




## APCC Program Topic Measures and Other Improvement Measures

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## Introduction

The Australian Primary Care Collaboratives (APCC) Program (formally known as the NPCC Program) is a large quality improvement program which is being implemented by the Improvement Foundation (Australia) (IFA) and funded by the Commonwealth of Australia. During phase one of the APCC Program, over 500 practices participated, achieving significant improvement in program topics. Phase two has commenced and over 600 practices are expected to participate, bringing the total participation in the APCC Program to over 1100 practices.

A fundamental component of quality improvement is the capacity to measure and IFA has introduced a range of measures to help practices monitor various aspects of practice based systems. The APCC Program introduced clinical measures in 2005 based on advice from Expert Reference Panels (ERPs), which are formed to advise on topic content, including appropriate measurement for each topic. ERPs comprise of clinical experts from both an academic and practicing perspective.

During revision of APCC Program topics in 2008, ERPs recommended changes to some measures as well as the introduction of additional measures, all of which would require programming changes within software that support existing APCC Program reports.

In addition to APCC Program topics, IFA will be introducing the capacity to collect additional measures to broaden the scope for practices to undertake quality improvement work. Initially a suite of measures for COPD will be introduced, as well as some general preventative measures (such as cervical pap smear and breast screening measures). Further, all clinically based measures will be collected by Aboriginal and Torres Strait Islander (ATSI) classification.

The APCC Program is introducing new measures for the following reasons:

- To ensure that APCC Program specific measures for CHD and Diabetes reflect current evidence and are appropriate for practice level systems
- To provide additional measures for improvement for participants that are advanced in their CHD and Diabetes work
- To assist GP Networks/Divisions of General Practice to work with practices to improve community health outcomes.

This document outlines the new measures and opportunities for software vendors to work more closely with the APCC Program over time. A full description of the measures, as well as the clinical codes and medications relevant to each measure, are included in this document.

The Program has reached an agreement with the RACGP to customise reports within the PEN Clinical Audit Tool (CAT) to ensure that measures can be reported. Therefore vendors may wish to work with PEN to produce suitable XML Schema which would allow APCC Program reporting and electronic submission via the PEN CAT. IFA understands that this is a commercial decision and therefore is providing full specifications to all vendors to ensure that all clinical software vendors have an opportunity to work closely with the APCC Program.

From a privacy perspective, the APCC Program measurement set does not collect any personal information. All measures are based on aggregated practice level data and IFA has agreements in place with practices to protect the confidentiality of the practice and its personnel.

IFA knows that quality data and its appropriate use will lead to improved health outcomes. General practices collect an enormous amount of data which can be used to improve intra-practice systems, overall practice efficiency and health outcomes for Australian communities. Clinical software systems play a vital part in the way data is captured and subsequently used by the practice. IFA encourages you to view the way clinical software can impact on practice level quality as a strategic advantage and consider how your software can add value for your clients through the provision of quality data to facilitate continuous improvement.

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## Summary of Measures

The following sections provide a summary of the new APCC Program measurement set. A detailed description of these measures is included within this document (from page 14).

### CHD Measures

Title	Short Description
CHD Register	The number of people within the clinical database that are coded with a diagnosis matching the CHD definition
Blood Pressure	The percentage of people on the CHD Register whose blood pressure has been recorded within the previous 12 months AND whose last recorded blood pressure was less than or equal to 130/80 mm Hg
BP Recorded	The percentage of people on the CHD Register with a last recorded blood pressure within the previous 12 months
Anti-Platelet	The percentage of people on the CHD Register who are currently prescribed an Anti-Platelet Agent
Statin	The percentage of people on the CHD Register who are currently prescribed a Statin
Cholesterol	The percentage of people on the CHD Register whose total cholesterol has been recorded within the previous 12 months AND whose last recorded total cholesterol was less than 4mmol/l
Cholesterol Recorded	The percentage of people on the CHD Register with a last recorded total cholesterol within the previous 12 months
ACE/ARB	The percentage of people on the CHD Register who are currently prescribed an Angiotensin Converting Enzyme (ACE Inhibitor OR an Angiotensin Receptor Blocker (ARB)
Smoking Status	The percentage of people on the CHD Register whose recorded smoking status indicates they are: Non Smokers (i and ii) i) Never Smoked ii) Ex Smoker iii) Current Smoker iv) Not Recorded
Smoking Status Assessment	The percentage of people on the CHD Register whose recorded smoking status indicates they are a Current Smoker OR Ex Smoker AND who have had their smoking status assessed within the previous 12 months
MI/ACS	The percentage of people on the CHD Register who have had an Myocardial Infarction (MI) OR Acute Coronary Syndrome (ACS) recorded within the previous 12 months
CHD Death	The number of deaths that were recorded within the previous calendar month where the person had a diagnosis of CHD
CHD All	The percentage of people on the CHD Register who satisfy criteria and targets for ALL of the following CHD Measures: - Blood Pressure <=130/80 mm Hg within previous 12 months - Anti-Platelet Agent prescribed - Cholesterol < 4 mmol/l within previous 12 months - ACE/ARB prescribed

## Diabetes Measures

Title	Short Description
Diabetes Register	The number of people within the clinical database that are coded with a diagnosis matching the Diabetes definition
HbA1c	The percentage of people on the Diabetes Register whose HbA1c has been recorded within the previous 12 months AND whose last recorded HbA1C result was: <= 7.0% (i) ii) HbA1c >7% and <=8 % iii) HbA1c> 8% and <= 10% iv) HbA1c > 10 % v) HbA1c not recorded
Cholesterol	The percentage of people on the Diabetes Register whose total cholesterol has been recorded within the previous 12 months AND whose last recorded total cholesterol was less than 4mmol/l
Cholesterol Recorded	The percentage of people on the Diabetes Register with a last recorded total cholesterol within the previous 12 months
Blood Pressure	The percentage of people on the Diabetes Register whose blood pressure has been recorded within the previous 12 months AND whose last recorded blood pressure was less than or equal to 130/80 mm Hg
BP Recorded	The percentage of people on the Diabetes Register with a last recorded blood pressure within the previous 12 months
Diabetes Key Measurables	The percentage of people on the Diabetes Register who have ALL key measurables recorded within the required timeframe AND whose recordings are ALL within the recommended targets: <ul style="list-style-type: none"> <li>▪ HbA1c &lt;= 7% within previous 12 months</li> <li>▪ Total cholesterol &lt; 4mmol/l within previous 12 months</li> <li>▪ Blood pressure &lt;= 130/80 mm Hg within previous 6 months</li> <li>▪ Albumin -creatinine ratio (ACR) or other urinary Micro albumin test within previous 12 months</li> <li>▪ Recorded smoking status of Never Smoked or Ex Smoker</li> </ul>
Diabetes Key Measurables Recorded	The percentage of people on the Diabetes Register who have ALL key measurables recorded within the required timeframe: <ul style="list-style-type: none"> <li>▪ HbA1c recorded within previous 12 months</li> <li>▪ Total cholesterol recorded within previous 12 months</li> <li>▪ Blood pressure recorded within previous 6 months</li> <li>▪ ACR OR other urinary Micro albumin test recorded within previous 12 months</li> <li>▪ Recorded smoking status</li> </ul>
Diabetes Annual Cycle of Care	The percentage of annual cycle of care elements recorded for people on the Diabetes Register
Aspirin	The percentage of people on the Diabetes Register who are aged greater than or equal to 55 AND who are currently prescribed Aspirin
ACR	The percentage of people on the Diabetes Register who have had an urinary ACR OR other urinary Micro albumin test result recorded within the previous 12 months
Influenza Vaccine	The percentage of people on the Diabetes Register who are recorded as receiving an Influenza vaccine within the previous 12 months
Pneumococcal Vaccine	The percentage of people on the Diabetes Register who are recorded as receiving a Pneumococcal vaccine

## COPD Measures

Title	Short Description
COPD Register	The number of people within the clinical database that are coded with a diagnosis matching the COPD definition
Smoking Status	The percentage of people on the COPD Register whose recorded smoking status indicates they are: Non Smokers (i and ii)
	i) Never Smoked
	ii) Ex Smoker
	iii) Current Smoker
	iv) Not Recorded
Smoking Status Assessment	The percentage of people on the COPD Register whose recorded smoking status indicates they are a Current Smoker OR Ex Smoker AND who have had their smoking status assessed within the previous 12 months
Screening	The percentage of people at risk of COPD who have had a Spirometry screen recorded within the previous 24 months
Spirometry	The percentage of people on the COPD Register with a recorded Spirometry screen at any time
Influenza Vaccine	The percentage of people on the COPD Register who are recorded as receiving an Influenza vaccine within the previous 12 months
Pneumococcal Vaccine	The percentage of people on the COPD Register who are recorded as receiving a Pneumococcal Vaccine

## General Prevention Measures

Title	Short Description
Smoking Status	The percentage of people on the clinical database whose recorded smoking status indicates they are: Non Smokers (i and ii)
	i) Never Smoked
	ii) Ex Smoker
	iii) Current Smoker
	iv) Not Recorded
Smoking Status Assessment	The percentage of people on the clinical database whose recorded smoking status indicates they are a Current Smoker OR Ex Smoker AND who have had their smoking status assessed within the previous 12 months
Pap Smear	The percentage of females on the clinical database who are aged between 20 and 69 AND who are recorded as having had a pap smear within the previous 24 months
Breast Screen	The percentage of females on the clinical database who are aged between 50 and 69 AND who are recorded as having had a breast screen within the previous 24 months

## Access and Care Re-design (Manual Measures)

Access and Care Re-design measures are collected and calculated manually. These measures also form part of the monthly data submission for the APCC Program and software vendors are asked to include provision to submit these manual measures as part of the electronic submission process which is explained on page 12.

Including the provision for your clients to electronically submit these measures will remove the requirement for them to log in and submit measures manually. Apart from improving work flow efficiency, this approach is expected to reduce errors.

Title	Short Description
Open Access	Is the practice using an 'Open Access' system? Select either a Yes or No check box
GP Third Available	The number of days until the GP 3 <sup>rd</sup> Available appointment. Include provision for two decimal places
Practice Nurse	Is there a practice nurse who takes appointments? Select either a Yes or No check box
Nurse Third Available	The number of days until the Practice nurse 3 <sup>rd</sup> available appointment. Include provision for two decimal places
Unmet Demand	The number of patients whose appointment demands were unmet. Include provision for two decimal places
Patient Satisfaction	Average patient satisfaction score. Include provision for two decimal places
GP Full Time Equivalent	The number of full time equivalent GPs at the practice. Include provision for two decimal places
Practice Nurse Full Time Equivalent	The number of full time equivalent practice nurses employed at the practice. Include provision for two decimal places
REGISTERS	<p>Does the practice have practice wide, systemised registers?</p> <p>Select either electronic or paper for these categories (using check boxes)</p> <ul style="list-style-type: none"> <li>▪ CHD</li> <li>▪ Hypertension</li> <li>▪ COPD</li> <li>▪ Asthma</li> <li>▪ Diabetes</li> <li>▪ Diabetes Risk</li> <li>▪ Any Mental Health</li> <li>▪ Osteoporosis</li> <li>▪ Any Cancer</li> <li>▪ Other (other registers not included above can be entered in manually and comma delimited)</li> </ul>

Recall/Reminder Systems	<p>Does the practice have a practice wide, systemised recall/reminder system?</p> <p>Select either electronic or paper for these categories (using check boxes)</p> <ul style="list-style-type: none"><li>▪ CHD</li><li>▪ Hypertension</li><li>▪ COPD</li><li>▪ Asthma</li><li>▪ Diabetes</li><li>▪ Diabetes Risk</li><li>▪ Any Mental Health</li><li>▪ Osteoporosis</li><li>▪ Any Cancer</li><li>▪ Other (other registers not included above can be entered in manually and comma delimited)</li></ul>
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## **Automatic Data Submission**

The APCC Program will also allow electronic data submission from authorised practices. The inclusion of ATSI classification means that a relatively large number of clinical data will be collected each month. Consequently, the capacity to electronically submit data will also be provided.

IFA has developed XML schema which will allow for the submission of data directly to the IFA database via a secure web portal. XML data submission details are provided with this document.

Clinical software functionality will be determined by vendors, however, IFA recommends vendors consider including the capacity for practices to submit selected clinical groups (CHD, Diabetes etc) electronically following the completion/up-dating of manually entered measures.

A small number of APCC Program measures are manually collected at the practice level. These are the 'Access and Care Re-design' measures that cannot be collected from the clinical database and need to be entered manually by the practice. These can also be electronically submitted where software includes the capacity to do so. Most of these will only need to be entered once as their values will not change over time. To improve efficiency, manually entered data should be saved and re-presented at the time of next submission to reduce data entry.

## **Clinical Software Functionality and Capacity**

Increasing measurement scope places additional demands on clinical software vendors as changes are required to their systems. Not only are reporting changes required, which necessitates investment, but in some cases database changes are required to allow for the actual capture of information.

Through working with practices around Australia and consulting with leading experts, we have identified some improvements that we would like clinical software vendors to consider and, if possible, introduce into their software over time. The technical specifications for the new measurement set have been made available to all software providers, so you have the opportunity to continue supporting quality improvement within your products. Through this process we expect to see a number of clinical software programs include enhancements to their software over the next year to improve the way their products support practice level quality improvement.

While clinical software systems are advanced, there are examples where clinical interventions are not available at the point of care, principally due to the capacity to collect adequate data. In some cases this may be collected in the billing system which is a separate system. For example, the APCC Program has been reporting on SIP claims, which is measured through the billing system. This is a surrogate measure of the various inputs to the care of a person with Diabetes. In theory, an increase in the amount of SIPs claims indicates that there has been a corresponding increase in the amount of people with Diabetes receiving all elements of the required care. However, this may not necessarily be the case.

The APCC Program is now shifting to measuring the percentage of elements of care received by people with Diabetes (i.e. the individual components required to complete the Diabetes annual cycle of care). This is expected to provide a more accurate picture of the practices system of care and improvement over time (based on care inputs).

Where a clinical system has the capacity to collect all elements of care, it also has the capacity to proactively assist clinicians and practice teams by identifying gaps in any individuals care. The focus is therefore shifted from reactive to proactive strategies to manage patient care and help improve practice level efficiency

There are, and will be, problems associated with data quality and veracity. However, unless there are drivers in place to help shift the status quo and support mechanisms to assist with change, improvement will be achieved at a slower rate.

Other examples include the way in which smoking status and ATSI classification are captured. In these examples the APCC Program, through working with national clinical stakeholders, is setting a standardised approach to the collection of status in both areas.

## **Improved Reporting for Quality Improvement**

The APCC Program is introducing improved reporting through the web portal which will allow practices and other approved parties (approved by the practice) to access online reports. Consistent with Program requirements, reports will be produced at practice, GP Network/Divisional, state and national levels. GP Networks/Divisions of General Practice will have access to enhanced standard reporting and ad hoc reporting capacity through an improved data cube and data warehouse arrangement.

## **National Consistency**

The APCC Program is working with various key stakeholders to help bring about national consistency. Of importance, the APCC Program has worked with, and will continue to work with, the RACGP and key national stakeholders such as the Heart Foundation, Diabetes Australia and the National Lung Foundation to ensure that measures are:

- relevant to general practice
- indicators of quality and can be used for improvement, and
- based on evidence.

## Clinical Measures

### Coronary Heart Disease

#### **Definition**

Coronary Heart Disease (CHD) may be defined as the following:

- Myocardial Infarction
- Unstable Angina Pectoris
- Angina
- Revascularisation as evidenced by:
  - Angioplasty +/- stent
  - Coronary Artery Bypass Surgery

For the purposes of the APCC Program, CHD is **NOT**:

- Peripheral Vascular Disease
- Transient Ischaemic Attack
- Heart Failure
- Atrial Fibrillation
- Valvular Heart Disease
- Hypertension

CHD disease codes: Please see 'Clinical Codes – Coronary Heart Disease' in Appendix 1 of this document.

#### **CHD Measures**

Measure Title	<b><i>CHD Register</i></b>
Measure Code	CHD-001
Description	The number of people within the clinical database that are coded with a diagnosis matching the CHD definition
Data Required	<ul style="list-style-type: none"><li>▪ Clinical codes for CHD</li><li>▪ Please see Appendix 1- Clinical Codes</li></ul>

Measure Title	<b>CHD BP</b>
Measure Code	CHD-002
Description	The percentage of people on the CHD Register whose blood pressure (BP) has been recorded within the previous 12 months <b>AND</b> whose last recorded BP was less than or equal to 130/80 mm Hg
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> </ul>
Numerator:	Number of people on CHD Register who have had: <ol style="list-style-type: none"> <li>1. A BP measurement recorded (both systolic and diastolic recorded at the same time), <b>AND</b></li> <li>2. Whose last recorded BP measurement was within the previous 12 months, <b>AND</b></li> <li>3. Whose last recorded BP measurement contains a: <ol style="list-style-type: none"> <li>a) Systolic BP value of &lt;=130 mm Hg <b>AND</b></li> <li>b) Diastolic BP value of &lt;=80 mm Hg</li> </ol> </li> </ol>
Denominator	Number of people on the CHD register (CHD-001)

Measure Title	<b>BP Recorded</b>
Measure Code	CHD-003
Description	The percentage of people on the CHD Register with a last recorded BP within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> </ul>
Numerator:	The number of people on the CHD Register who have had: <ol style="list-style-type: none"> <li>1. A BP measurement recorded (both systolic and diastolic recorded at the same time), <b>AND</b></li> <li>2. Whose last recorded BP measurement was within the previous 12 months</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Anti-platelet</b>
Measure Code	CHD-004
Description	The percentage of people on the CHD Register who are currently prescribed an Anti-Platelet Agent
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Anti-Platelet Agents (includes all medications in the Aspirin class and Clopidogrel) prescribing data</li> <li>▪ Please see Appendix 2 - Medications: Anti-platelets, Statins, &amp; ACE/ ARBs'</li> </ul>
Numerator:	The number of people on the CHD Register who are currently prescribed an Anti-Platelet Agent
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Statin</b>
Measure Code	CHD-005
Description	The percentage of people on the CHD Register who are currently prescribed a Statin
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Statin (includes all medications in the Statin class) prescribing data</li> <li>▪ Please see Appendix 2 - Medications: Anti-platelets, Statins, &amp; ACE/ ARBs'</li> </ul>
Numerator:	The number of people on the CHD Register who are currently prescribed a Statin
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Cholesterol</b>
Measure Code	CHD-006
Description	The percentage of people on the CHD Register whose total cholesterol has been recorded within the previous 12 months <b>AND</b> whose last recorded total cholesterol was less than 4mmol/l
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Total cholesterol mmol/l</li> <li>▪ Date of total cholesterol recording</li> </ul>
Numerator:	The number of people on the CHD Register who have had: <ol style="list-style-type: none"> <li>1. A total cholesterol measurement recorded within the previous 12 months, <b>AND</b></li> <li>2. Whose last recorded total cholesterol measurement is &lt;4 mmol/l</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Cholesterol Recorded</b>
Measure Code	CHD-007
Description	The percentage of people on the CHD Register with a last recorded total cholesterol within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Total cholesterol mmol/l</li> <li>▪ Date of total cholesterol recording</li> </ul>
Numerator:	The number of people on the CHD Register whose last recorded total cholesterol measurement was within the previous 12 months
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>ACE/ARB</b>
Measure Code	CHD-008
Description	The percentage of people on the CHD Register who are currently prescribed an Angiotensin Converting Enzyme (ACE) Inhibitor <b>OR</b> an Angiotensin Receptor Blocker (ARB)
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ ACE Inhibitor prescribing data</li> <li>▪ ARB prescribing data</li> <li>▪ Please see Appendix 2 - Medications: Anti-platelets, Statins, &amp; ACE/ ARBs'</li> </ul>

Numerator:	The number of people on the CHD Register who are prescribed an: <ol style="list-style-type: none"> <li>1. ACE Inhibitor, <b>OR</b></li> <li>2. An ARB</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Smoking Status</b>
Measure Code	CHD-009, CHD-010, CHD-011, CHD-012 and CHD-013
Description	The percentage of people on the CHD Register whose recorded smoking status indicates they are a Non Smoker (Never Smoked <b>OR</b> Ex Smoker) (CHD-009)  Five (5) measures are derived from this assessment
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Smoking status recorded as:           <ol style="list-style-type: none"> <li>i. Never Smoked (CHD-010)</li> <li>ii. Ex Smoker (CHD-011)</li> <li>iii. Current Smoker (CHD-012)</li> <li>iv. Not Recorded (CHD-013)</li> </ol> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the CHD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Never Smoked (CHD-010), <b>OR</b></li> <li>2. Ex Smoker (CHD-011)</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b>Smoking Status Assessment</b>
Measure Code	CHD-014
Description	The percentage of people on the CHD Register whose recorded smoking status indicates they are a Current Smoker <b>OR</b> Ex Smoker <b>AND</b> who have had their smoking status assessed within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Smoking status recorded as:           <ol style="list-style-type: none"> <li>i. Never Smoked (CHD-010)</li> <li>ii. Ex Smoker (CHD-011)</li> <li>iii. Current Smoker (CHD-012)</li> <li>iv. Not Recorded (CHD-013)</li> </ol> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the CHD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Ex Smoker (CHD-011), <b>OR</b></li> <li>2. Current Smoker (CHD-012), <b>AND</b></li> <li>3. Where their smoking status has been assessed within the previous 12 months</li> </ol>
Denominator	The number of people on the CHD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Ex Smoker (CHD-011), <b>OR</b></li> <li>2. Current Smoker (CHD-012)</li> </ol>

Measure Title	<b><i>MI or ACS</i></b>
Measure Code	CHD-015
Description	The percentage of people on the CHD Register who have had a Myocardial Infarction (MI) <b>OR</b> Acute Coronary Syndrome (ACS) recorded within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ MI events recorded</li> <li>▪ ACS events recorded</li> <li>▪ The date of the MI <b>OR</b> ACS event (<b>NOT</b> the date the event was recorded)</li> <li>▪ Please see Appendix 1 – Clinical Codes</li> </ul>
Numerator:	The number of people on the CHD Register who have a: <ol style="list-style-type: none"> <li>1. Recorded MI event, <b>OR</b></li> <li>2. Recorded ACS event, <b>AND</b></li> <li>3. Where either event has been recorded as occurring within the previous 12 months</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

Measure Title	<b><i>CHD Death</i></b>
Measure Code	CHD-016
Description	The number of deaths that were recorded within the previous calendar month where the person had a diagnosis of CHD
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Death record</li> <li>▪ Date of death recording (<b>NOT</b> date of death)</li> </ul>

Measure Title	<b>CHD All</b>
Measure Code	CHD-017
Description	<p>The percentage of people on the CHD Register who satisfy criteria and targets for <b>ALL</b> of the following CHD Measures:</p> <ul style="list-style-type: none"> <li>▪ Percentage of people on the CHD Register with a last recorded BP of &lt;= 130/80 mm Hg within the previous 12 months (CHD-002)</li> <li>▪ Percentage of people on the CHD Register currently prescribed an Anti-Platelet Agent (CHD-004)</li> <li>▪ Percentage of people on the CHD Register with a last recorded total cholesterol of &lt;4 mmol/l within the previous 12 months (CHD-006)</li> <li>▪ Percentage of people on the CHD Register currently prescribed an ACE Inhibitor <b>OR</b> an ARB (CHD-008)</li> </ul>
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for CHD</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> <li>▪ Anti-Platelet Agents (which includes all medications in the Aspirin class and Clopidogrel) prescribing data</li> <li>▪ Total cholesterol mmol/l</li> <li>▪ Date of total cholesterol recording</li> <li>▪ ACE Inhibitor prescribing data</li> <li>▪ ARB prescribing data</li> <li>▪ Please see Appendix 2 - Medications: Anti-platelets, Statins, &amp; ACE/ ARBs'</li> </ul>
Numerator:	<p>The number of people on the CHD Register who:</p> <ol style="list-style-type: none"> <li>1. Have a BP measurement recorded (both systolic and diastolic recorded at the same time), <b>AND</b></li> <li>2. Whose last recorded BP measurement was within the previous 12 months, <b>AND</b></li> <li>3. Whose last recorded BP measurement contains a: <ol style="list-style-type: none"> <li>a. Systolic BP value of &lt;=130 mm Hg <b>AND</b></li> <li>b. Diastolic BP value of &lt;=80 mm Hg, <b>AND</b></li> </ol> </li> <li>4. Who are currently prescribed an Anti-Platelet Agent, <b>AND</b></li> <li>5. Have a last recorded total cholesterol measurement within the previous 12 months, <b>AND</b></li> <li>6. Whose last recorded total cholesterol measurement is &lt;4 mmol/l, <b>AND</b></li> <li>7. Who are currently prescribed an ACE Inhibitor, <b>OR</b> an ARB</li> </ol>
Denominator	Number of people on the CHD Register (CHD-001)

## Diabetes

### Definition

Diabetes may be defined as the following:

- Type One Diabetes
- Type Two Diabetes

For the purposes of the APCC Program, it is **NOT**:

- Gestational Diabetes Mellitus (GDM)
- Previous GDM
- Impaired Fasting Glucose
- Impaired Glucose Tolerance

Diabetes disease codes: Please see 'Clinical Codes' – Diabetes' in Appendix 1 of this document.

### Diabetes Measures

Measure Title	<b><i>Diabetes Register</i></b>
Measure Code	DIA-001
Description	The number of people within the clinical database that are coded with a diagnosis matching the Diabetes definition
Data Required	<ul style="list-style-type: none"><li>▪ Clinical codes for Diabetes</li><li>▪ Please see Appendix 1 – Clinical Codes</li></ul>

Measure Title	<b><i>HbA1c</i></b>
Measure Codes	DIA-002, DIA-003, DIA-004, DIA-005 and DIA-006
Description	The percentage of people on the Diabetes Register whose HbA1c has been recorded within the previous 12 months <b>AND</b> whose last recorded HbA1c result was within various levels
Data Required	<ul style="list-style-type: none"><li>▪ Clinical codes for Diabetes</li><li>▪ HbA1c recording</li><li>▪ Date of HbA1c recording</li></ul>
Numerator:	The number of people on the Diabetes Register who have had: <ol style="list-style-type: none"><li>1. A HbA1c measurement recorded within the previous 12 months, <b>AND</b></li><li>2. Whose last recorded Hba1c measurement is within the following groups:<ol style="list-style-type: none"><li>i. HbA1c &lt;= 7% (DIA-002)</li><li>ii. HbA1c &gt;7% and &lt;=8 % (DIA-003)</li><li>iii. HbA1c&gt; 8% and &lt;= 10% (DIA-004)</li><li>iv. HbA1c &gt; 10 % (DIA-005)</li><li>v. HbA1c Not recorded (DIA-006)</li></ol></li></ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>Cholesterol</i></b>
Measure Codes	DIA-007
Description	The percentage of people on the Diabetes Register whose total cholesterol has been recorded within the previous 12 months <b>AND</b> whose last recorded total cholesterol was less than 4mmol/l
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Total cholesterol mmol/l</li> <li>▪ Date of total cholesterol recording</li> </ul>
Numerator:	The number of people on the Diabetes Register who have had: <ol style="list-style-type: none"> <li>1. A total cholesterol measurement recorded within the previous 12 months, <b>AND</b></li> <li>2. Whose last recorded total cholesterol measurement is &lt;4 mmol/l</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>Cholesterol Recorded</i></b>
Measure Codes	DIA-008
Description	The percentage of people on the Diabetes Register with a last recorded total cholesterol within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Total cholesterol mmol/l</li> <li>▪ Date of total cholesterol recording</li> </ul>
Numerator:	The number of people on the Diabetes Register whose last recorded total cholesterol measurement was within the previous 12 months
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>DIA BP</i></b>
Measure Codes	DIA-009
Description	The percentage of people on the Diabetes Register whose BP has been recorded within the previous 12 months <b>AND</b> whose last recorded BP was less than or equal to 130/80 mm Hg
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> </ul>
Numerator:	The number of people on the Diabetes Register who have had: <ol style="list-style-type: none"> <li>1. A BP measurement recorded (both systolic and diastolic recorded at the same time), <b>AND</b></li> <li>2. Whose last recorded BP measurement was within the previous 12 months, <b>AND</b></li> <li>3. Whose last recorded BP measurement contains a: <ol style="list-style-type: none"> <li>a. Systolic BP value of &lt;=130 mm Hg, <b>AND</b></li> <li>b. Diastolic BP value of &lt;=80 mm Hg</li> </ol> </li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>BP Recorded</i></b>
Measure Codes	DIA-010
Description	The percentage of people on the Diabetes Register with a last recorded BP within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> </ul>
Numerator:	<p>Number of people on Diabetes Register who have had:</p> <ol style="list-style-type: none"> <li>1. A BP measurement recorded (both systolic and diastolic recorded at the same time), <b>AND</b></li> <li>2. Whose last recorded BP measurement was within the previous 12 months</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>Diabetes Key Measurables</i></b>
Measure Codes	DIA-011
Description	The percentage of people on the Diabetes register who have <b>ALL</b> key measurables recorded within the required timeframe <b>AND</b> whose recordings are <b>ALL</b> within the recommended targets
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> <li>▪ HbA1c recording</li> <li>▪ Date of HbA1c recording</li> <li>▪ Total cholesterol recording</li> <li>▪ Date of total cholesterol recording</li> <li>▪ ACR recording</li> <li>▪ Other urinary Micro albumin recordings</li> <li>▪ Date of ACR recording</li> <li>▪ Date of other urinary Micro albumin recordings</li> <li>▪ Recorded smoking status by: <ul style="list-style-type: none"> <li>▪ Never Smoked</li> <li>▪ Ex Smoker</li> <li>▪ Current Smoker</li> <li>▪ Not Recorded</li> </ul> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	<p>The number of people on Diabetes Register:</p> <ol style="list-style-type: none"> <li>1. With two (2) BP measurements recorded within the previous 12 months, <b>AND</b></li> <li>2. Whose last recorded BP measurement is &lt;=130/80 mm Hg, <b>AND</b></li> <li>3. Have a HbA1c measurement recorded within the previous 12 months, <b>AND</b></li> <li>4. Whose last recorded HbA1c measurement is &lt;=7%, <b>AND</b></li> <li>5. Have a total cholesterol measurement recorded within the previous 12 months, <b>AND</b></li> <li>6. Whose last recorded total cholesterol measurement is &lt; 4 mmol/l, <b>AND</b></li> <li>7. Have a Micro albumin recording within the previous 12 months, <b>AND</b></li> <li>8. Whose recorded smoking status is: <ol style="list-style-type: none"> <li>a. Never Smoked, <b>OR</b></li> <li>b. Ex Smoker</li> </ol> </li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>Diabetes Key Measurables Recorded</i></b>
Measure Codes	DIA-012
Description	The percentage of people on the Diabetes register who have <b>ALL</b> key measurables recorded within the required timeframe
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Systolic BP mm Hg</li> <li>▪ Diastolic BP mm Hg</li> <li>▪ Date of BP recording</li> <li>▪ HbA1c recording</li> <li>▪ Date of HbA1c recording</li> <li>▪ Total cholesterol recording</li> <li>▪ Date of total cholesterol recording</li> <li>▪ ACR recording</li> <li>▪ Other urinary Micro albumin recording</li> <li>▪ Date of ACR recording</li> <li>▪ Other urinary Micro albumin recording</li> <li>▪ Recorded smoking status by: <ul style="list-style-type: none"> <li>▪ Never Smoked</li> <li>▪ Ex Smoker</li> <li>▪ Current Smoker</li> <li>▪ Not Recorded</li> </ul> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	<p>Number of people on Diabetes Register:</p> <ol style="list-style-type: none"> <li>1. With two (2) BP measurements within the previous 12 months, <b>AND</b></li> <li>2. Have a HbA1c measurement recorded within the previous 12 months, <b>AND</b></li> <li>3. Have a total cholesterol measurement recorded within the previous 12 months, <b>AND</b></li> <li>4. Have a urinary Micro albumin recording within the previous 12 months, <b>AND</b></li> <li>5. Whose recorded smoking status is: <ol style="list-style-type: none"> <li>a. Never Smoked, <b>OR</b></li> <li>b. Ex Smoker</li> </ol> </li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b><i>Diabetes Annual Cycle of Care</i></b>
Measure Codes	DIA-013
Description	The percentage of annual cycle of care elements recorded for people on the Diabetes Register
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Body mass index (BMI) assessment recording</li> <li>▪ Date of BMI recording</li> <li>▪ BP recording</li> <li>▪ Date of BP recording</li> <li>▪ Feet exam recording</li> <li>▪ Date of feet exam</li> <li>▪ HbA1c recording</li> <li>▪ Date of HbA1c recording</li> <li>▪ Total cholesterol recording</li> <li>▪ Triglycerides recording</li> <li>▪ Date of triglycerides test</li> <li>▪ High-density lipoproteins (HDL) recording</li> <li>▪ Date of HDL test</li> <li>▪ ACR or other urinary Micro albumin test</li> <li>▪ Date of ACR or other urinary Micro albumin test</li> <li>▪ Diet review recorded</li> <li>▪ Date of diet review</li> <li>▪ Physical Activity review recorded</li> <li>▪ Date of physical activity review</li> <li>▪ Recorded smoking status by: <ul style="list-style-type: none"> <li>▪ Never Smoked</li> <li>▪ Ex Smoker</li> <li>▪ Current Smoker</li> <li>▪ Not Recorded</li> </ul> </li> <li>▪ Date of smoking status assessment</li> <li>▪ Medicine review recording</li> <li>▪ Date of medicine review</li> <li>▪ Self Care Education recording</li> <li>▪ Date of self care education</li> <li>▪ Eye exam recording</li> <li>▪ Date of eye exam</li> </ul>
Numerator:	<p>A count of each of the following conditions that is <b>TRUE</b> for each person on Diabetes Register:</p> <ol style="list-style-type: none"> <li>1. The number of Body mass index (BMI) assessment recordings within the previous 12 months (if more than one, count to a maximum of 2 BMI assessments).</li> <li>2. The number of BP assessment recordings within the previous 12 months (if more than one, count to a maximum of 2 BP recordings).</li> <li>3. The number of feet exams recorded within the previous 12 months (if more than one, count to a maximum of 2 feet exams).</li> <li>4. If a HbA1c recording has been recorded within the previous 12 months, count 1.</li> <li>5. If a total cholesterol recording has been recorded within the previous 12 months, count 1.</li> <li>6. If a Triglycerides recording has been recorded within the</li> </ol>

	<p>previous 12 months, count 1.</p> <p>7. If a HDL recording has been recorded within the previous 12 months, count 1.</p> <p>8. If a ACR or other urinary Micro albumin test has been recorded within the previous 12 months, count 1.</p> <p>9. If a Diet review has been recorded within the previous 12 months, count 1.</p> <p>10. If a physical activity review has been recorded within the previous 12 months, count 1.</p> <p>11. If smoking status has been recorded within the previous 12 months, count 1.</p> <p>12. If a medicine review has been recorded within the previous 12 months, count 1.</p> <p>13. If a 'Self Care Education' session has been recorded within the previous 12 months, count 1.</p> <p>14. If an Eye exam has been recorded within the previous 24 months, count 1.</p> <p>Maximum total of 17 elements for each person on the Diabetes Register.</p>
Denominator	Number of people on the Diabetes Register (DIA-001) multiplied by 17

Measure Title	<b><i>Aspirin</i></b>
Measure Codes	DIA-014
Description	The percentage of people on the Diabetes Register who are aged 55 years or older <b>AND</b> are currently prescribed an Aspirin
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Recorded age</li> <li>▪ Aspirin (includes all medications in Aspirin Class) prescribing data</li> <li>▪ Please see Appendix 2 - Medications: Anti-platelets, Statins, &amp; ACE/ ARBs'</li> </ul>
Numerator:	Number of people on Diabetes Register who: <ol style="list-style-type: none"> <li>1. Are <math>\geq</math> 55 years of age, <b>AND</b></li> <li>2. Are currently prescribed an Aspirin</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001) who are $\geq$ 55 years of age

Measure Title	<b>ACR</b>
Measure Codes	DIA-015
Description	The percentage of people on the Diabetes Register who have had a urinary ACR or other urinary Micro albumin test result within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ A urinary ACR <b>OR</b> a urinary Micro albumin test result</li> <li>▪ Date of urinary ACR <b>OR</b> urinary Micro albumin test result recording</li> </ul>
Numerator:	Number of people on Diabetes Register who: <ol style="list-style-type: none"> <li>1. Have a recorded Urinary ACR <b>OR</b> urinary Micro albumin test result, <b>AND</b></li> <li>2. Where the recording was within the previous 12 months</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b>Influenza Vaccine</b>
Measure Codes	DIA-016
Description	The percentage of people on the Diabetes Register who are recorded as receiving an Influenza vaccine within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Influenza vaccine record</li> <li>▪ Date of Influenza vaccine record</li> </ul>
Numerator:	Number of people on Diabetes Register who: <ol style="list-style-type: none"> <li>1. Are recorded as having received an Influenza vaccine, <b>AND</b></li> <li>2. Where the Influenza vaccine recording was within the previous 12 months</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

Measure Title	<b>Pneumococcal Vaccine</b>
Measure Codes	DIA-017
Description	The percentage of people on the Diabetes Register who are recorded as receiving an Pneumococcal vaccination
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for Diabetes</li> <li>▪ Pneumococcal vaccine record</li> <li>▪ Date of Pneumococcal vaccine record</li> </ul>
Numerator:	Number of people on Diabetes Register who: <ol style="list-style-type: none"> <li>1. Are recorded as having received a Pneumococcal vaccine, <b>AND</b></li> <li>2. Where the Pneumococcal vaccine recording was within the previous 5 years, <b>OR</b></li> <li>3. Have had two (2) Pneumococcal vaccines recorded at anytime</li> </ol>
Denominator	Number of people on the Diabetes Register (DIA-001)

## **COPD**

### ***Definition***

COPD may be defined as the following:

- Chronic Bronchitis
- Chronic Obstructive Airways Disease
- Chronic Obstructive Pulmonary Disease
- COAD
- COAD (Chronic Obstructive Airways Disease)
- COPD (Chronic Obstructive Pulmonary Disease)
- COAD - Infective exacerbation
- Emphysema
- Emphysema - Infective exacerbation

COPD disease codes: Please see 'Clinical Codes - COAD' in Appendix 1 of this document.

### **COPD Measures**

Measure Title	<b><i>COPD Register</i></b>
Measure Code	COPD-001
Description	The number of people within the clinical database that are coded with a diagnosis matching the COPD definition
Data Required	<ul style="list-style-type: none"><li>▪ Clinical codes for COPD</li><li>▪ Please see Appendix 1 – Clinical Codes</li></ul>

Measure Title	<b>Smoking Status</b>
Measure Code	COPD-002, COPD-003, COPD-004, COPD-005 and COPD-006
Description	The percentage of people on the COPD Register whose recorded smoking status indicates they are a Non Smoker (Never Smoked <b>OR</b> Ex Smoker) (COPD-002)  Five (5) measures are derived from this assessment.
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Smoking status recorded as: <ul style="list-style-type: none"> <li>i. Never Smoked (COPD-003)</li> <li>ii. Ex Smoker (COPD-004)</li> <li>iii. Current Smoker (COPD-005)</li> <li>iv. Not Recorded (COPD-006)</li> </ul> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the COPD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Never Smoked (COPD-003), <b>OR</b></li> <li>2. Ex Smoker (COPD-002)</li> </ol>
Denominator	The number of people on the COPD Register (COPD-001)

Measure Title	<b>Smoking Status Assessment</b>
Measure Code	COPD-007
Description	The percentage of people on the COPD Register whose smoking status is recorded as Current Smoker <b>OR</b> Ex Smoker <b>AND</b> who have had their smoking status assessed within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Smoking status recorded as: <ul style="list-style-type: none"> <li>v. Never Smoked (COPD-003)</li> <li>vi. Ex Smoker (COPD-004)</li> <li>vii. Current Smoker (COPD-005)</li> <li>viii. Not Recorded (COPD-006)</li> </ul> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the COPD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Ex Smoker (COPD-004), <b>OR</b></li> <li>2. Current Smoker (COPD-005), <b>AND</b></li> <li>3. When their smoking status has been assessed within the previous 12 months</li> </ol>
Denominator	The number of people on the COPD Register whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Ex Smoker (COPD-004), <b>OR</b></li> <li>2. Current Smoker (COPD-005)</li> </ol>

Measure Title	<b>Screening</b>
Measure Code	COPD-009
Description	The percentage of people at risk of COPD who have had a Spirometry screen recorded within the previous 24 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Age recorded</li> <li>▪ Smoking status recorded as: <ul style="list-style-type: none"> <li>i. Never Smoked (COPD-003)</li> <li>ii. Ex Smoker (COPD-004)</li> <li>iii. Current Smoker (COPD-005)</li> <li>iv. Not Recorded (COPD-006)</li> </ul> </li> <li>▪ Recorded Spirometry screen (post bronchodilator measurement of FEV1 AND FVC recorded)</li> <li>▪ Date of Spirometry Screen</li> </ul>
Numerator:	The number of people <b>NOT</b> on the COPD Register who: <ol style="list-style-type: none"> <li>1. Are aged 35 years or older, <b>AND</b></li> <li>2. Have a recorded smoking status of either: <ol style="list-style-type: none"> <li>a. Current Smoker, <b>OR</b></li> <li>b. Ex Smoker, <b>AND</b></li> </ol> </li> <li>3. Have a recorded Spirometry screen (post bronchodilator measurement of FEV1 AND FVC present)</li> </ol>
Denominator	The number of people <b>NOT</b> on the COPD Register who: <ol style="list-style-type: none"> <li>1. Are aged greater than or equal to 35 <b>AND</b>,</li> <li>2. Whose smoking status is recorded as: <ol style="list-style-type: none"> <li>i. Ex Smoker (COPD-004), <b>OR</b></li> <li>ii. Current Smoker (COPD-005)</li> </ol> </li> </ol>

Measure Title	<b>Spirometry</b>
Measure Code	COPD-009
Description	The percentage of people on the COPD register with a recorded Spirometry screen at any time
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Recorded Spirometry screen (post bronchodilator measurement of FEV1 and FVC recorded)</li> </ul>
Numerator:	The number of people on the COPD Register who have had a Spirometry screen recorded at any time
Denominator	The number of people on the COPD Register (COPD-001)

Measure Title	<b>Influenza vaccine</b>
Measure Codes	COPD-010
Description	The percentage of people on the COPD Register who are recorded as receiving an Influenza vaccine within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Influenza vaccine record</li> <li>▪ Date of Influenza vaccine record</li> </ul>
Numerator:	The Number of people on the COPD Register who: <ol style="list-style-type: none"> <li>1. Are recorded as having received an Influenza vaccine, <b>AND</b></li> <li>2. Where the Influenza vaccine recording was within the previous 12 months</li> </ol>

Denominator	Number of people on the COPD Register (COPD-001)
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Measure Title	<b><i>Pneumococcal Vaccine</i></b>
Measure Codes	COPD-011
Description	The percentage of people on the COPD Register with a recorded Pneumococcal vaccination
Data Required	<ul style="list-style-type: none"> <li>▪ Clinical codes for COPD</li> <li>▪ Pneumococcal vaccine record</li> <li>▪ Date of Pneumococcal vaccine record</li> </ul>
Numerator:	<p>The number of people on the COPD Register who:</p> <ol style="list-style-type: none"> <li>1. Are recorded as having received a Pneumococcal vaccine, <b>AND</b></li> <li>2. Where the Pneumococcal vaccine recording was within the previous 5 years, <b>OR</b></li> <li>3. Have had two (2) Pneumococcal vaccines recorded at anytime</li> </ol>
Denominator	Number of people on the COPD Register (COPD-001)

## General Prevention Measures

Measure Title	<b><i>Smoking Status</i></b>
Measure Code	GEN-001, GEN-002, GEN-003, GEN-004 and GEN-005
Description	The percentage of people on the clinical database whose recorded smoking status indicates they are a Non Smoker (Never Smoked <b>OR</b> Ex Smoker) (GEN-001)  Five (5) measures are derived from this assessment
Data Required	<ul style="list-style-type: none"> <li>▪ Smoking status recorded as:               <ol style="list-style-type: none"> <li>i. Never Smoked (GEN-002)</li> <li>ii. Ex Smoker (GEN-003)</li> <li>iii. Current Smoker (GEN-004)</li> <li>iv. Not Recorded (GEN-005)</li> </ol> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the clinical database who are recorded as active (not archived) <b>AND</b> whose smoking status is recorded as: <ol style="list-style-type: none"> <li>1. Never Smoked (GEN-002), <b>OR</b></li> <li>2. Ex Smoker (GEN-003)</li> </ol>
Denominator	The number of people on the clinical database whose record is active (not archived)

Measure Title	<b><i>Smoking Status Assessment</i></b>
Measure Code	GEN-006
Description	The percentage of people on the clinical database whose recorded smoking status indicates they are a Current Smoker <b>OR</b> Ex Smoker <b>AND</b> who have had their smoking status assessed within the previous 12 months
Data Required	<ul style="list-style-type: none"> <li>▪ Smoking status recorded by:               <ol style="list-style-type: none"> <li>v. Never Smoked (GEN-002)</li> <li>vi. Ex Smoker (GEN-003)</li> <li>vii. Current Smoker (GEN-004)</li> <li>viii. Not Recorded (GEN-005)</li> </ol> </li> <li>▪ Date of smoking status assessment</li> </ul>
Numerator:	The number of people on the clinical database whose record is active (not archived) <b>AND</b> : <ol style="list-style-type: none"> <li>1. Whose smoking status is recorded as a Current Smoker <b>OR</b> Ex Smoker, <b>AND</b></li> <li>2. Who have had their smoking status assessed within the previous 12 months</li> </ol>
Denominator	The number of people on the clinical database whose record is active (not archived)

Measure Title	<b><i>Pap Smear</i></b>
Measure Code	GEN-007
Description	The percentage of females on the clinical database who are aged between 20 and 69 <b>AND</b> who are recorded as having had a pap smear within the previous 24 months
Data Required	<ul style="list-style-type: none"> <li>▪ Recorded age</li> <li>▪ Recorded gender</li> <li>▪ Pap smear record</li> <li>▪ Date of pap smear record</li> <li>▪ Hysterectomy record</li> </ul>
Numerator:	The number of people on the clinical database whose record is active (not archived) <b>AND</b> : <ol style="list-style-type: none"> <li>1. Are recorded as female, <b>AND</b></li> <li>2. Aged between 20 and 69 years (inclusive), <b>AND</b></li> <li>3. Who have <b>NOT</b> had a hysterectomy recorded, <b>AND</b></li> <li>4. Who have a Pap Smear recorded within the previous 24 months</li> </ol>
Denominator	The number of people on the clinical database whose record is active (not archived) <b>AND</b> whose recorded gender is female <b>AND</b> aged between 20 and 69 years (inclusive)

Measure Title	<b><i>Breast Screen</i></b>
Measure Code	GEN-008
Description	The percentage of females on the clinical database who are aged between 50 and 69 <b>AND</b> who are recorded as having had a breast screen within the previous 24 months
Data Required	<ul style="list-style-type: none"> <li>▪ Recorded age</li> <li>▪ Recorded gender</li> <li>▪ Breast screen record</li> <li>▪ Date of breast screen record</li> </ul>
Numerator:	The number of people on the clinical database whose record is active (not archived) <b>AND</b> : <ol style="list-style-type: none"> <li>1. Are recorded as female, <b>AND</b></li> <li>2. Aged between 50 and 69 years of age (inclusive), <b>AND</b></li> <li>3. Who have a breast screen recorded within the previous 24 months</li> </ol>
Denominator	The number of people on the clinical database whose record is active (not archived) <b>AND</b> whose gender is female <b>AND</b> who are aged between 50 and 69 years of age (inclusive)

## Manual Monthly Measures

These measures are currently manually derived by the practice (i.e. through survey or inspection); they not extracted from clinical or billing software. If you believe there is capacity for your product to extract any of these measures, please contact IFA for a full technical specification.

### Better Access & Care Redesign

Measure Title	<b><i>Open Access</i></b>
Measure Code	MAN-001
Description	Is the practice using an 'Open Access' system? Select either a Yes or No check box. (only 1 option allowed)
Data Required	▪ Yes <b>OR</b> No
Notes	If a practice ticks 'yes', they are <b>NOT</b> required to enter measures MAN-002 <b>AND</b> MAN-004. However they are still required to enter all other measures

Measure Title	<b><i>GP Third Available</i></b>
Measure Code	MAN-002
Description	The number of days until the GP 3rd Available appointment
Data Required	▪ Provision to fill in numerical data including 2 decimal places
Notes	

Measure Title	<b><i>Practice Nurse</i></b>
Measure Code	MAN-003
Description	Is there a practice nurse who takes appointments? Select either a Yes or No check box (only 1 option allowed)
Data Required	▪ Yes <b>OR</b> No
Notes	If a practice ticks 'no', they are <b>NOT</b> required to enter measure MAN-004. However they are still required to enter all other measures

Measure Title	<b><i>Practice Nurse Third Available</i></b>
Measure Code	MAN-004
Description	The number of days until the Practice nurse 3rd available appointment
Data Required	▪ Provision to fill in numerical data including 2 decimal places
Notes	

Measure Title	<b><i>Unmet Demand</i></b>
Measure Code	MAN-005
Description	The number of patients whose appointment demands were unmet
Data Required	▪ Provision to fill in numerical data (no decimal places)
Notes	

Measure Title	<b><i>Patient Satisfaction</i></b>
Measure Code	MAN-006
Description	Average patient satisfaction score
Data Required	<ul style="list-style-type: none"> <li>▪ Provision to fill in numerical data including 2 decimal places</li> </ul>
Notes	

Measure Title	<b><i>GP Full Time Equivalent</i></b>
Measure Code	MAN-007
Description	The number of full time equivalent GPs at the practice
Data Required	<ul style="list-style-type: none"> <li>▪ Provision to fill in numerical data including 2 decimal places</li> </ul>
Notes	

Measure Title	<b><i>Practice Nurse Full Time Equivalent</i></b>
Measure Code	MAN-008
Description	The number of full time equivalent practice nurses at the practice
Data Required	<ul style="list-style-type: none"> <li>▪ Provision to fill in numerical data including 2 decimal places</li> </ul>
Notes	

Measurement codes MAN-008, MAN-009 and MAN-010 are left blank and are not required in the manual collection area. These codes remain as part of the XML Schema for future use.

Measure Title	<b><i>Registers</i></b>
Measure Code	MAN-012, MAN-013, MAN-014, MAN-015, MAN-016, MAN-017, MAN-018, MAN-019, MAN-020 and MAN-021
Description	Capture of registers used by the practice whether electronic <b>OR</b> paper based
Data Required	Provision to select either electronic <b>OR</b> manual (radio button or tick box) for the following options: <ul style="list-style-type: none"> <li>▪ MAN-012: CHD</li> <li>▪ MAN-013: Hypertension</li> <li>▪ MAN-014: COPD</li> <li>▪ MAN-015: Asthma</li> <li>▪ MAN-016: Diabetes</li> <li>▪ MAN-017: Diabetes Risk</li> <li>▪ MAN-018: Any Mental Health</li> <li>▪ MAN-019: Osteoporosis</li> <li>▪ MAN-020: Any Cancer</li> <li>▪ MAN-021: Other (other registers not included above can be entered in manually)</li> </ul>
Notes	1. Please include a note: 'separate register names in the 'other' field need to be comma delineated' 2. All registers are saved as a comma separated list e.g. 'CHD=paper, Hypertension=electronic'

Measure Title	<b>Recall/Reminder Systems</b>
Measure Code	MAN-022, MAN-023, MAN-024, MAN-025, MAN-026, MAN-027, MAN-028, MAN-029, MAN-030 and MAN-031
Description	Capture of recall/reminder systems used by the practice whether electronic <b>OR</b> paper based
Data Required	Provision to select either electronic <b>OR</b> manual (radio button or tick box) for the following options: <ul style="list-style-type: none"> <li>▪ MAN-022: CHD</li> <li>▪ MAN-023: Hypertension</li> <li>▪ MAN-024: COPD</li> <li>▪ MAN-025: Asthma</li> <li>▪ MAN-026: Diabetes</li> <li>▪ MAN-027: Diabetes Risk</li> <li>▪ MAN-028: Any Mental Health</li> <li>▪ MAN-029: Osteoporosis</li> <li>▪ MAN-030: Any Cancer</li> <li>▪ MAN-031: Other (other registers not included above can be entered in manually)</li> </ul>
Notes	1. Please include a note: 'separate register names in the 'other' field need to be comma delineated' 2. All registers are saved as a comma separated list e.g. 'CHD=paper, Hypertension=electronic'

### Sample Interface for registers & recalls systems

MAN-012 Does the practice have a practice wide, systemised register for the following?

CHD	Electronic	Hypertension	None	COPD	Paper
Asthma	Paper	Diabetes	Electronic	Diabetes Risk	None
Any Mental Health	None	Osteoporosis	None	Any Cancer	None
Other (comma seperated values)		Paper	Farm Injury	Electronic	

MAN-013 Does the practice have a practice wide, systemised recall/ reminder system for the following?

CHD	Electronic	Hypertension	None	COPD	None
Asthma	None	Diabetes	Electronic	Diabetes Risk	None
Any Mental Health	None	Osteoporosis	None	Any Cancer	None
Other (comma seperated values)		Paper		Electronic	

## Appendix 1 - Clinical Codes

### Medical Director (Medical Director Mapping)

Condition Description	Related Clinical Codes	
<b>Coronary Heart Disease</b>		
Acute coronary insufficiency	angip@unst	HX
Acute coronary syndrome	occl@coroa:acut	HX
Acute myocardial infarction	myoci	HX
AMI (Acute Myocardial Infarction)	myoci	HX
Angina	angip	HX
Angina pectoris	angip	HX
Angina pectoris - Prinzmetal	angip@prin	HX
Angina pectoris - unstable	angip@unst	HX
Angioplasty - coronary	surg.coroa@balloon	PR
Angioplasty - coronary (with stent)	surg.coroa@stent	PR
Anterior myocardial infarct	myoci@ante	HX
Anterolateral myocardial infarct	myoci@antel	HX
Atherosclerotic heart disease	ihd	HX
Balloon coronary angioplasty	surg.coroa@balloon	PR
Blockage Coronary Artery	occl@coroa	HX
Bypass - coronary	surg.coroa@graf	PR
CABG (Coronary Artery Bypass Graft)	surg.coroa@graf	PR
Coronary Angiography and Stent	surg.coroa@stent	HX
Coronary artery balloon angioplasty	surg.coroa@balloon	PR
Coronary artery bypass graft	surg.coroa@graf	PR
Coronary artery disease	ihd	HX
Coronary artery disease - Rehabilitation	ppoc@reha@ihd	HX
Coronary artery endarterectomy	surg.coroa@enda	PR
Coronary artery spasm	angip@prin	HX

Coronary artery stent	surg.coroa@stent	PR
Coronary artery surgery	surg.coroa	PR
Coronary heart disease	ihd	HX
Coronary insufficiency	ihd	HX
Coronary Occlusion	occl@coroa	HX
Heart attack	myoci	HX
IHD (Ischaemic Heart Disease)	ihd	HX
Inferior myocardial infarction	myoci@inf	HX
Ischaemic heart disease	ihd	HX
Myocardial Damage	myoci	HX
Myocardial infarction	myoci	HX
Myocardial infarction - anterior	myoci@ante	HX
Myocardial infarction - anterolateral	myoci@antel	HX
Myocardial infarction - inferior	myoci@inf	HX
Myocardial infarction - posterior	myoci@post	HX
Myocardial infarction - posterior	myoci@posterio	HX
Myocardial infarction - subendocardial	myoci@subendoc	HX
Myocardial infarction - superior	myoci@supe	HX
Myocardial Infarction - with ST elevation	myoci:st@elev	HX
Myocardial Infarction - without ST elevation	myoci:sansst@elev	HX
Myocardial insufficiency	ihd	HX
NSTEMI (Non-ST-Elevation Myocardial Infarction)	myoci:sansst@elev	HX
Occlusion - Coronary Artery	occl@coroa	HX
PCTA	surg.coroa@balloon	PR
Percutaneous transluminal angioplasty	surg.coroa@balloon	PR
Posterior myocardial infarct	myoci@post	HX
Posterior myocardial infarct	myoci@posterio	HX
Preinfarction syndrome	angip@unst	HX
Prinzmetal angina	angip@prin	HX
STEMI (ST-Elevation Myocardial Infarction)	myoci:st@elev	HX
Stent - coronary artery	surg.coroa@stent	PR
Superior myocardial infarct	myoci@supe	HX
Surgery - Coronary artery	surg.coroa	PR
Surgery - Coronary artery balloon angioplasty	surg.coroa@balloon	PR

Surgery - Coronary artery bypass graft	surg.coroa@graf	PR
Surgery - Coronary artery endarterectomy	surg.coroa@enda	PR
Surgery - Coronary artery stent	surg.coroa@stent	PR
Unstable Angina	angip@unst	HX
Unstable Angina - High risk	angip@unst:high@risk	HX
Unstable Angina - Low risk	angip@unst:low@risk	HX
Unstable Angina - Moderate risk	angip@unst:moderate@risk	HX
Variant angina	angip@prin	HX

<b><i>Other codes - not to be included in CHD</i></b>		
Angiogram - Coronary	xr.coroa@angiogra	XR
Antiangina agent prescription	pres@angip	PS
Coronary angiogram	xr.coroa@angiogra	XR
Family History - Ischaemic Heart Disease	fh@ihd	HX
Fear of heart attack	fear@myoci	HX
Fear of myocardial infarction	fear@myoci	HX
Heart attack fear	fear@myoci	HX
Phobia - heart attack	fear@myoci	HX
Prescription - Angina pectoris	pres@angip	PS
Spiral CT angiogram-Chest	ct.ches@coroa@angiogra@spiral	XC
X-ray - Coronary angiography	xr.coroa@angiogra	XR

<b>MI</b>		
Acute myocardial infarction	myoci	HX
AMI (Acute Myocardial Infarction)	myoci	HX
Anterior myocardial infarct	myoci@ante	HX
Anterolateral myocardial infarct	myoci@antel	HX
Heart attack	myoci	HX
Inferior myocardial infarction	myoci@inf	HX
Myocardial infarction	myoci	HX
Myocardial infarction - anterior	myoci@ante	HX
Myocardial infarction - anterolateral	myoci@antel	HX
Myocardial infarction - inferior	myoci@inf	HX
Myocardial infarction - posterior	myoci@post	HX
Myocardial infarction - posterior	myoci@posterio	HX
Myocardial infarction - subendocardial	myoci@subendoc	HX
Myocardial infarction - superior	myoci@supe	HX
Myocardial Infarction - with ST elevation	myoci:st@elev	HX
Myocardial Infarction - without ST elevation	myoci:sansst@elev	HX
NSTEMI (Non-ST-Elevation Myocardial Infarction)	myoci:sansst@elev	HX
Posterior myocardial infarct	myoci@post	HX
Posterior myocardial infarct	myoci@posterio	HX
STEMI (ST-Elevation Myocardial Infarction)	myoci:st@elev	HX
Superior myocardial infarct	myoci@supe	HX

<b>ACS</b>		
Acute coronary syndrome	occl@coroa:acut	HX
Unstable Angina	angip@unst	HX
Angina pectoris - unstable	angip@unst	HX

## Diabetes

Condition Description	Related Clinical Codes	
<b><i>Type II</i></b>		
Diabetes Mellitus - NIDDM	diabm@niddm	HX
Diabetes Mellitus - Type II	diabm@niddm	HX
NIDDM	diabm@niddm	HX
Non insulin dependent diabetes mellitus	diabm@niddm	HX
<b><i>Type I</i></b>		
Diabetes Mellitus - IDDM	diabm@iddm	HX
Diabetes Mellitus - Type I	diabm@iddm	HX
IDDM (Insulin dependent diabetes mellitus)	diabm@iddm	HX
Insulin dependent diabetes mellitus	diabm@iddm	HX
Juvenile Onset Diabetes	diabm@iddm	HX
<b><i>Undefined Diabetic</i></b>		
Diabetes	diabm	HX
Diabetes - controlled	&ctx@eval[diabm]outx[goodcont]	HX
Diabetes - Unstable	diabm&ctx@illunst	HX
Diabetes Mellitus	diabm	HX
Unstable Diabetes	diabm&ctx@illunst	HX

<b>Diabetes Related Conditions</b>		
Diabetes with Vascular Changes	diabm@infl.arte	HX
Arteritis - Diabetes Mellitus	diabm@infl.arte	HX
Diabetic Endarteritis	diabm@infl.arte	HX
Diabetic Peripheral Vascular Disease	diabm@infl.arte	HX
Diabetic Vasular Disease - Peripheral	diabm@infl.arte	HX
Acidosis - Diabetic ketoacidosis	acidosis@diabm	HX
Coma - Acidotic - Diabetes mellitus	coma@acidosis@diabm	HX
Diabetes Eye Care	ppoc.eye@diabm	HX
Diabetes review	revi@diabm	HX
Diabetic coma - Ketoacidotic	coma@acidosis@diabm	HX
Diabetic Diet Management	ppoc@diet@diabm	HX
Diabetic Foot	diabf	HX
Diabetic Foot Care	ppoc.foot@diabm	HX
Diabetic Gastroparesis	gastsdiabm	HX
Diabetic Gastroparesis	gastp@diabm	HX
Diabetic Glomerulosclerosis	diabg	HX
Diabetic Hypoglycaemic Coma	coma@hypo@gluc	HX
Diabetic Ketoacidosis	acidosis@diabm	HX
Diabetic Ketoacidotic coma	coma@acidosis@diabm	HX
Diabetic Nephropathy	neph@diabm	HX
Diabetic Neuropathy	neurp@diabm	HX
Diabetic Precoma	coma@hypo@gluc@pre	HX
Diabetic Retinopathy	diabr	HX
Diabetic Retinopathy	retinopa@diabm	HX
Diabetic Retinopathy - Background	retinopa@diabm@backg	HX
Diabetic Retinopathy - Non Proliferative	retinopa@diabm@backg	HX
Diabetic Retinopathy - Proliferative	retinopa@diabm@prolifer	HX
DKA (Diabetic Ketoacidosis)	acidosis@diabm	HX
Gastroparesis - diabetes mellitus	gastsdiabm	HX
Gastroparesis - diabetes mellitus	gastp@diabm	HX
Keto-acidotic diabetic coma	coma@acidosis@diabm	HX

Review - diabetes mellitus	revi@diabm	RV
Nephropathy - Diabetes mellitus	nephp@diabm	HX
Neuropathy - diabetic	neurp@diabm	HX
Prescription - Hypoglycemic	pres@hypoglyc	PS
Prescription - Insulin	pres@insu	PS

<b>Other Diabetic Codes that will not be included in DIAB definition</b>		
Background Retinopathy	retinopa@diabm@backg	HX
Borderline Diabetic	diabm@pre	HX
DI (Diabetes Insipidus)	diabi	HX
Diabetes - Gestational	diabm@preg	HX
Diabetes Assessment	asse@diabm	CN
Diabetes Insipidus	diabi	HX
Diabetes Insipidus - renal	diabi@rena	HX
Diabetes Mellitus - Borderline	diabm@pre	HX
Diabetes Mellitus - Family History	fh@diabm	FH
Diabetes Mellitus - Gestational	diabm@preg	HX
Diabetes Mellitus - Pre	diabm@pre	HX
Diabetes Mellitus - Preventive care	prevc@diabm	PC
Family History - Diabetes Mellitus	fh@diabm	FH
Feet Check	ppoc.foot@diabm	CN
FH of Diabetes mellitus	fh@diabm	FH
Gestational Diabetes	diabm@preg	HX
Impaired Fasting Glucose	diabm@pre	HX
Impaired Fasting Glycemia Not Yet Diabetic	diabm@pre	HX
Insulin preparations prescription	pres@insu	PS
Intercapillary glomerulosclerosis	diabg	HX
Kimmelstiel Wilson disease	diabg	HX
Kimmelstiel Wilson syndrome	diabg	HX
Nephrogenic diabetes insipidus	diabi@rena	HX
Pre diabetes	diabm@pre	HX
Prediabetes	diabm@pre	HX
Preventive care - Diabetes mellitus	prevc@diabm	PC
Renal diabetes insipidus	diabi@rena	HX
Retinopathy - background	retinopa@diabm@backg	HX

Condition Description	Related Clinical Codes	
<b>COAD</b>		
Chronic Bronchitis	coad	HX
Chronic Obstructive Airways Disease	coad	HX
Chronic Obstructive Pulmonary Disease	coad	HX
COAD	coad	HX
COAD (Chronic Obstructive Airways Disease)	coad	HX
COPD (Chronic Obstructive Pulmonary Disease)	coad	HX
COAD - Infective exacerbation	coad/infe	HX
Emphysema	emph	
Emphysema - Infective exacerbation	emph/infe	

|

## Genie (ICPC)

### *Choronary Heart Disease*

	ICPC Code	Problem Text
CHD	K74 K75 K76 K53 K54	coronary insufficiency myocardial infarct AMI angina Angioplasty Atherosclerotic heart disease Blockage Coronary Artery Coronary CABG Heart Attack IHD Ischaemic Heart Disease Myocardial insufficiency NSTEMI PCTA Preinfarction syndrome

### *Diabetes*

	ICPC Code	Problem Text
Type I	T90	NIDDM Type 2 Type II Non insulin dependent
Type II	T89	IDDM Type I Insulin dependent Juvenile onset

Undefined	In Genie if the Diabetic box is ticked and the patient is not coded as Type I or II then they are deemed as Undefined
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**COAD**

	ICPC Code	Problem Text
COAD	R95	COAD COPD Chronic Airways Limitation Chronic Bronchitis Chronic Obstructive Airways Disease Chronic Obstructive Pulmonary Disease

## **Appendix 2 - Medications: Anti-platelets, Statins, & ACE/ ARBs**

### **Medical Director (Medical Director Mapping)**

#### ***Anti Platelets***

- Aspirin Generic Names:
- Aspirin
- Aspirin/Dipyridamole
- Aspirin/Citric Acid/Sodium Bicarbonate
- Aspirin/Citric Acid/Sodium Bicarbonate/Sodium
- Aspirin/Glycine

#### ***Clopidogrel Generic Names:***

- Clopidogrel

#### ***Statins***

- Lipid M/fying - Statins Generic Names:
- Atorvastatin
- Atorvastatin/Amlodipine
- Fluvastatin
- Pravastatin
- Simvastatin
- Ezetimibe/Simvastatin
- Rosuvastatin

#### ***ACE / ARBS***

##### **ARB Class:**

- Cardiovascular System > Antihypertensives >
- Angiotension II Antagonists > All

##### **ACE Inhibitors Class:**

- Cardiovascular System > Antihypertensives > ACE
- Inhibitors > All

## **Best Practice (Best Practice mapping)**

### ***ANTI PLATELETS***

#### **Aspirin Generic Names:**

- Aspirin,
- Aspirin, Glycine
- Dipyridamole, Aspirin

### ***Statins***

#### **Lipid M/fying – Statins Generic Names**

- Amlodipine besylate, atorvastatin
- Atorvastatin
- Ezetimibe, Simvastatin
- Fluvastatin
- Pravastatin Sodium
- Rosuvastatin
- Simvastatin

### ***ACE / ARBS***

#### **ARB**

- Candesartan Cilexetil
- Candesartan Cilexetil, Hydrochlorothiazide
- Eprosartan Mesylate
- Eprosartan Mesylate, Hydrochlorothiazide
- Irbesartan
- Irbesartan, Hydrochlorothiazide
- Losartan Potassium
- Olmesartan medoxomil
- Olmesartan medoxomil, Hydrochlorothiazide
- Telmisartan
- Telmisartan, Hydrochlorothiazide

### **ACE Inhibitors**

- Captopril
- Enalapril Maleate
- Enalapril Maleate, Hydrochlorothiazide
- Fosinopril Sodium
- Fosinopril Sodium, Hydrochlorothiazide
- Lisinopril
- Perindopril Arginine
- Perindopril arginine, Indapamide hemihydrate
- Perindopril Erbumine
- Perindopril erbumine, Indapamide hemihydrate
- Quinapril
- Quinapril, Hydrochlorothiazide
- Ramipril
- Ramipril, Felodipine
- Trandolapril
- Trandolapril, Verapamil

## Genie (MIMS)

### *Anti Platelets*

	MIMS Class ID	Class Name
Aspirin	39	Salicylates

### *Statins*

	MIMS Class ID	Class Name
Lipid M/fying - Statins	92	HMG-CoA reductase inhibitors

### *ACE / ARBS*

	MIMS Class ID	Class Name
ARB	405	Alpha-blockers (quinazoline ARB derivatives)
	838	Alpha-blockers (benzenesulfonamides)
ACE Inhibitors	189	Angiotensin converting enzyme inhibitors