	9,924 women who had live births in 1988 from a nationally representative sample of the U.S. (excluding South Dakota and Montana, and including the District of Columbia).	National Maternal and Infant Health Survey (NMIHS), 1988.	80% were asked about health history during the first or second visit. 98% had their weight and height measured, 96% had blood pressure measured, and 86% received a physical or pelvic examination during the first or second visit. 79% received blood tests and 93% received urinalysis during the first or second visit. 56% received all of the evaluations listed above during the first or second visit.	Kogan et al. 1994
Prenatal Care: Counseling about Nutrition, Weight Gain, Substance Use, and Breastfeeding				
	Same as above.	Same as above.	97% were counseled about vitamins, 93% were counseled about diet, and 72% were counseled about proper weight gain during pregnancy, during at least one prenatal visit. 68% were counseled to reduce or eliminate alcohol consumption, 69% to reduce or eliminate smoking, and 65% to stop use of illegal drugs, during at least one prenatal visit. 53% were counseled about breastfeeding during at least one prenatal visit. 32% received all of the	Kogan et al. 1994

			counseling listed above during at least one prenatal visit.	
Prenatal Care: Screening Tests				
(i.e., tests to screen for anemia, asymptomatic bacteriuria, syphilis, gonorrhea, hepatitis B, rubella immunity, and Rh factor and antibody).	Random sample of 586 women who had a live birth from 24,170 births that occurred during the study period.	Medical records for patients from 6 HMOs in 6 states (Arizona, California, Colorado, Massachusetts, Minnesota, Oregon), 8/1/89-7/31/90.	Among 6 HMOs, women received 64%–95% (average 82%) of 7 recommended routine prenatal screening tests.	Murata et al. 1994
Prenatal Care: Other Routine Prenatal Care				
(i.e., first prenatal visit during first trimester, accurate determination of gestational age, screening for inherited disorders, measurement of symphysis-fundal height, and blood pressure measurement).	Same as above.	Same as above.	Among 6 HMOs, women received 78%–87% (average 84%) of 5 processes of routine prenatal care.	Murata et al. 1994
Prenatal Care: Pregnancy Complications				
(e.g., diagnostic and treatment interventions after abnormal screening test results, and care to mitigate effects of pregnancy-induced hypertension and gestational diabetes).	Same as above.	Same as above.	Among 6 HMOs, women received 54%–77% (average 70%) of processes of care for complications of pregnancy.	Murata et al. 1994
Prenatal Care: Proteinuria				
Urine is checked for protein to evaluate for the presence of preeclampsia, a	Inpatient records for 2,336 women from a sample of 2,878 births in 1985;	Medical records for patients sampled from Medicaid claims files for women and	Testing was provided at 75%–83% of visits. Follow-up was performed for 41%–	Carey et al. 1991

serious complication of pregnancy.	prenatal care records for 823 of these women.	children enrolled in Aid to Families with Dependent Children (AFDC) in 2 communities in California and 2 communities in Missouri, 1985.	65% of patients with proteinuria.	
Prenatal Care: Recording of Gestational Age				
	Same as above.	Same as above.	Gestational age was recorded at 78%–95% of visits.	Carey et al. 1991
Prenatal Care: Assessment of Fetal Heart Tones after 18 Weeks of Gestation				
	Same as above.	Same as above.	Fetal heart tones were assessed at 81%–93% of visits.	Carey et al. 1991
Prenatal Care: Follow-up for Low Hematocrit				
Low hematocrit indicates anemia.	Same as above.	Same as above.	Follow-up was performed for 32%–51% of patients with low hematocrit.	Carey et al. 1991
Prenatal Care: Follow-up for High Blood Pressure				
	Same as above.	Same as above.	Follow-up was performed for 31%–53% of patients with high blood pressure.	Carey et al. 1991

Prenatal Care: Physical Examination				
	267 women receiving routine, low-risk prenatal care randomly selected, with stratification by insurance type (Medicaid, health maintenance organization, fee-for-service).	Medical records from 7 private and hospital-based prenatal care sites in Washtenaw County, Michigan, for women receiving care between 1/1/91-12/31/92.	99% had blood pressure assessed at each visit. 93% had fundal height assessed at each visit after 20 weeks gestation.	Klinkman et al. 1997
Prenatal Care: Laboratory Screening Tests				
	Same as above.	Same as above.	Patients received an average of 81%-83% (depending on insurance type) of laboratory screening tests for which they were eligible.	Klinkman et al. 1997
Delivery: Neonatal Group B Streptococcal (GBS) Disease				
The American College of Obstetricians and Gynecologists recommend intrapartum antibiotics for women with risk factors (preterm delivery, temperature ≥ 100.4F, or rupture of membranes [ROM] for 18 hours or more) for neonatal Group B Streptococcal (GBS) infection (ACOG, 1992, 1996).	81 women with ROM ≥ 18 hours from among all women with deliveries during the study period.	Medical records from two HMO hospitals (in which protocols similar to ACOG guidelines had been adopted) in San Francisco and Oakland, California, for women who delivered from 1/95-6/95.	88% received an antibiotic effective against GBS, 37% received antibiotics within 20 hours of ROM (median duration of ROM was 31 hours).	Lieu et al. 1998
CHRONIC CARE				
Asthma				

Asthma: Hospital Care				
	Adults ≥18 years old in a group of 393 adults and children diagnosed with asthma, from a sample of 2,024 patients of 135 providers.	Medical records from physicians' offices, community health centers, and hospital outpatient facilities sampled from Maryland Medicaid claims data, 1988.	For each type of clinical setting, the study reports the average percentage of technical quality indicators for adult asthma that were not met. Each of the averages was located in the 40%–45% range. Between 5% and 35% of care was inappropriate.	Starfield et al. 1994
Asthma: Hospital Care				
	Children <18 years old in a group of 393 adults and children diagnosed with asthma, from a sample of 2,024 patients of 135 providers.	Same as above.	For each type of clinical setting, the study reports the average percentage of technical quality indicators for childhood asthma that were not met. Each of the averages was located in the 30%–40% range. Between 0% and 20% of care was inappropriate.	Starfield et al. 1994
Asthma: General Care				
	5580 patients ≥ 14 years prescribed asthma medications.	Survey of patients from multiple sites of a health maintenance organization in California, 1996.	72% of patients with severe asthma had a steroid inhaler, 26% of patients needing daily medications had a peak flow meter at home, and 42% were advised about self-management tools.	Legorreta et al, 1998
Diabetes Mellitus				
Dilated eye examination to screen for retinopathy				
Annual dilated eye examination starting at time	2,392 adults ≥18 years old with IDDM (124 patients),	National Health Interview Study, 1989.	49% had a dilated eye examination in the prior	Brechner et al. 1993

of diagnosis of non-insulin-dependent diabetes mellitus (NIDDM) and 5 years after diagnosis of insulin-dependent diabetes mellitus (IDDM).	with IDDM (124 patients), NIDDM treated with insulin (922 patients), and NIDDM not treated with insulin (1,346 patients) from a sample of 84,572 people representative of the U.S. civilian, noninstitutionalized population.		year; 66% had an examination in the prior 2 years; 61% and 57% of patients at high risk of vision loss because of a history of retinopathy or of long duration of diabetes, respectively, had an examination in the prior year.	
Any eye examination (including nondilated) to screen for retinopathy				
Dilated eye examination is recommended, as described above, but any eye examination is also reported to determine whether there was any effort to assess for retinopathy.	Same as above.	Same as above.	61% had an eye examination in the prior year; 79% had an examination in the prior 2 years.	Brechner et al. 1993
Eye exam by ophthalmologist				
Dilated eye examination is recommended, as described above, but an examination by an ophthalmologist serves as a proxy for a dilated eye examination.	97,388 Medicare patients ≥65 years old diagnosed with diabetes mellitus.	All Medicare claims data (Parts A and B) from 3 states (Alabama, Iowa, Maryland), submitted from 7/1/90-6/30/91.	54% did not have an examination by an ophthalmologist during the prior year.	Weiner et al. 1995
Diabetes Mellitus: Physical Examination				
	292 patients ≥ 65 years old with diabetes mellitus.	National Medicare Competition Evaluation, with medical records from 8 HMOs and 113 FFS	92%-96% had their weight recorded at least once after diagnosis. 70%-70% had a peripheral vascular	Retchin and Preston 1991

		providers for patients drawn from enrollment lists of patients with start-up dates between 1/83-5/84; records were abstracted from the start-up date through 3/31/86.	examination. 94%-96% had blood pressure recorded at least annually. 30%-48% had a funduscopic examination or referral to an ophthalmologist within 2 years of diagnosis. 58%-63% had tonometry performed.	
Hemoglobin A1C				
Hemoglobin A1C (or glycosylated hemoglobin) is a blood test that reflects the metabolic control of diabetes. The test should be performed at least once a year for diabetics.	Same as above.	Same as above.	84% did not receive a hemoglobin A1C test during the prior year.	Weiner et al. 1995
Cholesterol screening				
It is recommended that total cholesterol should be measured at least once a year for diabetics.	97,388 Medicare patients ≥65 years old diagnosed with diabetes mellitus.	All Medicare claims data (Parts A and B) from 3 states (Alabama, Iowa, Maryland), submitted from 7/1/90-6/30/91.	45% did not receive blood cholesterol screening during the prior year.	Weiner et al. 1995
Diabetes Mellitus: Laboratory Studies and Follow-ups				
	292 patients ≥ 65 years old with diabetes mellitus.	National Medicare Competition Evaluation, with medical records from 8 HMOs and 113 FFS providers for patients drawn from enrollment lists of patients with start-up dates between 1/83-5/84; records were abstracted from the	74%-89% had urinalysis performed. 75%-95% had creatinine or serum urea nitrogen determined at least annually after diagnosis. 82%-83% had an electrocardiogram performed within 6 months of diagnosis. 91%-95%	Retchin and Preston 1991

		start-up date through 3/31/86.	had at least one repeated blood glucose within 12 months of diagnosis. 84%-90% who were not taking insulin had blood glucose recorded at least every 12 months. 74%-74% who were taking insulin had blood glucose recorded at least every 6 months.	
Diabetes Mellitus: Influenza Vaccine				
	292 patients ≥ 65 years old with diabetes mellitus.	National Medicare Competition Evaluation, with medical records from 8 HMOs and 113 FFS providers for patients drawn from enrollment lists of patients with start-up dates between 1/83-5/84; records were abstracted from the start-up date through 3/31/86.	19%-62% received an influenza vaccination.	Retchin and Preston 1991
Diabetes mellitus				
	368 adults ≥18 years old diagnosed with diabetes, from a sample of 2,024 patients of 135 providers.	Medical records from physician offices, community health centers, and hospital outpatient facilities sampled from Maryland Medicaid claims data, 1988.	For each clinical setting, the study reports the average percentage of technical quality indicators for diabetes that were not met. Each average was located in the 40%–60% range.	Starfield et al. 1994
Gastrointestinal Disease				
Peptic ulcer disease				
People with *H. pylori* peptic ulcer disease (PUD) should be prescribed	About 3,571 Medicaid beneficiaries ≥ 18 years old who received care for PUD	Computerized inpatient, outpatient, and pharmaceutical claims files	11% of patients received antimicrobials within five days of a PUD encounter.	Thamer et al. 1998

antimicrobial therapy for the infection, as strongly recommended by the NIH Consensus Development Conference in 2/94.	and who were not receiving nonsteroidal anti-inflammatory drugs.	of the Pennsylvania Medicaid Program, 3/94 - 2/96.		
Hypertension				
Treatment for hypertension				
Hypertension (or high blood pressure) is a leading risk factor for coronary heart disease, congestive heart failure, stroke, ruptured aortic aneurysm, renal disease, and retinopathy, all of which contribute to high morbidity and mortality (U.S. Preventive Services Task Force 1989). This was reiterated in 1996 (U.S. Preventive Services Task Force 1996).	246 patients >30 years old with chronic uncomplicated hypertension.	Medical records for patients from 4 group practices in Massachusetts, 11/1/85-10/31/87.	41%–54% of patients had their hypertension controlled (mean blood pressure (150/90).	Udvarhelyi et al. 1991
Treatment for hypertension				
Same as above	Nationally representative sample of U.S. adults with hypertension (sample size not available).	National Health and Nutrition Examination Survey III, 1988-91.	55% of people with hypertension had blood pressure under control (blood pressure <160/95 on one occasion and reported currently taking antihypertensive medications); 21% when using strict criteria (blood pressure <140/90 and reported currently taking antihypertensive medications).	Joint National Committee on Detection 1993

Treatment for hypertension				
Same as above.	8,697 adults ≥18 years old diagnosed with hypertension from a sample of 36,610 people representative of the U.S.	NHIS, 1990.	89% of adults with hypertension received advice from a physician about controlling hypertension (i.e., taking antihypertensive medication, decreasing salt intake, losing weight, or exercising); 80% reported taking at least one action to control hypertension.	CDC 1994b
Treatment for hypertension				
Same as above.	593 adults ≥18 years old diagnosed with hypertension, from a sample of 2,024 patients of 135 providers.	Medical records from physician offices, community health centers, and hospital outpatient facilities sampled from Maryland Medicaid claims data, 1988.	For each type of clinical setting, the study reports the average percentage of technical quality indicators for hypertension that were not met. Each average was located in the 40%–55% range.	Starfield et al. 1994
Mental Health				
Depression: Detection				
	650 patients with current depressive disorder from a sample of 22,462 adult patients who visited 1 large HMO, several multispecialty, mixed-group practices, single-specialist small group, and solo practice providers in each city during the study period.	Medical Outcomes Study in 3 cities (Boston, Chicago, Los Angeles); questionnaires completed 2/86-10/86; phone interviews completed 5/86-12/86.	44%-51% of depressed patients who visited general medical clinicians had their depression detected during the visit. 78%-94% of depressed patients who visited mental health specialists had their depression detected during the visit.	Wells et al. 1989
Depression: admission assessment				
	Same as above.	Same as above.	As part of admission	Wells et al. 1993

			assessment, 23% of patients did not have adequate psychological assessment, 26% did not have cognitive assessment, 50% did not have assessment of psychosis, 19% did not have documentation of psychiatric history, 47% did not document whether patient had a history of suicide attempts or ideation, 24% did not have documentation of prior or current medication use, and 45% did not have documentation that heart sounds were examined. Mean number of components of neurologic examination (assessments of pupils, deep tendon reflexes and gait) performed was 1.4.	
Mental/Addictive Disorder				
	People with mental or addictive disorder from a sample of 20,291 adults ≥18 years old.	National Institute of Mental Health's Epidemiologic Catchment Area study interviews, 1980-85.	29% of people with any mental or addictive disorder received some professional or voluntary mental health service during the prior 12 months, as did 32% of people with any disorder except substance use, 37% of people with any mental disorder with comorbid substance use, 24% of people with substance use (e.g., alcohol), 64% of	Regier et al. 1993

			people with schizophrenia, 46% of people with any affective disorder (e.g., depression), 33% of people with any anxiety disorder (e.g., obsessive-compulsive), 70% of people with somatization, 31% of people with antisocial personality disorder, and 17% of people with severe cognitive impairment.	
Schizophrenia				
	224 patients from a random sample of patients 18-65 years old with schizophrenia or schizoaffective disorder who had been treated at the clinic for > 3 months, had been hospitalized < 21 days during the prior 3 months, and had > 1 visit with a psychiatrist during the sampling period.	Patient interviews and medical records from a Veterans Affairs Medical Center clinic and a community mental health center clinic during a three month period in early 1996.	70% of patients with significant psychotic symptoms received poor management of their symptoms, and 79% of patients with significant medication side effects (akathisia, parkinsonism, tardive dyskinesia) received poor management of the side effects. 35% of patients with severe disability were not receiving case management. 57% of patients in close contact with family members had no communication between the clinic and the family.	Young et al. 1998
Cancer				
Breast Cancer				
Patients with breast cancer have better outcomes if diagnosis is	5766 newly diagnosed patients with histologically confirmed breast cancer.	Data submitted to American Cancer Society, Illinois Division, Chicago, by 99	The average rate across hospitals of patients diagnosed with cancer at a	Hand et al. 1991

made at an early stage.		hospitals out of 104 Illinois hospitals with active cancer registries.	late stage (IIb through IV) was 18%.	
Breast Cancer				
Patients with breast cancer have better outcomes if hormone receptor levels in tumor tissue are determined.	2958 newly diagnosed patients with histologically confirmed stage II-IV breast cancer.	Data submitted to American Cancer Society, Illinois Division, Chicago, by 99 hospitals out of 104 Illinois hospitals with active cancer registries.	The average rate across hospitals of patients who did not have a hormone receptor test was 11%.	Hand et al. 1991
Breast Cancer				
Diagnosis should be made with fine needle aspiration, cytology, limited incisional biopsy, or definitive wide local excision.	918 insured women $\leq$ 64 years old with local/regional invasive breast cancer Stage I or II.	Data collected by Virginia Cancer Registry from 50 hospitals that represented 85% of Virginia hospital beds, and claims data from Trigon Blue Cross Blue Shield of Virginia, 1989-1991.	92% had initial biopsy prior to total mastectomy.	Hillner et al. 1997
Breast Cancer				
Breast conservation, defined as excision of the tumor and surrounding tissue, with axillary dissection, followed by radiation therapy, was preferable to mastectomy for the majority of women with stage I or II breast cancer, as supported by clinical trials and a 1990 NIH Consensus Conference (NIH Consensus Conference, 1991).	8095 women with a first primary of invasive breast cancer, stage I or II breast cancer.	Data from the Seattle-Puget Sound cancer registry, which covers cancer cases in 13 western Washington counties and is part of the Surveillance, Epidemiology, and End Results (SEER) program of the National Cancer Institute, 1983-1989.	34% had breast conserving surgery.	Lazovich et al., 1991

Breast Cancer				
Same as above.	2657 women with complete records out of 2731 women with a first primary of invasive breast cancer, stage I or II breast cancer who underwent breast conserving surgery.	Data from the Seattle-Puget Sound cancer registry, which covers cancer cases in 13 western Washington counties and is part of the SEER program of the National Cancer Institute, 1983-1989.	85% received radiation therapy.	Lazovich et al., 1991
Breast Cancer				
Same as above.	4311 newly diagnosed patients with histologically confirmed stage I-II breast cancer.	Data submitted to American Cancer Society, Illinois Division, Chicago, by 99 hospitals out of 104 Illinois hospitals with active cancer registries.	The average rate across hospitals of patients who did not receive radiotherapy after partial mastectomy was 48%.	Hand et al. 1991
Breast Cancer				
Same as above.	918 insured women $\leq$ 64 years old with local/regional invasive breast cancer Stage I or II.	Data collected by Virginia Cancer Registry from 50 hospitals that represented 85% of Virginia hospital beds, and claims data from Trigon Blue Cross Blue Shield of Virginia, 1989-1991.	86% received local breast radiation following lumpectomy.	Hillner et al. 1997
Breast Cancer				
Patients with breast cancer have better outcomes if adjuvant therapy is given to patients with stage II neoplasms.	2248 newly diagnosed patients with histologically confirmed stage II breast cancer.	Data submitted to American Cancer Society, Illinois Division, Chicago, by 99 hospitals out of 104 Illinois hospitals with active cancer registries.	The average rate across hospitals of patients who did not receive adjuvant therapy was 44%.	Hand et al. 1991
Breast Cancer				
Premenopausal, node-	918 insured women $\leq$ 64	Data collected by Virginia	83% of premenopausal	Hillner et al. 1997

positive women with local/regional breast cancer should receive adjuvant chemotherapy.	years old with local/regional invasive breast cancer Stage I or II.	Cancer Registry from 50 hospitals that represented 85% of Virginia hospital beds, and claims data from Trigon Blue Cross Blue Shield of Virginia, 1989-1991.	women with at least one positive axillary node received adjuvant chemotherapy.	
Breast Cancer				
Patients with breast cancer have better outcomes if axillary lymph node dissection is done as part of the surgical treatment of patients with stage I and II neoplasms.	4311 newly diagnosed patients with histologically confirmed stage I-II breast cancer.	Data submitted to American Cancer Society, Illinois Division, Chicago, by 99 hospitals out of 104 Illinois hospitals with active cancer registries.	The average rate across hospitals of patients who did not have a lymph node dissection was 9%.	Hand et al. 1991
Breast Cancer				
Same as above.	918 insured women $\leq$ 64 years old with local/regional invasive breast cancer Stage I or II.	Data collected by Virginia Cancer Registry from 50 hospitals that represented 85% of Virginia hospital beds, and claims data from Trigon Blue Cross Blue Shield of Virginia, 1989-1991.	88% underwent axillary node dissection.	Hillner et al. 1997
Breast Cancer				
Women with early stage breast carcinoma (TNM Stages I and II) who undergo breast-conserving surgery should then receive radiation therapy.	1,292 women who underwent breast-conserving surgery from a sample of 2,575 women with early stage breast carcinoma, excluding patients for whom national recommendations were not likely to apply.	Medical records, patient surveys, and physician surveys for patients from 18 Massachusetts hospitals from a stratified random sample of 20, 9/93-9/95, and from 30 Minnesota hospitals, 1/93-12/93.	84%-86% received radiation therapy after breast conserving surgery.	Guadagnoli et al. 1998

Breast Cancer				
For early stage breast carcinoma (TNM Stages I and II), axillary lymph node dissection should be performed.	2,559 women who had axillary lymph node dissection from a sample of 2,575 women with early stage breast carcinoma, excluding patients for whom national recommendations were not likely to apply.	Medical records, patient surveys, and physician surveys for patients from 18 Massachusetts hospitals from a stratified random sample of 20, 9/93-9/95, and from 30 Minnesota hospitals, 1/93-12/93.	81%-94% underwent axillary lymph node dissection.	Guadagnoli et al. 1998
Breast Cancer				
For early stage breast carcinoma (TNM Stages I and II), premenopausal women with positive lymph nodes should receive chemotherapy.	228 premenopausal women with positive lymph nodes from a sample of 2,575 women with early stage breast carcinoma, excluding patients for whom national recommendations were not likely to apply.	Medical records, patient surveys, and physician surveys for patients from 18 Massachusetts hospitals from a stratified random sample of 20, 9/93-9/95, and from 30 Minnesota hospitals, 1/93-12/93.	94%-97% received chemotherapy.	Guadagnoli et al. 1998
Breast Cancer				
For early stage breast carcinoma (TNM Stages I and II), postmenopausal women with positive lymph nodes and positive estrogen receptor status should receive hormonal therapy.	168 postmenopausal women with positive lymph nodes and positive estrogen receptor status from a sample of 2,575 women with early stage breast carcinoma, excluding patients for whom national recommendations were not likely to apply.	Medical records, patient surveys, and physician surveys for patients from 18 Massachusetts hospitals from a stratified random sample of 20, 9/93-9/95, and from 30 Minnesota hospitals, 1/93-12/93.	59%-63% received hormonal therapy.	Guadagnoli et al. 1998
Breast Cancer: Follow-up				
Annual mammography is appropriate for women who have had local/regional breast cancer.	918 insured women $\leq$ 64 years old with local/regional invasive breast cancer Stage I or II.	Data collected by Virginia Cancer Registry from 50 hospitals that represented 85% of Virginia hospital beds, and claims data from	79% of women had a mammogram within the first 18 months postoperatively.	Hillner et al. 1997

		Trigon Blue Cross Blue Shield of Virginia, 1989-1991.		
Cardiac Disease				
Blood Cholesterol Testing				
Clinical trials have shown a reduction in morbidity and mortality rates of 30%-50% with management of cholesterol levels for patients with cardiovascular disease (CVD). The Adult Treatment Panel (ATP-II) of the National Cholesterol Education Program recommended management of cholesterol in patients with CVD with goals of LDL level <100 mg/dl and triglyceride level < 200 mg/dl (ATP, 1993).	603 patients 27-70 years old with CVD.	Physician survey, patient survey, and medical records from 159 physicians in 45 primary care practices in and around four midwestern cities: Eau Claire, Wis; Iowa City, Iowa; Madison, Wis; Minneapolis, Minn; 8/93-2/95.	96% had total cholesterol levels, 67% had LDL values, 90% had triglyceride levels, and 75% had HDL levels recorded in the past five years. 72% with LDL > 130 mg/dL had received diet counseling, and 42% had received cholesterol-lowering medication; 58% with LDL 100-130 mg/dL had received diet counseling, and 42% had received cholesterol-lowering medication.	McBride et al. 1998
Coronary artery disease: coronary angiography				
Coronary angiography is a method for evaluating coronary artery anatomy to determine whether a patient is a candidate for coronary artery bypass graft surgery or percutaneous transluminal coronary angioplasty.	352 patients who met explicitly defined criteria for necessity of coronary angiography, from among 1,350 positive exercise stress tests in a randomly selected sample of 5,850 stress tests.	Medical records from 4 teaching hospitals (3 public, 1 private) in Los Angeles, and patient telephone interviews (with 243 of the 352 patients), 1/1/90-6/30/91.	43% of patients received coronary angiography within 3 months of the positive exercise stress test; 56% received coronary angiography within 12 months of the positive test.	Laouri et al. 1997
Myocardial Infarction (MI): treatment with aspirin				
Aspirin is an effective,	7,917 Medicare patients	Medical records for	64% received aspirin within	Krumholz et al. 1995

inexpensive, and safe treatment for a heart attack. Aspirin therapy reduces short-term mortality in patients with suspected heart attack by 23%. Aspirin should not be given to patients with certain conditions (e.g., hemorrhagic stroke, gastrointestinal bleeding).	≥65 years old, hospitalized with heart attack who were "ideal" candidates for treatment with aspirin with no possible contraindications to aspirin therapy.	Medicare beneficiaries who were hospitalized in 4 states (Alabama, Connecticut, Iowa, Wisconsin), as part of the Cooperative Cardiovascular Project Pilot, 6/1/92-2/28/93.	the first 2 days of hospitalization.	
MI: treatment with aspirin				
Same as above.	5,490 Medicare patients ≥65 years old, hospitalized with heart attack who were alive at discharge and who had no contraindications to aspirin therapy.	Same as above.	76% were discharged with instructions to take aspirin. Patients who were prescribed aspirin at discharge had a 6-month mortality rate of 8.4%, compared with 17% for patients not prescribed aspirin.	Krumholz et al. 1996
MI: treatment with aspirin				
Same as above.	7,486 patients who were "ideal" candidates for treatment with aspirin during initial hospitalization from a sample of 16,124 Medicare patients hospitalized with a principal diagnosis of heart attack; 5,841 patients who were alive at discharge and who were "ideal" candidates for treatment with aspirin prior to or at time of discharge, from the same sample.	Same as above.	83% received aspirin during hospitalization; 77% received aspirin prior to or at time of discharge.	Ellerbeck et al. 1995

MI: treatment with aspirin				
Same as above.	187 patients with confirmed heart attack who were alive at discharge and who had no contraindications to aspirin therapy from a sample of 300 Medicare patients ≥65 years old hospitalized with a principal diagnosis of heart attack.	Medicare mortality data issued by the Health Care Financing Administration (HCFA) and medical records for Medicare patients from 6 hospitals in Connecticut, as part of the Medicare Hospital Information Project, 10/1/88-9/30/91.	73% received aspirin at time of discharge.	Meehan et al. 1995
Unstable Angina: treatment with aspirin				
Aspirin is an effective, inexpensive, and safe treatment for a heart attack. Aspirin therapy reduces short-term mortality in patients with suspected heart attack by 23%. Aspirin should not be given to patients with certain conditions (e.g., hemorrhagic stroke, gastrointestinal bleeding).	384 patients who were "ideal" candidates for treatment with aspirin on admission and 321 who were "ideal" candidates for aspirin at discharge, from a sample of 450 patients ≥ 65 years old hospitalized with unstable angina.	Medical records and administrative data for patients with Medicare from three Connecticut hospitals, 1993-1995.	72% received aspirin on admission (66% in 1993-94 and 82% in 1995). 65% were prescribed aspirin at discharge (66% in 1993-94 and 79% in 1995).	Krumholz et al. 1998
Unstable Angina: treatment with aspirin				
Same as above	735 patients who were "ideal" candidates for treatment with aspirin during hospitalization and 531 who were "ideal" candidates for aspirin at discharge, from a sample of 882 patients ≥ 65 years old with unstable angina.	Medical records of Medicare beneficiaries discharged from 16 hospitals in North Carolina between 10/1/93-9/30/94.	76% received aspirin during their hospital stay. 67% were prescribed aspirin at discharge.	Simpson et al. 1997

Unstable Angina: treatment with aspirin				
Same as above.	2392 patients who were "ideal" candidates for aspirin during hospitalization and 1387 who were "ideal" candidates for aspirin at discharge, from a sample of 4300 patients with MI.	Medical records from acute care hospitals in Maryland and the District of Columbia in Medicare's National Claims History File sampled during 1/94-7/95.	87% received aspirin during their stay. 77% received aspirin at discharge.	Berger et al. 1998
MI: Aspirin Therapy				
	Subset of 2,938 patients with admitting diagnosis of MI.	Medical records from 16 Minnesota hospitals for patients admitted 8/1/95-4/30/96.	The median percentage of eligible patients ≥ 65 years old receiving aspirin in the first 48 hours of hospitalization was 77%.	Soumerai et al. 1998
MI: treatment with thrombolytics				
Thrombolytics are medications that break down some of the acute blockage in the blood vessels that causes a heart attack, thereby reducing infarct size and limiting left ventricular dysfunction. Thrombolytics have been shown to reduce post-AMI mortality by as much as 25%, though they should not be given to patients with certain conditions (e.g., recent hemorrhagic stroke).	1,105 patients who were "ideal" candidates for treat ment with thrombolytic agents from a sample of 16,124 Medicare patients hospitalized with a principal diagnosis of heart attack.	Medical records for Medicare beneficiaries who were hospitalized in 4 states (Alabama, Connecticut, Iowa, Wisconsin), as part of the Cooperative Cardiovascular Project Pilot, 6/1/92-2/28/93.	70% received thrombolytics during hospitalization.	Ellerbeck et al. 1995
MI: treatment with				