

IDENTIFYING INFORMATION	
Name:	Completion of selected screening tests
Short/Other Names:	n/a
BACKGROUND, INTERPRETATION AND BENCHMARKS	
Description:	The percentage of eligible patients in Alberta who completed screening tests for lipids (cardiovascular risk profile), diabetes, colorectal cancer, breast cancer, and cervical cancer.
Rationale:	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.
Interpretation:	A higher rate implies more eligible patients have been screened.
Target/Benchmark:	No benchmarks have been identified.
INDICATOR CALCULATION	
Calculation:	Screening rate= $\left(\frac{\text{Number of eligible patients who completed screening test}}{\text{Total number of eligible patients in Alberta}} \right) \times 100$ Type of Measure: Percentage Adjustment Applied: None
Denominator:	Description The number of eligible patients in the province of Alberta. Inclusion Criteria a) <u>Lipids</u>: Patients aged between 40 and 74 years. b) <u>Diabetes</u>: Patients 40 years or older. c) <u>Colorectal cancer</u>: Patients aged between 50 and 74 years. d) <u>Breast cancer</u>: Women aged between 45 and 74 years. e) <u>Cervical cancer</u>: Women aged between 25 and 69 years. Exclusions ▪ None

Numerator:	Description a) <u>Lipids:</u> The total number of eligible patients with plasma lipid profile screening within a 5-year period. <i>Plasma lipid profile identification</i> (Lab test codes or lab test order code or lab test order name): ▪ LIP (Lipase). ▪ 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) <u>Diabetes:</u> 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) <u>Breast Cancer:</u> The total number of eligible women who have completed at least one mammogram in a given 30-month period. Inclusion Criteria - Women aged between 45 and 74 years. - Identifying mammography procedure codes: - X27 (Mammography – both breast). - X27 D (Screening mammography – age 50-74 years inclusive). Exclusions - Women younger than 45 years and older than 74 years. Women with an invasive breast cancer who have had mammograms identified as screening services. e) <u>Cervical Cancer:</u> The total number of eligible women who have completed at least one Pap test within a 42 month (3.5 year) period. <i>Pap test identification:</i> 13.99BA (Periodic Papanicolaou Smear). 13.99BC (Pelvic examination requiring swab and/or sample collection, includes Periodic Papanicolaou Smear). 79.29E (Biopsy of cervix). - V76.2 (Screening for malignant neoplasms of the cervix). - Z12.4 (Encounter for screening for malignant neoplasm of cervix). Inclusion Criteria - Women aged 25 to 69 years. - Women with identified Pap test records. Exclusions - Women younger than 25 or older than 69. - Women with hysterectomy performed as at April 1, 2005.
--	--

DATA DETAILS	
Data Sources:	Alberta Health Physician claims Alberta Health Care Insurance Plan (AHCIP) Registry AHS Laboratory Data
Available Data Year:	Type of Year: Fiscal year [starts April 1, ends March 31] Available Year: 2018/19 (Lipids and diabetes), 2022/23 (Colorectal, breast and cervical cancer)
Geographic Coverage:	The province of Alberta excluding the military and prisoners.
Reporting Levels:	Province
QUALITY STATEMENT	
Limitations and Technical Notes:	▪ PCN assignment is based on which physician a patient is assigned to by the HQCA algorithm. ▪ Not all physicians belong to a PCN; as a result not all patients are assigned to PCNs. ▪ All calculations include only patients who are currently listed as 'Active' in the Alberta Health Care Insurance Plan (AHCIP) Registry database. This may lead to underestimation of the calculated measure above. ▪ Each patient is counted once regardless of the number of tests performed in a given time period. ▪ Only Alberta data is available. As such, any visits by Alberta patients to labs or facilities outside of the province are not included.