



Ministry of Health

BC Chronic Disease and Selected Procedure Case Definitions

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Date Created: June 29, 2015

Last Updated: February 01, 2018

Version: v2016

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GLOSSARY

Cumulative Prevalence

It is also known as Prevalence for Life. Cases meet case definition criteria to qualify in a given year, and are then carried forward to show as a case every year thereafter. This measure is helpful for determining prevalence related to life-long chronic disease, but less useful for conditions that may be episodic (e.g., mood disorders, substance use problem, etc.).

Episodic Prevalence

Cases meet case definition criteria to qualify in a given year, and are then carried forward in all subsequent years with at least one condition-related code including ICD diagnostic codes, procedure codes or drugs in any specific year.

Annual Prevalence

Cases meet case definition criteria to qualify in each given year. Can be used as a quality measure to understand how it compares to cumulative prevalence or how it behaves over time.

Annual Service Utilization Prevalence

Cases meet case definition criteria in a given year by virtue of one hospital diagnosis (MRDX) or one physician claim with diagnosis (first position only). Cases are not carried forward from year to year. This utilization prevalence measure is useful for describing the number of people or proportion of the population using services directly related to the disease.

Annual Prevalence with 365 Days follow-up

Cases meet case definition criteria to qualify in each given year with complete 365 days follow-up time. Can be used as a quality measure to understand how it compares to cumulative prevalence or how it behaves over time.

CASE DEFINITION – RHEUMATOID ARTHRITIS

Case Definition Type: Cumulative Prevalence Episodic Prevalence Annual Prevalence Annual Service Utilization Prevalence
 Annual Prevalence with 365 Days Follow-up

Case Definition: The case definition for Rheumatoid Arthritis requires two physician visits within 61 to 720 days apart with diagnostic code(s) specified below, and with exclusions as per Rules 2 and 3 below. The case definition applies to persons aged 1 and older.

Signed-off BC Case Definition: Yes - V2016 No

Algorithm: **Rule 1** – 2P >=61D and <=720D apart with ICD code(s) specified below. **Rule 2** - Exclude anyone identified with Rule 1 who has seen a rheumatologist, but who has never been diagnosed with rheumatoid arthritis by the rheumatologist within any period of time. Those in Rule 1 who have not seen a rheumatologist will not be subject to this exclusion criteria. Rheumatologists are identified by their practitioner numbers – list provided by the Ministry. **Rule 3** - Exclude anyone identified with Rule 1 who has two rheumatologist visits coded with other inflammatory arthritis (ICD-9 696, 710, 711, 720 - see below) subsequent to their last RA visit. The two rheumatologist visits for other inflammatory arthritis can occur within any period of time after their last RA visit.

Notes: None

Age Restriction: Age 1 +

Data Source(s):

Data Source	ICD Code/Procedure Code/Rx	ICD Code/Procedure Code Position	Diagnosis Type	Hospital Care Level
Hospital ICD-10	N/A	First Position Only <input type="checkbox"/> All Positions <input type="checkbox"/> Others <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	N/A	N/A
Hospital ICD-9	N/A	First Position Only <input type="checkbox"/> All Positions <input type="checkbox"/> Others <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	N/A	N/A
Physician ICD-9	714 (Rule 1 and 2), 696 (Rule 3), 710 (Rule 3), 711 (Rule 3), 720 (Rule 3)	First Position Only <input type="checkbox"/> All Positions <input checked="" type="checkbox"/> Others <input type="checkbox"/> N/A <input type="checkbox"/>	N/A	N/A
PharmaNet Drug History	N/A	N/A	N/A	N/A

Diagnostic Code:

ICD-9/10	Description

714	Rheumatoid arthritis and other inflammatory polyarthropathies
696	Psoriasis and similar disorders
710	Diffuse diseases of connective tissue
711	Arthropathy associated with infections
720	Ankylosing spondylitis and other inflammatory spondylopathies

Drug List: N/A