the U.S. Cholesterol Treatment Guidelines: A Comparison with International Guidelines,” *Circulation* 133, no.18 (May 3, 2016): 1795–806.

5. American Diabetes Association, “10. Cardiovascular Disease and Risk Management: Standards of Medical Care in Diabetes—2020,” *Diabetes Care* 43, Suppl. 1 (Jan. 2020): S111–S134.

6. Mara Lambert, “ACC/AHA Release Updated Guideline on the Treatment of Blood Cholesterol to Reduce ASCVD Risk,” *American Family Physician* 90, no. 4 (Aug. 15, 2014): 260–65.

7. National Asthma Education and Prevention Program, “Expert Panel Report 3 (EPR-3): Guidelines for the Diagnosis and Management of Asthma – Summary Report 2007,” *Journal of Allergy and Clinical Immunology* 120, Suppl. 5 (Nov. 2007): S94–S138.

8. Amir Qaseem, Michael J Barry, and Devan Kansagara, “Nonpharmacologic Versus Pharmacologic Treatment of Adult Patients with Major Depressive Disorder: A Clinical Practice Guideline from the American College of Physicians,” *Annals of Internal Medicine* 164, no. 5 (Mar. 1, 2016): 350–59.

9. U.S. Preventive Services Task Force, *Guide to Clinical Preventive Services, 2nd Edition: Report of the U.S. Preventive Services Task Force* (Williams & Wilkins, 1996).

10. Peter Franks, Kevin Fiscella, and Sean Meldrum, “Racial Disparities in the Content of Primary Care Office Visits,” *Journal of General Internal Medicine* 20, no. 7 (July 2005): 599–603.