RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System
(BGP)

CRS Clinical Performance Measure Logic Manual for FY 2010 Clinical Measures

Version 10.0
July 2010

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

Preface

The Government Performance and Results Act (GPRA) require Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. The Indian Health Service (IHS) GPRA report includes measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

The IHS Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) software application designed for national reporting as well as Area Office and local monitoring of clinical GPRA and developmental measures. CRS was first released for Fiscal Year (FY) 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

This manual contains the FY 2010 clinical performance measure definitions and logic for the CRS 2010 Version 10.0 software. CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

CRS produces reports on demand from local RPMS databases for both GPRA and developmental clinical measures that are based on RPMS data, thus eliminating the need for manual chart audits for evaluating and reporting clinical measures.

To produce reports with comparable data across every facility, the GPRA measures definitions was “translated” into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in the RPMS Patient Care Component (PCC) to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more defined denominators and numerators.

Administrative and clinical users can produce reports for selected measures at any time to:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data
- Monitor their site's performance against past national performance and upcoming agency goals
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes
- Quickly measure impact of process changes on performance measures
- Identify areas meeting or exceeding measures to provide lessons learned

Users of the RPMS CRS

- Area Office and site quality improvement staff
- Compliance Officers
- GPRA Coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Office Directors
- Any staff involved with quality assurance initiatives
- Staff who run various CRS reports

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1.0 About This Manual

This manual provides information on the performance measure logic used by the CRS Version 10.0 Selected Measures (Local) Report (FY 2010 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the CRS Version 10.0 User Manual.

2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

- For GPRA measures, the measure description is provided as stated in the IHS Annual Performance Report to Congress
- Definitions of all denominators and numerators for each performance measure topic
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for
- Key changes to logic from the previous year, if any
- Description of which patients and information are contained on the patient list
- Performance measure source and past IHS performance, if any, and IHS or Healthy People (HP) 2010 targets for the performance measure
- Report example
- Patient list example

Note: All report examples and patient list examples used in this section were produced from "scrubbed" demo databases and do not represent individual patient data.

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more define denominators and numerators. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA & PART Report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For the Selected Measures reports for local use (CRS Version 10.0 User Manual, section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

2.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for *most* GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it is more representative of the active clinical population.

> **Note**: There are facilities that do not offer direct care. Patients in these facilities receive only Contract Health Services and therefore do not meet the requirements of the Active Clinical population. A new site parameter, Contract Health Site Only, was added for these facilities in FY2006.

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency's IHS User Population definition.

Active Clinical population for the National GPRA & PART Report is defined by the following criteria:

- Patients with the name of "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be automatically excluded from the denominator.
- Must have two visits to medical clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

Active Clinical CHS Population for National GPRA & PART Reports is defined as follows:

- Patients with the name of "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be automatically excluded from the denominator.
- Must have two CHS visits in the three years prior to the end of the report period.
- Must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This item is entered and updated during the patient registration process.
- User must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy that is specified by the user.

GPRA User Population for the National GPRA & PART Report is defined by the following criteria:

- Patients with the name of "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be automatically excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the report period.
- Must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

Note: The GPRA User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ.

2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPRA & PART Report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (CRS Version 10.0 User Manual, section 5.11). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Users have additional options to define the denominators as explained below.

Active Clinical Population for Selected Measures (Local) Reports is defined as follows:

- Patients with name "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be automatically excluded from the denominator.
- Must have two visits to medical clinics in the past three years. At least one visit must be to one of the following core medical clinics:

01	General	24	Well Child
06	Diabetic	28	Family Practice
10	GYN	57	EPSDT
12	Immunization	70	Women's Health
13	Internal Medicine	80	Urgent Care
20	Pediatrics	89	Evening

The second visit can be either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN, or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

Active Clinical CHS Population for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be automatically excluded from the denominator.
- Must have two CHS visits in the three years prior to the end of the Report Period.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non AI/AN, or both.

- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

User Population for Selected Measures (Local) reports is defined as follows:

- Patients with the name of "DEMO,PATIENT" or who are included in the Demo/Test Patient Search Template for CRS will be excluded from the denominator automatically.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

2.1.2 Performance Measure Logic Example

Cancer Screening: Pap Smear Rates: During FY 2010, achieve the tentative target rate of 60% for the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

For CRS, the GPRA measure definition is defined as:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the measure has determined based on current medical guidelines that "eligible" women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past three years or refusal in past year.

For the programmer, the Pap Smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition.
   - Exclude any patients with the name of "DEMO,PATIENT."
   - Exclude any patient records who are included in the Demo/Test Patient Search Template for CRS.
   - Exclude any patients with a date of death in the Patient Registration file.
   - Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.

- Exclude any patients whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
- For the remaining patients, search visit files for the three years prior to the selected report end date; exclude any patients whose visits do not meet the "two medical clinics" definition; *or*, for facilities with the CHS-Only site parameter set to "Yes," exclude any patients who do not have two CHS visits in the past 3 years.

2. From these patients, identify the subset that are female and that are at least age 21 on the first day of the current report period and less than age 65 on the last day of the report period.
3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.8 or V CPT for CPT codes 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135 or V POV 618.5, V88.01, V88.03 or Women's Health procedure called Hysterectomy any time before the end of the report period.
4. For these patients (the denominator), check for a Pap smear in the past three years in the following order:
   a. Check V Lab for a lab test called Pap Smear and for any site-populated pap smear lab test documented in the BGP PAP SMEAR TAX taxonomy; *or*
   b. Check V Lab for any LOINC code listed in the predefined BGP PAP LOINC CODES taxonomy (see the *CRS Technical Manual* for specific codes); *or*
   c. Check the Purpose of Visit file (V POV) for: a diagnosis of: V67.01 Follow-up Vaginal Pap Smear, V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; *or*
   d. Check V Procedures for a procedure of 91.46; *or*
   e. Check V CPT for the following CPT codes: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; *or*
   f. Check the Women's Health Tracking package for documentation of a procedure called Pap Smear; *or*
   g. Check the refusals file for Lab Test Pap Smear in the past year.

   If a visit with any of the specified codes is found, the patient is considered to have met the measure, and the program checks the next patient.

2.1.3 Age Ranges

Unless otherwise noted, for the purposes of CRS reports, the age of a patient is calculated at the beginning of the report period. For example, for a report period of July 1, 2009 through June 30, 2010, Jane Doe is defined as age 73 if her birth date is June 10, 1936, even though she becomes age 74 during the report period.

2.1.4 Standard Health Care Codes

2.1.4.1 CPT Codes

One of several code sets used by the healthcare industry to standardize data, and allow for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association, and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

2.1.4.2 ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition, to determine if a patient meets a denominator or numerator definition.

2.1.4.3 LOINC

Logical Observation Identifiers Names and Codes (LOINC®). A standard coding system originally initiated for laboratory values, the system is being extended to include non-laboratory observations (electrocardiograms, vital signs, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Refer to the CRS Version 10.0 Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

2.2 Diabetes Related Measure Topics

2.2.1 Diabetes Prevalence

Denominator

All *User Population patients*, broken down by gender and age groups (<15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs).

Numerators

Anyone diagnosed with Diabetes *at any time* before the end of the Report Period.

Anyone diagnosed with Diabetes *during* the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Diabetes definition: At least one diagnosis of 250.00-250.93 recorded in V POV file.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of diabetic patients with most recent diagnosis.

Measure Source

HP 2010 5-2, 5-3

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	12.0%
IHS FY 2008 Performance	12.0%
IHS FY 2007 Performance	11.0%
IHS FY 2006 Performance	11.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	10.0%

```
  MP                                Sep 27, 2010                        Page 1
       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes Prevalence

Denominator(s):
 - All User Population users.  Breakdown by gender and by age groups: <15,
15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

Numerator(s):
 - Anyone diagnosed with Diabetes at any time before the end of the Report
Period.
 - Anyone diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in
the V POV file.

Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific
diabetes prevalence rates to identify trends in the age-specific prevalence of
diabetes (as a surrogate marker for diabetes incidence) for the AI/AN
population.

Past Performance and/or Target:
IHS Performance:   FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%,
FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop             2,853          2,395                  2,345

# w/ any DM DX           238   8.3      220   9.2     -0.8     197   8.4     -0.1
# w/ DM DX
 w/in past year          149   5.2      127   5.3     -0.1     100   4.3     +1.0

# Male User Pop        1,341          1,118                  1,109

# w/ any DM DX            97   7.2       90   8.1     -0.8      72   6.5     +0.7
# w/DM DX
 w/in past year           67   5.0       65   5.8     -0.8      48   4.3     +0.7

# Female User Pop      1,512          1,277                  1,236

# w/ any DM DX           141   9.3      130  10.2     -0.9     125  10.1     -0.8
# w/ DM DX
 w/in past year           82   5.4       62   4.9     +0.6      52   4.2     +1.2
```

Figure 2-1: Sample Summary Report, Diabetes Prevalence Topic

```
  MP                                  Sep 27, 2010                        Page 2
       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes Prevalence (con't)

                              TOTAL USER POPULATION
                                          Age Distribution
                          <15  15-19  20-24  25-34  35-44  45-54  55-64  >64 yrs

CURRENT REPORT PERIOD
Total # User Pop          727    237    259    397    378    381    255    219
# w/ DM DX ever             1      3      5     34     49     60     44     42
% w/ DM DX ever           0.1    1.3    1.9    8.6   13.0   15.7   17.3   19.2

# w/DM DX in past yr        0      2      1     11     36     42     29     28
% w/DM DX in past yr      0.0    0.8    0.4    2.8    9.5   11.0   11.4   12.8

PREVIOUS YEAR PERIOD
Total # User Pop          708    225    242    344    299    258    171    148
# w/ DM DX ever             3      3      8     31     45     50     41     39
% w/ DM DX ever           0.4    1.3    3.3    9.0   15.1   19.4   24.0   26.4

# w/DM DX in past yr        1      2      2      9     25     30     30     28
% w/DM DX in past yr      0.1    0.9    0.8    2.6    8.4   11.6   17.5   18.9

CHANGE FROM PREV YR %
w/ DM DX ever            -0.3   -0.1   -1.4   -0.4   -2.1   -3.6   -6.7   -7.2
w/DM DX in past yr       -0.1   +0.0   -0.4   +0.2   +1.2   -0.6   -6.2   -6.1

BASELINE REPORT PERIOD
Total # User Pop          787    208    217    329    293    227    141    143
# w/ DM DX ever             2      4     12     20     38     46     31     44
% w/ DM DX ever           0.3    1.9    5.5    6.1   13.0   20.3   22.0   30.8

# w/DM DX in past yr        2      1      3      7     18     21     20     28
% w/DM DX in past yr      0.3    0.5    1.4    2.1    6.1    9.3   14.2   19.6

CHANGE FROM BASE YR %
w/ DM DX ever            -0.1   -0.7   -3.6   +2.5   +0.0   -4.5   -4.7  -11.6
w/DM DX in past yr       -0.3   +0.4   -1.0   +0.6   +3.4   +1.8   -2.8   -6.8
```

Figure 2-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   MP                              Sept 27, 2010                       Page 1

          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                             Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes Prevalence: List of diabetic patients with most recent diagnosis

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  UP          01/28/10 250.00
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP          03/21/10 250.00
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP          02/12/10 250.80
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP          04/21/10 250.80
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP          02/01/10 250.00
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP          08/09/09 250.00
```

Figure 2-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

2.2.2 Diabetes Comprehensive Care

Denominator

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* least 2 visits during the Report Period, *and* 2 DM-related visits ever.

Numerators

Patients with hemoglobin A1c documented during the report period, regardless of result.

Patients with blood pressure documented during the report period

Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

Patients with LDL completed during the report period, regardless of result

Patients with nephropathy assessment, defined as an estimated GFR with result and a quantitative urinary protein assessment during the report period *or* with evidence of diagnosis and/or treatment of ESRD at any time before the end of the report period.

Patients receiving a qualified retinal evaluation during the report period. NOTE: This numerator does NOT include refusals.

Patients with diabetic foot exam during the report period. NOTE: This numerator does NOT include refusals.

Patients with comprehensive diabetes care (Documented A1c *and* Blood Pressure *and* LDL *and* Nephropathy Assessment *and* Retinal Exam *and* Diabetic Foot Exam).

Logic Description

Diabetes definition: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3044F-3046F, 3047F (old code); LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

BP documented definition: Having a minimum of 2 blood pressures documented on non-ER visits during the report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

If CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on a non-ER visit during the Report Period.

Controlled BP definition: CRS uses a mean, as described above. If the mean systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the report period: Systolic: 3074F, 3075F, or 3077F WITH Diastolic: 3078F, 3079F, or 3080F. The systolic and diastolic values do not have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the Controlled BP numerator: CPT 3074F AND 3078F. All other combinations *will not* be included in the Controlled BP numerator.

LDL definition: Finds last test done during the report period; defined as: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Nephropathy assessment definition: (1) Estimated GFR with result during the report period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND (2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); or

(3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

Qualified retinal evaluation definition:* (1) diabetic retinal exam or (2) other eye exam.

- *Diabetic Retinal Exam:* Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination or validated photographic equivalent), 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.
- *Other Eye Exam:* (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

**Qualifying retinal evaluation*: The following methods are qualifying for this measure: (1) Dilated retinal evaluation by an optometrist or ophthalmologist, or (2) Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist, or (3) Any photographic method formally validated to seven standard fields (ETDRS).

Diabetic foot exam definition: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), or 4) CPT 2028F.

Key Logic Changes from CRS Version 9.0 Patch 1

1. For A1c definition, noted that CPT 3047F is an old code.
2. Deleted code 24331-1 and added 55440-2 to LOINC taxonomy for LDL definition.
3. Added code 50044-7 to LOINC taxonomy for Estimated GFR.
4. Removed refusals from eye and foot exam definitions.

Patient List Description

List of diabetic patients with documented tests, if any.

Measure Source

Foot Exam: HP 2010 5-14

Measure Past Performance and Long-term Targets

Target	Percent
IHS 2010 goal for blood pressure assessed	*95.0%*
HP 2010 goal for foot exam	*91.0%*

```
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       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000

-------------------------------------------------------------------------------
Diabetes Comprehensive Care

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts     117             95                      87

# w/A1c done
 w/ or w/o result        89  76.1       70  73.7     +2.4      52  59.8    +16.3
# w/ BPs documented     111  94.9       78  82.1    +12.8      74  85.1     +9.8
# w/Controlled BP
 <130/80                 28  23.9       20  21.1     +2.9      13  14.9     +9.0
# w/ LDL done            76  65.0       46  48.4    +16.5      23  26.4    +38.5
# w/ est GFR & quant
 UP assmt or
 w/ESRD                  52  44.4        6   6.3    +38.1       5   5.7    +38.7
# w/Retinal Evaluation
-No Refusals             56  47.9       39  41.1     +6.8      44  50.6     -2.7
# w/Diabetic Foot Exam
-No Refusals             20  17.1       18  18.9     -1.9      16  18.4     -1.3
# w/Comp Diabetes
 Care                     9   7.7        0   0.0     +7.7       0   0.0     +7.7
```

Figure 2-4: Sample Summary Report, Diabetes Comprehensive Care Topic

```
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          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
                              Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes Comprehensive Care: List of Diabetic patients with documented
tests, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  AD          A1c: 02/28/10
6.6;BPs: 133/82 UNC;LDL: 10/28/09 119;EYE: 01/07/10 Cl: 18
PATIENT2,TARA           000002 COMMUNITY #1   F  51  AD          A1c: 02/27/10
12.4;BPs: 201/87 UNC;LDL: 12/30/09 86
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  AD          A1c: 04/09/10
6.5;BPs: 138/66 UNC;GFR: 09/09/09 & QUANT UP: QUANT URINE PROTEIN-03/31/10;EYE:
07/30/09 Cl: 18;FOOT EXAM: 01/07/10 Cl: 65
```

Figure 2-5: Sample Patient List, Diabetes Comprehensive Care

2.2.3 Diabetes: Glycemic Control

GPRA Measure Description, Poor Glycemic Control

During FY 2010, achieve the target rate of 16% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

GPRA Measure Description, Ideal Glycemic Control

During FY 2010, achieve the target rate of 33% for the proportion of patients with diagnosed diabetes who have ideal glycemic control (defined as A1c < 7).

Denominators

All *User Population patients* diagnosed with diabetes prior to the report period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.

Poor Control: Total of Poor and Very Poor Control: Patients with A1c greater than (>) 9.5. (**GPRA Numerator**)

Very Poor Control: Patients with A1c equal to or greater than (=>) 12.

Poor Control: Patients with A1c greater than (>) 9.5 and less than (<) 12.

Fair Control: Patients with A1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control: Patients with A1c equal to or greater than (=>) 7 and less than (<) 8.

Ideal Control: Patients with A1c less than (<) 7. (**GPRA Numerator**)

Without Result: Patients with A1c documented but no value.

Logic Description

Diabetes definition: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

	CPT Codes	LOINC Codes[1]	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Hemoglobin A1c	83036, 83037, 3044F-3046F, 3047F (old code) **Note:** CPT 3044F represents A1c <7 and will be included in the Ideal Control numerator.	Yes	DM AUDIT HGB A1C TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Noted that CPT 3047F is an old code.
2. Added codes 51619-5 and 51620-3 to LOINC taxonomy for Creatinine.

Patient List Description

List of diabetic patients with most recent A1c value, if any.

Measure Source

HEDIS; HP 2010 5-12

[1] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Measure Past Performance and Long-term Targets

Hemoglobin A1c Documented

Performance	Percent
IHS FY 2009 Performance	80.0%
IHS FY 2008 Performance	79.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	79.0%
IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
HP 2010 Goal	*50.0%*

Poor Glycemic Control

Performance	Percent
IHS FY 2009 Performance	18.0%
IHS FY 2008 Performance	17.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%
IHS 2010 Goal	10.0%

Ideal Glycemic Control

Performance	Percent
IHS FY 2009 Performance	31.0%
IHS FY 2008 Performance	32.0%
IHS FY 2007 Performance	31.0%
IHS FY 2006 Performance	31.0%
IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
IHS 2010 Goal	*40.0%*

```
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       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes: Glycemic Control

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX
prior to report
end date                205            194                     180

# w/A1c done w/
 or w/o result           92  44.9       72  37.1     +7.8      53  29.4    +15.4
# w/A1c =>12               3   1.5        1   0.5     +0.9       3   1.7     -0.2
# w/A1c >9.5
 and <12                 15   7.3        3   1.5     +5.8       8   4.4     +2.9
# w/A1c =>8
 and =<9.5               13   6.3       19   9.8     -3.5      10   5.6     +0.8
# w/A1c=>7
 and <8                  12   5.9       17   8.8     -2.9       7   3.9     +2.0
# w/A1c <7                38  18.5       32  16.5     +2.0      23  12.8     +5.8
# w/A1c
 w/o Result              11   5.4        0   0.0     +5.4       2   1.1     +4.3

Active Diabetic Pts
(GPRA)                  117            95                      87

# w/A1c done w/
 or w/o result           89  76.1       70  73.7     +2.4      52  59.8    +16.3
# w/A1c
 > 9.5 (GPRA)            18  15.4        4   4.2    +11.2      11  12.6     +2.7
# w/A1c =>12               3   2.6        1   1.1     +1.5       3   3.4     -0.9
# w/A1c >9.5
 and < 12                15  12.8        3   3.2     +9.7       8   9.2     +3.6
# w/A1c =>8
 and =<9.5               13  11.1       19  20.0     -8.9      10  11.5     -0.4
# w/A1c=>7
 and <8                  12  10.3       17  17.9     -7.6       7   8.0     +2.2
# w/A1c <7
 (GPRA)                  35  29.9       30  31.6     -1.7      22  25.3     +4.6
# w/A1c
 w/o Result              11   9.4        0   0.0     +9.4       2   2.3     +7.1

Active Adult Diabetic
Patients                 81            71                      63

# w/A1c done w/
 or w/o result           69  85.2       61  85.9     -0.7      46  73.0    +12.2
# w/A1c =>12               3   3.7        1   1.4     +2.3       3   4.8     -1.1
# w/A1c >9.5
 and <12                 13  16.0        2   2.8    +13.2       7  11.1     +4.9
# w/A1c =>8
 and =<9.5               12  14.8       18  25.4    -10.5       8  12.7     +2.1
# w/A1c =>7
 and <8                   9  11.1       13  18.3     -7.2       6   9.5     +1.6
# w/A1c <7                28  34.6       27  38.0     -3.5      22  34.9     -0.4
# w/A1c
 w/o Result               4   4.9        0   0.0     +4.9       0   0.0     +4.9
```

Figure 2-6: Sample Report, Diabetes: Glycemic Control Topic

```
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          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                             Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes: Glycemic Control: List of diabetic patients with most recent
A1c value, if any

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORA         000001 COMMUNITY #1   F  45  UP,AD,AAD    03/28/10 6.6
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP,AD,AAD    02/20/10 12.4
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP,AD,AAD    04/09/10 6.5
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP,AD,AAD    02/01/10 6.5
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP
```

Figure 2-7: Sample Patient List, Diabetes: Glycemic Control

2.2.4 Diabetes: Blood Pressure Control

GPRA Measure Description

During FY 2010, achieve the target rate of 40% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as <130/80).

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients with blood pressure documented during the report period.

Patients with controlled blood pressure, defined as < 130/80, i.e., the mean systolic value is less than 130 *and* the mean diastolic value is less than 80. (**GPRA Numerator**)

Patients with blood pressure that is not controlled.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

BP documented definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of the last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

Controlled BP definition: CRS uses a mean, as described above where BP is <130/80. If the mean systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: Systolic: 3074F, 3075F or 3077F WITH Diastolic: 3078F, 3079F or 3080F. The systolic and diastolic values do NOT have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the Controlled BP numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the Controlled BP numerator.

CRS uses the following definition:

	CPT Codes	LOINC Codes[2]	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 51619-5 and 51620-3 to LOINC taxonomy for Creatinine.

Patient List Description

List of diabetic patients with BP value, if any.

Measure Source

HP 2010 12-9, 12-10

Measure Past Performance and Long-term Targets

Controlled Blood Pressure

Performance	Percent
IHS FY 2009 Performance	37.0%
IHS FY 2008 Performance	38.0%
IHS FY 2007 Performance	39.0%
IHS FY 2006 Performance	37.0%
IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
IHS 2010 Goal	*50.0%*

Blood Pressure Assessed

Performance	Percent
IHS FY 2008 Performance	89.0%
IHS FY 2005 Performance	89.0%
IHS 2010 Goal	*95.0%*

[2] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

```
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                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes: Blood Pressure Control

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period        205            194                     180

# w/ BPs
 Documented             123  60.0       88  45.4    +14.6      84  46.7    +13.3
# w/controlled BP
 < 130/80                32  15.6       24  12.4     +3.2      18  10.0     +5.6
# w/Not controlled
 BP                      91  44.4       64  33.0    +11.4      66  36.7     +7.7

Active Diabetic Pts
(GPRA)                  117            95                      87

# w/ BPs
 Documented             111  94.9       78  82.1    +12.8      74  85.1     +9.8
# w/Controlled BP
 < 130/80
 (GPRA)                  28  23.9       20  21.1     +2.9      13  14.9     +9.0
# w/Not controlled
 BP                      83  70.9       58  61.1     +9.9      61  70.1     +0.8

Active Adult Diabetic
Patients                 81            71                      63

# w/ BPs
 Documented              75  92.6       61  85.9     +6.7      56  88.9     +3.7
# w/Controlled BP
 < 130/80                20  24.7       14  19.7     +5.0       8  12.7    +12.0
# w/Not controlled
 BP                      55  67.9       47  66.2     +1.7      48  76.2     -8.3
```

Figure 2-8: Sample Report, Diabetes: Blood Pressure Control Topic

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   MP                              Sep 27, 2010                       Page 23

          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                              Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes: Blood Pressure Control: List of diabetic patients with BP value,
if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  UP,AD,AAD   133/82 UNC
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP,AD,AAD   04/21/10 CPT 3080F
DIASTOLIC BP >=90 UNC
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP,AD,AAD   138/66 UNC
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP          unknown
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP,AD,AAD   159/86 UNC
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP          139/74 UNC
```

Figure 2-9: Sample Patient List, Diabetes: Blood Pressure Control

2.2.5 Diabetes: LDL Assessment

GPRA Measure Description

During FY 2010, achieve the target rate of 69% for the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, and two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients with *LDL completed* during the Report Period, regardless of result. (**GPRA Numerator**)

Patients with *LDL results* less than (<) 130.

a. Patients with LDL results less than or equal to (<=) 100
b. Patients with LDL results 101-129

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

LDL definition: Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result.

CRS uses the following to define the tests:

	CPT Codes	LOINC Codes[3]	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
LDL Done	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F	Yes	DM AUDIT LDL CHOLESTEROL TAX
LDL <130	3048F, 3049F		Tests in above taxonomy with LDL <130
LDL =<100	3048F		Tests in above taxonomy with LDL =<100

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted code 24331-1 and added 55440-2 to LOINC taxonomy for LDL definition.
2. Added codes 51619-5 and 51620-3 to LOINC taxonomy for Creatinine.

Patient List Description

List of diabetic patients with documented LDL cholesterol test, if any.

[3] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Measure Source

HP 2010 12-15

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	65.0%
IHS FY 2008 Performance	63.0%
IHS FY 2007 Performance	61.0%
IHS FY 2006 Performance	60.0%
IHS FY 2005 Performance	53.0%
IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
IHS 2010 Goal	*70.0%*

```
MP                                  Sep 27, 2010                        Page 15
       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Diabetes:  LDL Assessment

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to Current period       205            194                     180

# w/ LDL done            82  40.0       48  24.7    +15.3      23  12.8    +27.2
# w/LDL <130              58  28.3       40  20.6     +7.7      15   8.3    +20.0
A. # w/LDL =<100          37  18.0       32  16.5     +1.6       8   4.4    +13.6
B. # w/LDL 101-129        18   8.8        8   4.1     +4.7       7   3.9     +4.9

Active Diabetic Pts
(GPRA)                  117             95                      87

# w/ LDL done
 (GPRA)                   76  65.0       46  48.4    +16.5      23  26.4    +38.5
# w/LDL <130              54  46.2       38  40.0     +6.2      15  17.2    +28.9
A. # w/LDL =<100          35  29.9       31  32.6     -2.7       8   9.2    +20.7
B. # w/LDL 101-129        16  13.7        7   7.4     +6.3       7   8.0     +5.6

Active Adult Diabetic
Patients                  81             71                      63

# w/ LDL done            59  72.8       43  60.6    +12.3      21  33.3    +39.5
# w/LDL <130              41  50.6       35  49.3     +1.3      13  20.6    +30.0
A. # w/LDL =<100          26  32.1       27  38.0     -5.9       8  12.7    +19.4
B. # w/LDL 101-129        13  16.0        8  11.3     +4.8       5   7.9     +8.1
```

Figure 2-10: Sample Report, Diabetes: LDL Assessment

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   MP                              Sep 27, 2010                       Page 30

          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                            Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes: LDL Assessment: List of diabetic patients with documented LDL
cholesterol test, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  UP,AD,AAD   LDL DONE: 03/28/10
119
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP,AD,AAD   LDL DONE: 02/20/10 86
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP,AD,AAD
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP,AD,AAD   LDL DONE: 02/06/10
CPT 3048F LDL<100
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP          LDL DONE: 05/21/10
107
```

Figure 2-11: Sample Patient List, Diabetes: LDL Assessment

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description

During FY 2010, achieve the target rate of 54% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are aged 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerator

Patients with nephropathy assessment, defined as an estimated GFR with result and a quantitative urinary protein assessment during the Report Period or with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report Period. (**GPRA Numerator**)

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Nephropathy assessment definition:

- Estimated GFR with result during the Report Period and Quantitative Urinary Protein Assessment during the Report Period, *OR*
- End Stage Renal Disease diagnosis/treatment defined as *any* diagnosis ever.

CRS uses the following to define the tests/diagnoses:

	CPT Codes	LOINC Codes[4]	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	**CPT:** 82042-82043, 84156	Yes	BGP QUANT URINE PROTEIN TAX **Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect *quantitative* test values

[4] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

	CPT Codes	LOINC Codes[4]	Taxonomy
End Stage Renal Disease	**V CPT**: 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339 **V POV:** 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56* **V Procedure:** 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added code 50044-7 to LOINC taxonomy for Estimated GFR.
2. Added codes 51619-5 and 51620-3 to LOINC taxonomy for Creatinine.

Patient List Description

List of diabetic patients with nephropathy assessment, if any.

Measure Source

HP 2010 5-11

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	50.0%
IHS FY 2008 Performance	50.0%
IHS FY 2007 Performance (new baseline established; revised standards of care resulted in revised measure definition)	40.0%
IHS FY 2006 Performance (measure definition was different from current definition)	55.0%
IHS FY 2005 Performance (measure definition was different from current definition)	47.0%
IHS FY 2004 Performance (measure definition was different from current definition)	42.0%

Performance	Percent
IHS FY 2003 Performance (measure definition was different from current definition)	37.5%
IHS FY 2002 Performance (measure definition was different from current definition)	35.0%
IHS 2010 Goal	*70.0%*

```
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                              DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes: Nephropathy Assessment

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to Report Period        205            194                     180

# w/ est GFR &
 quant UP assmt or
 w/ESRD                  55  26.8       11   5.7    +21.2       7   3.9    +22.9

Active Diabetic Pts
(GPRA)                  117             95                      87

# w/ est GFR &
 quant UP assmt or
 w/ESRD (GPRA)           52  44.4        6   6.3    +38.1       5   5.7    +38.7

Active Adult Diabetic
Patients                 81             71                      63

# w/ est GFR &
 quant UP assmt or
 w/ESRD                  38  46.9        2   2.8    +44.1       3   4.8    +42.2
```

Figure 2-12: Sample Report, Diabetes: Nephropathy Assessment

```
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   MP                              Sep 27, 2010                       Page 37

          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                             Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes: Nephropathy Assessment: List of diabetic patients with
nephropathy assessment, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  UP,AD,AAD
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP,AD,AAD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP,AD,AAD   ;GFR: 05/09/10 &
QUANT UP: QUANT URINE PROTEIN-03/31/10
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP,AD,AAD   ESRD: ESRD 36145-
01/30/10
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP
PATIENT7,DANIELLE       000007 COMMUNITY #1   F  79  UP          ESRD: ESRD V45.1-
12/09/01
```

Figure 2-13: Sample Patient List, Diabetes: Nephropathy Assessment

2.2.7 Diabetic Retinopathy

GPRA Measure Description

During FY 2010, achieve the target rate of 55% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients receiving a qualified retinal evaluation during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

a. Patients receiving diabetic retinal exam during the Report Period.
b. Patients receiving other eye exams during the Report Period.

Patients who refused a diabetic retinal exam during the Report Period.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum creatinine definition (used with Active Adult Diabetic denominator): Site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.).

Qualified retinal evaluation definition:* (1) Diabetic retinal exam or (2) other eye exam, as shown below.

*Qualified retinal evaluation: The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to seven standard fields (ETDRS).

CRS searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic Retinal Exam (any of the following during the report period)		
Diabetic Retinal Exam	2022F, 2024F, 2026F, S0620, S0621, S3000	**VExam:** 03 (dilated retinal examination or validated photographic equivalent)
Other Eye Exam (any of the following during the report period)		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or validated tele-ophthalmology retinal evaluation clinics		**Clinic codes:** A2, 17, 18, 64
Non-DNKA visit to an optometrist or ophthalmologist	67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014	**Provider codes:** 24, 79, 08 **POV code:** V72.0 **Procedure:** 95.02

Exam	CPT Codes	Other Codes
Refusal of a diabetic retinal exam. Refusals are only counted if the patient did not have a diabetic retinal exam or other eye exam. If a patient had both a diabetic retinal exam/other eye exam and a refusal, only the diabetic retinal exam/other eye exam will be counted.		**Refusals Exam:** 03

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from retinal exam definition.
3. Added codes 51619-5 and 51620-3 to LOINC taxonomy for Creatinine.

Patient List Description

List of diabetic patients with qualified retinal evaluation or refusal, if any.

Measure Source

HP 2010 5-13

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	51.0% (National rate)
IHS FY 2008 Performance	50.0% (National rate)
IHS FY 2007 Performance	49.0% (National rate)
IHS FY 2006 Performance	49.0% (National Rate) 52.0% (Designated Sites Rate)
IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%
IHS FY 2002 Performance	49.0%
HP 2010 Goal	*75.0%*

```
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       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetic Retinopathy

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period        205            194                     180

# w/Retinal Evaluation
 -No Refusals            65  31.4       47  24.2     +7.2      54  30.0     +1.4
A. # w/ DM Retinal
 exam                     7   3.4        6   3.1     +0.3       6   3.3     +0.0
B. # w/Other
 Eye Exams               58  28.0       41  21.1     +6.9      48  26.7     +1.4
# w/Retinal Exam
 Refusal                  3   1.4        0   0.0     +1.4       0   0.0     +1.4


Active Diabetic Pts
(GPRA)                  117             95                      87

# w/Retinal Evaluation
 -No Refusals (GPRA)     54  44.6       39  41.1     +3.6      44  50.6     -5.9
A. # w/ DM Retinal
 exam                     7   5.8        6   6.3     -0.5       6   6.9     -1.1
B. # w/Other
 Eye Exams               47  38.8       33  34.7     +4.1      38  43.7     -4.8
# w/Retinal Exam
 Refusal                  3   2.5        0   0.0     +2.5       0   0.0     +2.5

Active Adult Diabetic
Patients                 81             71                      63

# w/Retinal Evaluation
 -No Refusals            39  48.1       32  45.1     +3.1      39  61.9    -13.8
A. # w/ DM Retinal
 exam                     6   7.4        4   5.6     +1.8       6   9.5     -2.1
B. # w/Other
 Eye Exams               33  40.7       28  39.4     +1.3      33  52.4    -11.6
# w/Retinal Exam
 Refusal                  2   2.5        0   0.0     +2.5       0   0.0     +2.5
```

Figure 2-14: Sample Report, Diabetic Retinopathy

```
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          ***  IHS 2010 Clinical Performance Measure Patient List  ***
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                             Entire Patient List

-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetic Retinopathy: List of diabetic patients with qualified retinal
evaluation or refusal, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  UP,AD,AAD   01/07/10 Cl: 18
PATIENT2,TARA           000002 COMMUNITY #1   F  51  UP,AD,AAD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  UP,AD,AAD   06/30/10 Cl: 18
PATIENT4,WINONA         000004 COMMUNITY #1   F  53  UP
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  UP,AD,AAD   05/22/10 Refused
PATIENT6,RUTH           000006 COMMUNITY #1   F  64  UP
PATIENT7,JONELLE        000007 COMMUNITY #1   F  69  UP,AD,AAD   03/29/10 Diab Eye Ex
```

Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 Diabetes: Access to Dental Services

Denominator

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* D at least two visits during the Report Period, *and* two DM-related visits ever.

Numerators

Patients with documented dental visit during the Report Period. NOTE: This numerator does NOT include refusals.

Patients with documented dental exam refusal during the Report Period.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190; CPT codes D0000 or D0190; VExam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Refusal definition: Non-CHS dental visit with refusal of ADA code 0000 or 0190, refusal of CPT code D0000 or D0190, or refusal of Exam 30. Refusals are only counted if the patient did not have a documented dental visit.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added CPT codes D0000 and D0190 to dental visit and refusal definitions.
2. Removed refusals from dental visit definition.
3. Revised calculation of refusal rate.

Patient List Description

List of diabetic patients with documented dental visit or refusal, if any.

Measure Source

HP 2010 5-15

Measure Past Performance and Long-term Targets:

Past Performance	Percent
IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
HP 2010 Goal	*71.0%*

Performance Improvement Tip

If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

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MP                                  Sep 27, 2010                        Page 21
       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes: Access to Dental Services

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts     117             95                      87

# w/dental visit in
 past yr-No Refusals     18  15.4       20  21.1     -5.7      18  20.7     -5.3
# w/dental exam
 refusal                  1   5.6        0   0.0     +5.6       0   0.0     +5.6
```

Figure 2-16: Sample Report, Diabetes and Dental Access

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes:  Access to Dental Services: List of diabetic patients and
documented dental visit or refusal, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  AD          03/03/10 Refused ADA
0000
PATIENT2,TARA           000002 COMMUNITY #1   F  51  AD
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  AD          01/06/10 ADA 0190
PATIENT4,NADINE         000004 COMMUNITY #1   F  61  AD
PATIENT5,SHERRY         000005 COMMUNITY #1   F  68  AD
PATIENT6,JONELLE        000006 COMMUNITY #1   F  69  AD          03/29/10 ADA 0000
```

Figure 2-17: Sample Patient List, Diabetes and Dental Access

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description

During FY 2010, achieve the target rate of 27% for the proportion of patients who receive dental services.

Denominator

All patients in the *User Population*, broken down by age groups: 0-5, 6-11, 12-19, 20-34, 35-44, 45-54, 55-74, >74. (**GPRA Denominator**)

Numerators

Patients with documented dental visit during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

Patients with documented dental exam refusal during the Report Period.

Logic Description

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190; V CPT codes D0000 or D0190; VExam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Refusal definition: Non-CHS dental visit with refusal of ADA code 0000 or 0190, refusal of CPT code D0000 or D0190, or refusal of Exam 30. Refusals are only counted if the patient did not have a documented dental visit.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from dental visit definition.
3. Revised calculation of refusal rate.
4. Added CPT codes D0000 and D0190 to dental visit and refusal definitions.

Patient List Description

List of patients with documented dental visit or refusal and date.

Measure Source

HP 2010 21-10, 21-12, 21-17

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	25.0%
IHS FY 2007 Performance	25.0%
IHS FY 2006 Performance	23.0%
IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
IHS 2010 Goal	*40.0%*

Performance Improvement Tip

If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

```
MP                                  Sep 27, 2010                        Page 23
       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Access to Dental Services

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop
(GPRA)                 2,853          2,395                   2,345

# w/dental visit in
 past yr-No Refusals
 (GPRA)                  246   8.6      201   8.4     +0.2     207   8.8     -0.2
# w/dental exam
 refusal                   6   0.2        0   0.0     +0.2       0   0.0     +0.2
```

Figure 2-18: Sample Report, Access to Dental Services

```
Access to Dental Services (con't)

                              TOTAL USER POPULATION
                                         Age Distribution
                         0-5  6-11   12-19  20-34  35-44  45-54  55-74  >74 yrs

CURRENT REPORT PERIOD
Total # User Pop         344    255    365    656    378    381    396     78
# w/dental visit in past yr-No
  Refusals (GPRA)         24     29     33     69     33     32     25      1
% w/dental visit in past yr-No
  Refusals (GPRA)        7.0   11.4    9.0   10.5    8.7    8.4    6.3    1.3

# w/dental exam refusal    0      0      1      0      0      2      3      0
% w/dental exam refusal   0.0    0.0    0.3    0.0    0.0    0.5    0.8    0.0

PREVIOUS YEAR PERIOD
Total # User Pop         349    237    347    586    299    258    265     54
# w/dental visit in past yr-No
  Refusals (GPRA)         19     22     30     53     24     24     25      4
% w/dental visit in past yr-No
  Refusals (GPRA)        5.4    9.3    8.6    9.0    8.0    9.3    9.4    7.4

# w/dental exam refusal    0      0      0      0      0      0      0      0
% w/dental exam refusal   0.0    0.0    0.0    0.0    0.0    0.0    0.0    0.0

CHANGE FROM PREV YR %
w/dental visit in past yr-No
  Refusals (GPRA)       +1.5   +2.1   +0.4   +1.5   +0.7   -0.9   -3.1   -6.1
w/dental exam refusal   +0.0   +0.0   +0.3   +0.0   +0.0   +0.5   +0.8   +0.0
```

Figure 2-19: Sample Age Breakdown Report, Access to Dental Services

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Access to Dental Services: List of patients with documented dental visit
or refusal and date.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT10,JOHN          000010 COMMUNITY #1   M  17  UP          01/03/10 ADA 0190
PATIENT11,HOWARD        000011 COMMUNITY #1   M  25  UP          01/24/10 ADA 0000
PATIENT12,JAMES         000012 COMMUNITY #1   M  31  UP          02/19/10 ADA 0000
PATIENT13,STEVEN        000013 COMMUNITY #1   M  32  UP          01/24/10 ADA 0000
PATIENT14,EDWARD        000014 COMMUNITY #1   M  32  UP          06/10/10 ADA 0000
PATIENT15,DAVID         000015 COMMUNITY #1   M  33  UP          04/10/10 ADA 0190
```

Figure 2-20: Sample Patient List, Access to Dental Services

2.3.2 Dental Sealants

GPRA Measure Description

During FY 2010, achieve the target count of 257,920 sealants placed in American Indian and Alaska Native patients.

Denominator

No denominator. This measure is a total count only, not a percentage.

Numerators

For patients meeting the User Population definition, the total number of dental sealants during the report period. NOTE: This numerator does not include refusals. (**GPRA Numerator**).

a. Dental sealants in patients <12 yrs.
b. Dental sealants in patients 12-18 yrs.
c. Dental sealants in patients >18 yrs.

Age breakouts are based on Healthy People 2010 age groups for dental sealants.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Sealants definition: V Dental ADA code 1351 or V CPT code D1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

Refusal definition: Refusal of ADA code 1351 or refusal of CPT code D1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from dental sealants definition.
3. Added CPT code D1351 to dental sealant and refusal definitions.
4. Clarified that if both ADA and CPT codes are found on the same visit, only the ADA will be counted.

Patient List Description

List of patients who received or refused dental sealants during Report Period.

Measure Source

HP 2010 21-8

Measure Past Performance and Long-term Targets:

Performance	# of Sealants
IHS FY 2009 Performance	257,067

IHS FY 2008 Performance	241,207
IHS FY 2007 Performance	245,449
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158[5]
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

```
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-------------------------------------------------------------------------------
Dental Sealants

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Total # of Sealants
 Documented (GPRA)       50             61         -11         81         -31

A. # Dental Sealants
 documented pts
 <12 yrs                 35             26         +9          40         -5

B. # Dental Sealants
 documented pts
 12-18 yrs               13             34         -21         40         -27

C. # Dental Sealants documented
 pts >18 yrs              2              1         +1           1         +1

# refusals                3              0         +3           0         +3
```

Figure 2-21: Sample Report, Dental Sealants

[5] Reported by the National Patient Information Reporting System (NPIRS).

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Dental Sealants: List of patients who received or refused dental sealants
during Report period.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT20,GEORGE        000020 COMMUNITY #1   M  5   UP          4 sealants
PATIENT21,CODY          000021 COMMUNITY #1   M  7   UP          1 Refused ADA 1351
PATIENT50,DAWN          000050 COMMUNITY #2   F  4   UP          3 sealants
PATIENT51,JOY           000051 COMMUNITY #2   F  6   UP          3 sealants
PATIENT52,DONALD        000052 COMMUNITY #2   M  8   UP          1 sealants
```

Figure 2-22: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRA Measure Description

During FY 2010, achieve the target count of 136,978 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Denominator

No denominator. This measure is a total count only, not a percentage.

Numerators

For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

For patients meeting the User Population definition, the total number of patients with a documented topical fluoride application refusal in past year.

For patients meeting the User Population definition, the total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

For patients meeting the User Population definition, the total number of documented topical fluoride application refusals during past year.

Logic Description

Topical fluoride application definition: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206, or 5986; 2) V CPT codes D1201 (old code), D1203, D1204, D1205 (old code), D1206, or D5986; 3) V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

Refusal definition: Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), 1206 or 5986, or refusal of CPT code D1201 (old code), D1203, D1204, D1205 (old code), D1206, or D5986. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from topical fluoride definition.
3. Added ADA code 5986 to topical fluoride application and refusal definitions.
4. Added CPT codes D1201 (old code), D1203, D1204, D1205 (old code), and D1206 to topical fluoride application and refusal definitions.

Patient List Description

List of patients who received or refused at least one topical fluoride application during Report Period.

Measure Source

Not Available

Measure Past Performance and Long-term Targets:

Performance	Number of Patients
IHS FY 2009 Performance	136,794
IHS FY 2008 Performance	120,754
IHS FY 2007 Performance	107,934
IHS FY 2006 Performance	95,439
IHS FY 2005 Performance	85,318
IHS FY 2005 Performance	113,324[6]

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

[6] Number of Applications

```
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-------------------------------------------------------------------------------
Topical Fluoride

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Total # of patients w/At
 Least 1 Topical Fluoride App
 -No Refusals (GPRA)     45             26         +19         15         +30

# Patients
 w/Refusals               7              0         +7           0         +7

Total # of Topical Fluoride
 Applications            50             26         +24         15         +35

# Refusals                7              0         +7           0         +7
```

Figure 2-23: Sample Report, Topical Fluoride

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Topical Fluoride: List of patients who received or refused at least one
topical fluoride application during Report period.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT20,GEORGE        000020 COMMUNITY #1   M  5   UP          1 topical flouride
PATIENT21,RYAN          000021 COMMUNITY #1   M  8   UP          1 Refused ADA 1206
PATIENT22,MICHAEL       000022 COMMUNITY #1   M  9   UP          1 Refused ADA 1204
PATIENT23,MARTY         000023 COMMUNITY #1   M  15  UP          1 topical flouride
```

Figure 2-24: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Adult Immunizations: Influenza

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 60% for the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

Denominators

Active Clinical patients ages *50 or older*.

a. Active Clinical patients *ages 50-64*.
b. Active Clinical patients ages *65 and older*. (**GPRA Denominator**)

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever.

All *User Population patients* ages 50 or older.

a. All User Population patients *ages 50-64*.
b. All User Population patients *ages 65 and older*.

Numerators

Patients with influenza vaccine documented during the report period or with a contraindication documented at any time before the end of the report period.

Note:	The only refusals included in this numerator are NMI (not medically indicated) refusals. (**GPRA Numerator**)

a. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Patients with documented influenza refusal during the report period.

Logic Description

Age of the patient is calculated at the beginning of the report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Influenza definition: Any of the following documented during the Report Period unless otherwise noted.

1. **Influenza immunization:** Any of the codes in the table below.

	CPT Codes	ICD and Other Codes
Influenza vaccine	90655-90662, 90724 (old code), G0008, G8108	**Immunization (CVX) Codes:** 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 135 Inf High Dose Seasonal **POV:** V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, V06.6 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142

2. **Contraindication:** Any of the following documented at any time before the end of the Report Period, defined as: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.
3. **Refusal:** Refusal of immunization codes 88, 111, 135, 15, or 16, as documented in PCC Refusal File (i.e., REF) or in the Immunization Package as contraindication of "Patient Refusal."

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from influenza definition.
3. Revised calculation of refusal rate.
4. Required V04.81 and V06.6 for influenza definition NOT to be coded with 90663, 90664, 90666-90668, 90470, G9141 or G9142 because if it is, that represents an H1N1 immunization and not the seasonal influenza.
5. Added 135 Inf High Dose Seasonal to influenza vaccine definition.
6. Removed ICD Procedure code 99.52 from logic.

Patient List Description

List of patients >= 50 yrs or DM DX with Influenza code or refusal, if any.

Measure Source

HP 2010 14-29b; HP 2010 14-29d

Measure Past Performance and Long-term Targets for Patients => 65 Vaccine Rate:

Performance	Percent
IHS FY 2009 Performance	59.0%
IHS FY 2008 Performance	62.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	58.0%
IHS FY 2005 Performance	59.0%
IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%
IHS FY 2002 Performance	51.4%
IHS 2010 Goal	*90.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
2. Providers should document refusals; write "**Refused**" in Influenza Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

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-------------------------------------------------------------------------------
Adult Immunizations: Influenza

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Patients
ages 50 or older        339            211                    180

Total # w/Flu
 vaccine/contra/
 NMI Refusal             84  24.8       61  28.9     -4.1      29  16.1     +8.7
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 4   4.8        0   0.0     +4.8       0   0.0     +4.8
# w/Influenza
 Refusal                  7   2.1        6   2.8     -0.8       0   0.0     +2.1

A. Active Clinical Patients
ages 50-64              229            147                    115

Total # w/Flu
 vaccine/contra/
 NMI Refusal             51  22.3       37  25.2     -2.9      14  12.2    +10.1
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 3   5.9        0   0.0     +5.9       0   0.0     +5.9
# w/Influenza
 Refusal                  2   0.9        5   3.4     -2.5       0   0.0     +0.9

B. Active Clinical Pts
65 and older
(GPRA)                  110             64                     65

Total # w/Flu
 vaccine/contra/
 NMI Refusal (GPRA)      33  30.0       24  37.5     -7.5      15  23.1     +6.9
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 1   3.0        0   0.0     +3.0       0   0.0     +3.0
# w/Influenza
 Refusal                  5   4.5        1   1.6     +3.0       0   0.0     +4.5
```

Figure 2-25: Sample Report, Adult Immunizations: Influenza

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with
influenza code or refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  AD          01/28/10 Imm 88
PATIENT2,CRYSTAL        000002 COMMUNITY #1   F  50  UP,AC
PATIENT3,DEMETRIA       000003 COMMUNITY #1   F  50  UP,AC       02/25/10 Imm 15
PATIENT4,JADE           000004 COMMUNITY #1   F  51  UP
PATIENT5,MARIE          000005 COMMUNITY #1   F  51  UP,AC,AD    01/21/10 NMI Refusal
```

Figure 2-26: Sample Patient List, Adult Immunization: Influenza

2.4.2 Adult Immunizations: Pneumovax

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 83% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Denominators

Active Clinical patients ages 65 or older. (**GPRA Denominator**)

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever.

All *User Population patients* ages 65 and older at beginning of Report Period.

Numerators

Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals. (**GPRA Numerator**)

a. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Patients with documented Pneumococcal refusal during the Report Period.

Diabetic patients with pneumovax or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past 5 years. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

a. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Patients with documented Pneumococcal refusal during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Pneumococcal Immunization definition: Any of the following documented anytime before the end of the Report Period unless otherwise noted.

1. **Pneumoccocal immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Pneumoccocal Vaccine	90669, 90670, 90732, G0009, G8115	**Immunization (CVX) Codes:** 33 – Pneumococcal Polysaccaride Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 – Pneumo NOS; 133 – Pneumo Conjugate **POV:** V06.6; V03.82 **V Procedure:** 99.55

2. **Contraindication:** A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.
3. **Refusal:** Any of the following during the Report Period: A) Immunization codes 33, 100, 109, or 133, as documented in PCC Refusal File (i.e., REF) or B) Immunization Package as contraindication of "Patient Refusal."

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from pneumovax definition.
3. Revised calculation of refusal rate.
4. Added CVX code 133 and CPT code 90670 to Pneumococcal Immunization definition, and added CVX code 133 to refusal definition.
5. Changed diabetic patient numerator to more accurately reflect up-to-date pneumovax schedules.

Patient List Description

List of patients =>65 yrs or DM DX with pneumovax, contraindication, or refusal, if any.

Measure Source

Not Available

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	82.0%
IHS FY 2008 Performance	82.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	74.0%
IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%

Performance	Percent
IHS FY 2002 Performance	64.0%
HP 2010 Goal for % of patients => 65	*90.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write "**Refused**" in Pneumo Vax Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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-------------------------------------------------------------------------------
Adult Immunizations: Pneumovax

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
ages 65 & older
(GPRA)                  110             64                      65

Total # w/Pneumovax/
 contra/NMI Refusal
 (GPRA)                  49  44.5        44  68.8    -24.2      37  56.9    -12.4
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 4   8.2         2   4.5     +3.6       0   0.0     +8.2
# w/Pneumovax
 Refusal                  3   2.7         0   0.0     +2.7       0   0.0     +2.7

Active Diabetic Pts     121             95                      87

Total # w/Pneumovax/
 contra/NMI Refusal      56  46.3        51  53.7     -7.4      51  58.6    -12.3
A. # w/ Contraind/ NMI
 Ref w/ % of
 Total IZ                 0   0.0         0   0.0     +0.0       0   0.0     +0.0
# w/Pneumovax
 Refusal                  0   0.0         0   0.0     +0.0       0   0.0     +0.0
Total # w/up to date
 Pneumovax/contra/NMI
 Refusal                 34  28.1        36  37.9     -9.8      30  34.5     -6.4
A. # w/ contraind/ NMI
 Ref w/ % of
 Total IZ                 0   0.0         0   0.0     +0.0       0   0.0     +0.0
# w/Pneumovax
 Refusal                  0   0.0         0   0.0     +0.0       0   0.0     +0.0

# User Population
ages 65 & older         219            148                     143

Total # w/Pneumovax/
 contra/NMI
 Refusal                 52  23.7        46  31.1     -7.3      38  26.6     -2.8
A. # w/ contraind/ NMI
 Ref w/ % of
 Total IZ                 5   9.6         3   6.5     +3.1       0   0.0     +9.6
# w/ Pneumovax
 Refusal                  3   1.4         0   0.0     +1.4       0   0.0     +1.4
```

Figure 2-27: Sample Report, Adult Immunization: Pneumovax

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with
pneumovax, contraindication, or refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  AD          09/24/97 Imm 33
(ever)
PATIENT2,TARA           000002 COMMUNITY #1   F  51  AD          03/01/10 Imm 33
(ever) 03/01/08 Imm 33 (past 5 yrs)
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  AD          02/28/10
Contraindication: Anaphylaxis (ever) 02/18/96 Contraindication: Anaphylaxis (past 5
yrs) (ever) 01/28/07 Imm 33 (past 5 yrs)
PATIENT4,NADINE         000004 COMMUNITY #1   F  61  AD          08/12/97 Imm 33
(ever)
PATIENT5,SHERRY         000005 COMMUNITY #1   F  68  UP,AC,AD    01/04/10 Imm 100
(ever) 10/04/08 Imm 100 (past 5 yrs)
```

Figure 2-28: Sample Patient List, Adult Immunization: Pneumovax

2.4.3 H1N1 Immunization Status

GPRA Measure Description

Establish the proportion of patients ages 6 months and older who have received H1N1 immunizations.

Denominators

Active Clinical patients 6-59 months of age. (**GPRA Developmental Denominator**)

Active Clinical patients 5-9 years of age. (**GPRA Developmental Denominator**)

Active Clinical patients 10-18 years of age. (**GPRA Developmental Denominator**)

Active Clinical patients 19-24 years of age. (**GPRA Developmental Denominator**)

Active Clinical patients 25-64 years of age. (**GPRA Developmental Denominator**)

Active Clinical patients 65+ years of age. (**GPRA Developmental Denominator**)

All Active Clinical patients ***who were pregnant*** sometime during October 1, 2009 until the end of the Report Period with no documented miscarriage or abortion. (**GPRA Developmental Denominator**)

All Active Clinical patients ages 25-64 ***who have a high-risk condition for flu***. (**GPRA Developmental Denominator**)

Numerators

Patients with at least 1 dose of H1N1 vaccine during the Report Period. NOTE: This numerator does NOT include refusals or contraindications. (**GPRA Developmental Numerator**)

Patients with at least 2 doses of H1N1 vaccine during the Report Period. NOTE: This numerator does NOT include refusals or contraindications. (**GPRA Developmental Numerator**)

Logic Description

Age of the patient is calculated at the beginning of the report period.

To be included in the numerator for two doses of H1N1, the second dose must be received at least 21 days after the first dose and both doses must be received during the report period.

CRS uses the following codes to define the denominators and numerators:

	CPT Codes	ICD and Other Codes
H1N1 vaccine	90470, 90663, 90664, 90666-90668, G9141 or G9142	**Immunization (CVX) Codes:** 125 - Live Nasal, 126 - Injectable-Preservative Free, 127 - Injectable, 128 - All formulations

	CPT Codes	ICD and Other Codes
Pregnancy (defined as having a Pregnancy POV (Ambulatory; Hospitalization or In-Hospital) between the time period of October 1, 2009 and the end of the Report Period. The patient must not have a documented abortion or miscarriage occurring after the pregnancy-related visit.)		**V POV:** 640.00, 640.03, 640.80, 640.83, 640.90, 640.93, 641.00, 641.03, 641.10, 641.13, 641.20, 641.23, 641.30, 641.33, 641.80, 641.83, 641.90, 641.93, 642.00, 642.03, 642.10, 642.13, 642.20, 642.23, 642.30, 642.33, 642.40, 642.43, 642.50, 642.53, 642.60, 642.63, 642.70, 642.73, 642.90, 642.93, 643.00, 643.03, 643.10, 643.13, 643.20, 643.23, 643.80, 643.83, 643.90, 643.93, 644.00, 644.03, 644.10, 644.13, 645.00, 645.03, 645.10, 645.13, 645.20, 645.23, 646.00, 646.03, 646.10, 646.13, 646.20, 646.23, 646.30, 646.33, 646.40, 646.43, 646.50, 646.53, 646.60, 646.63, 646.70, 646.73, 646.80, 646.83, 646.90, 646.93, 647.00, 647.03, 647.10, 647.13, 647.20, 647.23, 647.30, 647.33, 647.40, 647.43, 647.50, 647.53, 647.60, 647.63, 647.80, 647.83, 647.90, 647.93, 648.00, 648.03, 648.10, 648.13, 648.20, 648.23, 648.30, 648.33, 648.40, 648.43, 648.50, 648.53, 648.60, 648.63, 648.70, 648.73, 648.80, 648.83, 648.90, 648.93, 649.00, 649.03, 649.10, 649.13, 649.20, 649.23, 649.30, 649.33, 649.40, 649.43, 649.50, 649.53, 649.60, 649.63, 649.70, 649.73, 651.00, 651.03, 651.10, 651.13, 651.20, 651.23, 651.30, 651.33, 651.40, 651.43, 651.50, 651.53, 651.60, 651.63, 651.70, 651.73, 651.80, 651.83, 651.90, 651.93, 652.00, 652.03, 652.10, 652.13, 652.20, 652.23, 652.30, 652.33, 652.40, 652.43, 652.50, 652.53, 652.60, 652.63, 652.70, 652.73, 652.80, 652.83, 652.90, 652.93, 653.00, 653.03, 653.10, 653.13, 653.20, 653.23, 653.30, 653.33, 653.40,

	CPT Codes	ICD and Other Codes
Pregnancy, *continued*		653.43, 653.50, 653.53, 653.60, 653.63, 653.70, 653.73, 653.80, 653.83, 653.90, 653.93, 654.00, 654.03, 654.10, 654.13, 654.20, 654.23, 654.30, 654.33, 654.40, 654.43, 654.50, 654.53, 654.60, 654.63, 654.70, 654.73, 654.80, 654.83, 654.90, 654.93, 655.00, 655.03, 655.10, 655.13, 655.20, 655.23, 655.30, 655.33, 655.40, 655.43, 655.50, 655.53, 655.60, 655.63, 655.70, 655.73, 655.80, 655.83, 655.90, 655.93, 656.00, 656.03, 656.10, 656.13, 656.20, 656.23, 656.30, 656.33, 656.40, 656.43, 656.50, 656.53, 656.60, 656.63, 656.70, 656.73, 656.80, 656.83, 656.90, 656.93, 657.00, 657.03, 658.00, 658.03, 658.10, 658.13, 658.20, 658.23, 658.30, 658.33, 658.40, 658.43, 658.80, 658.83, 658.90, 658.93, 659.00, 659.03, 659.10, 659.13, 659.20, 659.23, 659.30, 659.33, 659.40, 659.43, 659.50, 659.53, 659.60, 659.63, 659.70, 659.73, 659.80, 659.83, 659.90, 659.93, 660.00, 660.03, 660.10, 660.13, 660.20, 660.23, 660.30, 660.33, 660.40, 660.43, 660.50, 660.53, 660.60, 660.63, 660.70, 660.73, 660.80, 660.83, 660.90, 660.93, 661.00, 661.03, 661.10, 661.13, 661.20, 661.23, 661.30, 661.33, 661.40, 661.43, 661.90, 661.93, 662.00, 662.03, 662.10, 662.13, 662.20, 662.23, 662.30, 662.33, 663.00, 663.03, 663.10, 663.13, 663.20, 663.23, 663.30, 663.33, 663.40, 663.43, 663.50, 663.53, 663.60, 663.63, 663.80, 663.83, 663.90, 663.93, 665.00, 665.03, 665.80, 665.83, 665.90, 665.93, 671.00, 671.03, 671.10, 671.13, 671.20, 671.23, 671.30, 671.33, 671.50, 671.53, 671.80, 671.83, 671.90, 671.93, 673.00, 673.03, 673.10, 673.13, 673.20, 673.23, 673.30, 673.33, 673.80, 673.83, V22.0 – V23.9, V72.42
Miscarriage	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*

	CPT Codes	ICD and Other Codes
Abortion	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**V POV:** 635*, 636* 637* **Procedure**: 69.01, 69.51, 74.91, 96.49
Persons who have a high-risk condition for flu (defined as those 25 to 64 years who have 2 or more visits in the past 3 years)		**V POV:** HIV Infection (042, 042.0-044.9 (old codes)); Diabetes (250.00-250.93); Rheumatic Heart Disease (393.-398.99); Hypertensive Heart Disease (402.00-402.91); Hypertensive Heart/Renal Disease (404.00-404.93); Ischemic Heart Disease (410.00-414.9); Pulmonary Heart Disease (415.0-416.9); Other Endocardial Heart Disease (424.0-424.9); Cardiomyopathy (425.0-425.9); Congestive Heart Failure (428.0-428.9, 429.2); Chronic Bronchitis (491.0-491.9); Emphysema (492.0-492.8); Asthma (493.00-493.91); Bronchiectasis, CLD, COPD (494.0-496.); Pneumoconioses (500-505); Chronic Liver Disease (571.0-571.9); Nephrotic Syndrome (581.0-581.9); Renal Failure (585.6, 585.9); Transplant (996.80-996.89); Kidney Transplant (V42.0-V42.89); Chemotherapy (V58.1); Chemotherapy follow-up (V67.2)

Key Logic Changes from CRS Version 9.0 Patch 1

New topic.

Patient List Description

List of Active Clinical patients ages 6 months and older with H1N1 immunization, if any.

Measure Source

Not Available

Measure Past Performance and Long-term Targets

None

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
2. Providers should document refusals; write "**Refused**" in Influenza Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

```
MP                                  Sep 27, 2010                        Page 27
       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
H1N1 Immunization Status


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
6-59 mos
(GPRA Dev.)             151            133                    163

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              2   1.3        0   0.0     +1.3       0   0.0     +1.3
# w/2 doses of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              1   0.7        0   0.0     +0.7       0   0.0     +0.7

Active Clinical Pts
5-9 (GPRA Dev.)          99            104                    106

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              2   2.0        0   0.0     +2.0       0   0.0     +2.0
# w/2 doses of H1N1
 -No Refusals/Contraind
 (GPRA Dev.)              1   1.0        0   0.0     +1.0       0   0.0     +1.0

Active Clinical Pts
10-18 (GPRA Dev.)       158            155                    154

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              1   0.6        0   0.0     +0.6       0   0.0     +0.6

Active Clinical Pts
19-24 (GPRA Dev.)       154            143                    123

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              2   1.3        0   0.0     +1.3       0   0.0     +1.3

Active Clinical Pts
25-64 (GPRA Dev.)       766            525                    463

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              5   0.7        0   0.0     +0.7       0   0.0     +0.7

Active Clinical Pts
65+ (GPRA Dev.)         110             64                     65

# w/1 dose of H1N1
 -No Refusals or Contraind
 (GPRA Dev.)              3   2.7        0   0.0     +2.7       0   0.0     +2.7
```

Figure 2-29: Sample Report, H1N1 Immunization Status

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

H1N1 Immunization Status: List of Active Clinical patients ages 6 months and
older with H1N1 immunization, if any.

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DEBORAH        000001 COMMUNITY #1   F  45  AC;PREG      01/28/10 Novel
influenza-H1N1-09, preservative-free
PATIENT2,CRYSTAL        000002 COMMUNITY #1   F  50  AC;HIGHRISK
PATIENT3,DEMETRIA       000003 COMMUNITY #1   F  50  AC           02/25/10 90470
PATIENT4,JADE           000004 COMMUNITY #1   F  51  AC;HIGHRISK
PATIENT5,MARIE          000005 COMMUNITY #1   F  51  AC           01/21/10 G9141
```

Figure 2-30: Sample Patient List, H1N1 Immunization Status

2.4.4 Childhood Immunizations

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 80% for the proportion of American Indian/Alaska Native children ages 19-35 months who have received the recommended immunizations.

> **Note**: In FY 2010, the GPRA measure is changed to the 4:3:1:3:3:1 combination, which includes varicella.

Denominators

Active Clinical patients ages 19-35 months at end of Report Period.

User Population patients ages 19-35 months at end of Report Period.

User Population patients ***active in the Immunization Package*** who are 19-35 months at end of Report Period. (**GPRA Denominator**)

> **Note:** Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerators

Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including contraindications and evidence of disease.
NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received the 4:3:1:3:3:1 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals. (**GPRA Numerator**)

Patients who have received the 4:3:1:3:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals. (**GPRA Developmental Numerator**)

Patients who have received 4 doses of DTaP ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 3 doses of Polio ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 1 dose of MMR ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 3 doses of HiB ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 3 doses of Hepatitis B vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 1 dose of Varicella ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

For each of the above numerators, **the following sub-numerators are included**:

1. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
2. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3:1 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, and 1 Varicella), NOT including refusals, contraindications, and patients with evidence of disease.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), NOT including refusals, contraindications, and patients with evidence of disease.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator definition: Same as User Pop definition except includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Acellular Pertussis; 5) 4 Td and 4 Acellular Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis.
- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.
- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.
- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.
- 3 doses of HIB
- 1 dose of Varicella
- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, Not Medically Indicated (NMI) refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. Refusals will count toward meeting the definition for refusal numerators only. NOTE: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period.)
- To be counted in sub-numerator A, a patient must meet the numerator definition AND have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

For the separate numerator for REF refusal (Patient Refusal for Service) in PCC or a Parent or Patient refusal in the IZ program, all conditions shown below must be met:

- Each immunization must be refused and documented separately. For example, if a patient has an REF refusal for Rubella, then there also must be an immunization, contraindication, or separate REF refusal for Measles and Mumps.

- Where the required number of doses is >1, only one REF refusal in PCC or one Parent or Patient refusal in the IZ program is necessary to be counted in the numerator. For example, for the 4 DTaP numerator, only one refusal is necessary to be counted in the refusal numerator.

Childhood immunization refusals are defined as Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes:

Immunization	Immunization Codes for Refusals
DTaP	20, 50, 106, 107, 110, 120, 130
DTP	1, 22, 102
Tdap	115
DT (Diphtheria & Tetanus)	28

Immunization	Immunization Codes for Refusals
Td (Tetanus & Diphtheria)	9, 113
Tetanus	35, 112
Acellular Pertussis	11
OPV	2, 89
IPV	10, 89, 110, 120, 130
MMR	3, 94
M/R (Measles/ Rubella)	4
R/M (Rubella/ Mumps)	38
Measles	5
Mumps	7
Rubella	6
HiB	17, 22, 46-49, 50, 51, 102, 120
Hepatitis B	8, 42-45, 51, 102, 104, 110
Varicella	21, 94
Pneumococcal	33, 100, 109, 133

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes **NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes**
DTaP	90696, 90698, 90700, 90721, 90723	**Immunization (CVX) Codes:** 20, 50, 106, 107, 110, 120, 130 **POV:** V06.1 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
DTP	90701, 90711 (old code), 90720	**Immunization (CVX) Codes:** 1, 22, 102 **POV:** V06.1, V06.2, V06.3 **V Procedure:** 99.39 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Tdap	90715	**Immunization (CVX) Codes:** 115 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
DT (Diphtheria & Tetanus)	90702	**Immunization (CVX) Codes:** 28 **POV:** V06.5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Td (Tetanus & Diphtheria)	90714, 90718	**Immunization (CVX) Codes:** 9, 113 **POV:** V06.5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Diphtheria	90719	**POV:** V03.5 **V Procedure:** 99.36 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Tetanus	90703	**Immunization (CVX) Codes:** 35, 112 **POV:** V03.7 **V Procedure:** 99.38 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Acellular Pertussis		**Immunization (CVX) Codes:** 11 **POV:** V03.6 **V Procedure:** 99.37 (old code) **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
OPV	90712	**Immunization (CVX) Codes:** 2, 89 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208 or Immunization Package contraindication of "Anaphylaxis."
IPV	90696, 90698, 90711 (old code), 90713, 90723	**Immunization (CVX) Codes:** 10, 89, 110, 120, 130 **POV:** V04.0, V06.3 **V Procedure:** 99.41 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 730.70-730.79 **Contraindications**: Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."
MMR	90707, 90710	**Immunization (CVX) Codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
M/R (Measles/ Rubella)	90708	**Immunization (CVX) Codes:** 4 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
R/M (Rubella/ Mumps)	90709 (old code)	**Immunization (CVX) Codes:** 38 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Measles	90705	**Immunization (CVX) Codes:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Mumps	90704	**Immunization (CVX) Codes:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Rubella	90706	**Immunization (CVX) Codes:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
HiB	90645-90648, 90698, 90720-90721, 90737 (old code), 90748	**Immunization (CVX) Codes:** 17, 22, 46-49, 50, 51, 102, 120 **POV:** V03.81 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"
Hepatitis B	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, (old code) Q3023 (old code)	**Immunization (CVX) Codes:** 8, 42-45, 51, 102, 104, 110 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Varicella	90710, 90716	**Immunization (CVX) Codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** 1) POV or PCC Problem List (active or inactive) 052*, 053* or 2) 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
Pneumococcal	90669, 90670, 90732, G0009, G8115	**Immunization (CVX) Codes:** 33, 100, 109, 133 **POV:** V06.6; V03.82 **Contraindications**: Immunization Package contraindication of "Anaphylaxis"

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator for 4:3:1:3:3:1 to GPRA numerator.
2. Removed refusals from immunization definitions and distinguished between NMI refusals and the separate numerator for REF/patient/parent refusals.
3. Revised calculation of refusal rate.
4. Added CVX code 133 and CPT code 90670 to Pneumococcal Immunization definition, and added CVX code 133 to refusal definition..
5. Added CVX code 130 to IPV refusal definition.

Patient List Description

List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

Note 1: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.

Note 2: The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 HIB;3 HEP;Vari;4 PNEUMO. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is "MMR; vari;4 PNEUMO," which means the patient did not have 4 Dtap/Dtp, 3 IPV/OPV, 3 HIB and 3 Hep B immunizations.

Measure Source

CDC; HP 2010 14-22;14-24; HEDIS

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19-35 months)	79.0%
IHS FY 2008 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19-35 months)	78.0%
IHS FY 2008 Non-GPRA Performance Active Clinical 4:3:1:3:3 (rate for children age 19-35 months)	*68.0%*
IHS FY 2007 GPRA Performance Active Immunization Package 4:3:1:3:3(rate for children age 19-35 months)	78.0%
IHS FY 2006 Performance (rate for children age 19-35 months)	80.0%[7]
IHS FY 2005 Performance (rate for children age 19-35 months)	75.0%
IHS FY 2004 Performance(baseline rate for children age 19-35 months)	72.0%
IHS FY 2004 Performance(rate for children age 3-27 months)	81.0%
IHS FY 2003 Performance(rate for children age 3-27 months)	80.0%
IHS FY 2002 Performance(rate for children age 3-27 months)	80.0%
HP 2010 goal for % of children age 19-35 months with 4:3:1:3:3 vaccines	*80.0%*
HP 2010 goal for % of children age 19-35 months with each individual vaccine	*90.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
1. Providers should document refusals; write "**Refused**" in appropriate vaccine order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

[7] All 2002 – 2006 rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS reports the rate and not the Immunization Program. The CRS rate is reported using the CRS Active Immunization Package denominator.

```
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 20000
-------------------------------------------------------------------------------

Childhood Immunizations

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
19-35 months             54             39                      55

# w/ 43133 combo
 or w/ Dx/ Contraind/
 NMI Refusal             11  20.4        3   7.7    +12.7       6  10.9     +9.5
A. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total 43133              1   9.1        0   0.0     +9.1       0   0.0     +9.1
# w/ 43133
 refusal                  2   3.7        0   0.0     +3.7       0   0.0     +3.7

# w/ 431331 combo
 or w/ Dx/ Contraind/
 NMI Refusal              9  16.7        3   7.7     +9.0       5   9.1     +7.6
A. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total 431331             0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/ 431331
 Refusal                  1   1.9        0   0.0     +1.9       0   0.0     +1.9

# w/ 4313314 combo
 or w/Dx/Contraind/
 NMI Refusal              3   5.6        0   0.0     +5.6       0   0.0     +5.6
A. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total 4313314            0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/ 4313314
 Refusal                  2   3.7        0   0.0     +3.7       0   0.0     +3.7

# w/ 4 doses DTaP
 or w/ Contraind/
 NMI Refusal             14  25.9        3   7.7    +18.2       9  16.4     +9.6
A. # w/ Contraind/NMI
 Ref w/ % of
 Total DTaP               0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/ DTap Refusal         5   9.3        0   0.0     +9.3       0   0.0     +9.3
```

Figure 2-31: Sample Report, Childhood Immunizations

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Childhood Immunizations: List of patients 19-35 months with IZ, if any.
If a patient did not have all doses in a multiple dose vaccine, the IZ
will not be listed. For example, if a patient only had 2 DTaP, no IZ will
be listed for DTaP.  NOTE:  Because age is calculated at the beginning of
the Report Period, the patient's age on the list will be between 7-23
months.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
--------------------------------------------------------------------------------
PATIENT1,ANDREA         000001 COMMUNITY #1   F  0   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT2,HEATHER        000002 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO
PATIENT3,TONYA          000003 COMMUNITY #1   F  1   UP
PATIENT4,JAMES          000004 COMMUNITY #1   M  0   UP;AC;IMM   4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT5,SCOTT          000005 COMMUNITY #1   M  0   UP;AC;IMM   ;vari
```

Figure 2-32: Sample Patient List, Childhood Immunizations

2.4.5 Adolescent Immunizations

Denominators

Active Clinical patients age 13.

Female *Active Clinical* patients age 13.

Active Clinical patients ages 13-17.

Female *Active Clinical* patients ages 13-17.

Numerators

Patients who have received the 2:3:1 combination (i.e., 2 MMR, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.

Patient who have received the 1:3:2:1 combination (i.e., 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella), including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Tdap/Td ever, including refusals, contraindications, and evidence of disease.

a. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
b. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.
c. Patients who have received 1 dose of Tdap ever, including refusals, contraindications, and evidence of disease.

Patients who have received two doses of MMR ever, including refusals, contraindications, and evidence of disease.

Patients who have received three doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease.

Patients who have received one dose of Varicella ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of meningococcal ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of HPV ever, including refusals, contraindications, and evidence of disease. NOTE: Included for Female Active Clinical age 13 and Female Active Clinical ages 13-17 only.

For each of the above numerators, the following sub-numerators are included:

a. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
b. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within ten days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 1 dose of Td or Tdap
- 2 doses of MMR: 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella
- 3 doses of Hep B *or* 2 doses IF documented with CPT 90743
- 1 dose of Varicella
- 1 dose of Meningococcal
- 3 doses of HPV

Refusals, evidence of disease and contraindications for individual immunizations will also count toward meeting the definition, as defined below:

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period).
- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.
- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

Adolescent immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
MMR	90707, 90710	**Immunization codes:** 3, 94 **POV:** V06.4 **V Procedure:** 99.48 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy." **Refusals:** Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	**Immunization code:** 4 **Refusals:** Immunization code 4 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
R/M (Rubella/ Mumps)	90709 (old code)	**Immunization code:** 38 **Refusals:** Immunization code 38 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes
Measles	90705	**Immunization code:** 5 **POV:** V04.2 **V Procedure:** 99.45 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 055* **Refusals:** Immunization code 5 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Mumps	90704	**Immunization code:** 7 **POV:** V04.6 **V Procedure:** 99.46 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 072* **Refusals:** Immunization code 7 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Rubella	90706	**Immunization code:** 6 **POV:** V04.3 **V Procedure:** 99.47 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 056*, 771.0 **Refusals:** Immunization code 6 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023	**Immunization codes:** 8, 42-45, 51, 102, 104, 110 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 **Refusals:** Immunization codes 8, 42-45, 51, 102, 104, 110 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Varicella	90710, 90716	**Immunization codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." **Refusals:** Immunization codes 21, 94 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy.

Immunization	CPT Codes	ICD and Other Codes
Tdap	90715	**Immunization code:** 115 **Refusals:** Immunization code 115 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Td	90714, 90718	**Immunization codes:** 9, 113 **POV:** V06.5 **Refusals:** Immunization codes 9, 113 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
Meningococcal	90733, 90734	**Immunization codes:** 32, 108, 114, 136 **Refusals:** Immunization codes 32, 108, 114, 136 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."
HPV	90649, 90650	**Immunization codes:** 62, 118, 137 **Refusals:** Immunization codes 62, 118, 137 **Contraindications**: Immunization Package contraindication of "Anaphylaxis."

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added CVX code 136 to Meningococcal immunization and refusal definitions.
2. Added CVX code 137 to HPV immunization and refusal definitions.

Patient List Description

List of patients 13-17 with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.

Note: An absent value in the Numerator column means the patient did not meet the requirements for any of the immunizations. An example for a female patient age 13 with a value of “;2 MMR” which means the patient did not have 1 Td/Tdap, 3 Hepatitis B, 1 Varicella, 1 Meningococcal, and 3 HPV immunizations.

Measure Source

HEDIS, HP 2010 14-24b (developmental), 14-27

Measure Past Performance and Long-term Targets:

Target	Percent
HP 2010 goal for each individual IZ	*90.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write "**Refused**" in appropriate vaccine Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

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-------------------------------------------------------------------------------

Adolescent Immunizations

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical patients
age 13                   20             17                      28

# w/2:3:1 Combo or w/
 Dx/Contraind/
 Refusal                  3  15.0        0   0.0    +15.0       0   0.0    +15.0
A. # Refusals w/ % of
 Total 2:3:1              1  33.3        0   0.0    +33.3       0   0.0    +33.3
B. # w/ Dx/ Contraind/
 NMI Ref w/ % of Total
 2:3:1                    1  33.3        0   0.0    +33.3       0   0.0    +33.3

# w/1:3:2:1 Combo or
 w/ Dx/Contraind/
 Refusal                  1   5.0        0   0.0     +5.0       0   0.0     +5.0
A. # Refusals w/ % of
 Total 1:3:2:1            0   0.0        0   0.0     +0.0       0   0.0     +0.0
B. # w/ Dx/ Contraind/
 NMI Ref w/ % of
 Total 1:3:2:1            0   0.0        0   0.0     +0.0       0   0.0     +0.0

# w/ 1 dose Tdap/Td
 or w/ Dx/ Contraind/
 Refusal                  3  15.0        4  23.5     -8.5       6  21.4     -6.4
A. # Refusals w/ % of
 Total Tdap/Td            0   0.0        0   0.0     +0.0       0   0.0     +0.0
B. # w/ Dx/ Contraind/ NMI
 Ref w/ % of Total
 Tdap/Td                  0   0.0        0   0.0     +0.0       0   0.0     +0.0
C. # w/ Tdap or w/
 Dx/ Contraind/
 Refusal                  0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 2-33: Sample Report, Adolescent Immunizations

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Adolescent Immunizations: List of patients 13-17 with IZ, if any.
If a patient did not have all doses in a multiple dose vaccine, the IZ
will not be listed. For example, if a patient only had 2 Hep B, no IZ
will be listed for Hep B.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,LINDA          000001 COMMUNITY #3   F  13  AC          ;3 HPV
PATIENT2,SHERRY         000002 COMMUNITY #3   F  13  AC          ;meningococcal
PATIENT22,JESSICA       000022 COMMUNITY #4   F  13  AC          ;2 MMR; evid var
PATIENT23,SAMANTHA      000023 COMMUNITY #4   F  13  AC          ;2 MMR;3 HEP
PATIENT24,NINA          000024 COMMUNITY #4   F  13  AC          ;contra mmr;contra
var
PATIENT25,RHONDA        000025 COMMUNITY #4   F  13  AC          ;3 HEP;vari
PATIENT26,SARA          000026 COMMUNITY #4   F  13  AC          ;3 HEP;Td
PATIENT27,AMANDA        000027 COMMUNITY #4   F  14  AC          ;Tdap
```

Figure 2-34: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

Denominators

Active Clinical patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period six months (180 days) prior to the report period through the first six months of the report period.

User Population patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period six months (180 days) prior to the report period through the first six months of the report period.

Numerator

Patients who were *not* prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is *not* to receive an antibiotic.

Logic Description

Age is calculated as follows: Children three months as of six months (180 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis.
3. Patient's visit must only have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.
4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.
5. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

   Rx Days Supply >= (URI Visit Date - Prescription Date)

If multiple visits exist which meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients three months to 18 years of age with upper respiratory infection, with antibiotic prescription, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

```
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               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Appropriate Treatment for Children with Upper Respiratory Infection (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 3 months-18 yrs
w/Upper Respiratory
Infection                37             36                      29

# w/o Antibiotic
 Rx                      36  97.3       35  97.2     +0.1      27  93.1     +4.2

User Pop 3 months-18 yrs
w/Upper Respiratory
Infection                42             38                      35

# w/o Antibiotic
 Rx                      41  97.6       37  97.4     +0.3      32  91.4     +6.2
```

Figure 2-35: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Appropriate Treatment for Children with Upper Respiratory Infection: List
of patients 3 months to 18 years with upper respiratory infection, with
antibiotic prescription, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,PAMELA         000001 COMMUNITY #3   F  3   UP;AC         MEETS MEASURE
PATIENT2,ALICIA         000002 COMMUNITY #3   F  7   UP;AC         MEETS MEASURE
PATIENT3,JAMES          000003 COMMUNITY #3   M  0   UP;AC         MEETS MEASURE
PATIENT4,HENRY          000004 COMMUNITY #3   M  12  UP;AC         MEETS MEASURE
PATIENT25,HEATHER       000025 COMMUNITY #4   F  7   UP;AC         MEETS MEASURE
PATIENT26,DYLAN         000026 COMMUNITY #4   M  3   UP;AC         MEETS MEASURE
PATIENT27,CODY          000027 COMMUNITY #4   M  4   UP;AC         MEETS MEASURE
PATIENT28,KAREN         000028 COMMUNITY #5   F  0   UP;AC       antibiotic injection:
01/06/09 DOES NOT MEET MEASURE
```

Figure 2-36: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis

Denominators

Active Clinical patients who were ages 2-18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (180 days) prior to the Report Period through the first six months of the Report Period.

User Population patients who were ages 2-18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (180 days) prior to the Report Period through the first six months of the Report Period.

Numerator

Patients who received a Group A strep test.

Logic Description

Age is calculated as follows: Children two years as of six months (180 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV 462, 463, or 034.0. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis.
3. Patient's visit must only have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.
4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.
5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as:

   Rx Days Supply >= (URI Visit Date - Prescription Date)

6. The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit.

If multiple visits exist which meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

To be included in the numerator, a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); site-populated taxonomy BGP GROUP A STREP TESTS; and LOINC taxonomy.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients 2-18 years of age with pharyngitis and a Group A Strep test, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

```
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Appropriate Testing for Children with Pharyngitis (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 2-18 yrs w/
Pharyngitis and
Antibiotic Rx            10              5                       8

# w/Group A
 Strep Test               9  90.0        3  60.0    +30.0       2  25.0    +65.0

User Pop 2-18 yrs w/
Pharyngitis and
Antibiotic Rx            11              7                      10

# w/Group A
 Strep Test               9  81.8        4  57.1    +24.7       2  20.0    +61.8
```

Figure 2-37: Sample Report, Appropriate Testing for Children with Pharyngitis

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Appropriate Testing for Children with Pharyngitis: List of patients 2-18
years with pharyngitis and a Group A Strep test, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MICHAEL        000001 COMMUNITY #1   M  9   UP;AC       03/19/10 RAPID
ANTIGEN (STREP A)
PATIENT2,JOSEPH         000002 COMMUNITY #1   M  12  UP;AC       05/01/10 RAPID
ANTIGEN (STREP A)
PATIENT3,LESTER         000003 COMMUNITY #1   M  13  UP
PATIENT24,MONICA        000024 COMMUNITY #2   F  5   UP;AC       01/23/10 RAPID
ANTIGEN (STREP A)
PATIENT25,MICHAEL JAMES 000025 COMMUNITY #2   M  7   UP;AC       03/12/10 RAPID
ANTIGEN (STREP A)
```

Figure 2-38: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 60% for the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

Denominators

Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy. (**GPRA Denominator**)

Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerators

Patients with a Pap smear documented in the past three years. NOTE: This numerator does NOT include refusals. (**GPRA Denominator**)

Patients with documented Pap smear refusal in past year.

Logic Description

Age of the patient is calculated at the beginning of the report period. Patients must be at least 21 years of age at the beginning of the report period and less than 65 years of age as of the end of the report period.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	**V Procedure:** 68.4-68.8 **V POV:** 618.5, V88.01, V88.03 **Women's Health**: Procedure called Hysterectomy.		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pap Smear	88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	**V Lab:** PAP SMEAR **POV:** V67.01 Follow-up Vaginal Pap Smear V76.2 Screen Mal Neop-Cervix V72.31 Routine Gynecological Examination V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients 795.0*, 795.10-16, 795.19 **V Procedure**: 91.46 **Women's Health:** Procedure called Pap Smear	Yes	BGP PAP SMEAR TAX
Refusal (in past year)		**Refusals:** Lab Test Value Pap Smear		

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from Pap smear definition.
3. Revised calculation of refusal rate.
4. Added POV codes V88.01 and V88.03 to hysterectomy definition.

Patient List Description

List of women 21-64 with documented Pap Smear or refusal, if any.

Measure Source

HP 2010 3-4

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	59.0%
IHS FY 2008 Performance	59.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	59.0%
IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
IHS 2010 Goal	*90.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**
2. Providers should document refusals; write "**Refused**" in Pap Order box on PCC form. Data entry mnemonic: **REF** (Lab Test Value, Date Refused).

```
        *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cancer Screening: Pap Smear Rates (con't)
                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
21-64 yrs (GPRA)        485            360                     320

# w/Pap Smear recorded
 w/in 3 years-No Refusals
 (GPRA)                 199  41.0      179  49.7     -8.7     147  45.9     -4.9
# w/ Pap Smear
 Refusal                  2   0.4        0   0.0     +0.4       0   0.0     +0.4

# Female User Pop
21-64 years             830            676                     613

# w/Pap Smear recorded
 w/in 3 years
 -No Refusals           218  26.3      196  29.0     -2.7     159  25.9     +0.3
# w/ Pap Smear
 Refusal                  2   0.2        0   0.0     +0.2       0   0.0     +0.2
```

Figure 2-39: Sample Report, Cancer Screening: Pap Smear Rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Cancer Screening: Pap Smear Rates: List of women 21-64 with documented
Pap smear or refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,EVELYN         000001 COMMUNITY #1   F  21  UP          05/05/09 795.06
PATIENT2,MICHELLE       000002 COMMUNITY #1   F  22  UP,AC       05/31/10 Lab
PATIENT3,KAITLYN        000003 COMMUNITY #1   F  22  UP,AC       04/03/10 V67.01
PATIENT4,BRITNEY        000004 COMMUNITY #1   F  22  UP,AC       01/10/10 V72.3
PATIENT5,KATY           000005 COMMUNITY #1   F  22  UP,AC       05/08/09 88150
```

Figure 2-40: Sample Patient List, Cancer Screening: Pap Smear Rates

2.6.2 Cancer Screening: Mammogram Rates

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 47% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

Denominators

Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies. (**GPRA Denominator**)

Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Female User Population patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies. (**GPRA Developmental Denominator**)

Numerators

All patients who had a Mammogram documented in the past two years. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

Patients with documented mammogram refusal in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominators, the patients must be less than 65 years of age as of the end of the Report Period.

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 **OR** 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral) **OR** 19240, with modifier of .50 or 09950	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	**V Rad or VCPT:** 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	**POV:** V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast **V Procedure:** 87.36-87.37 **Women's Health:** Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD"
Refusal (in past year)	**V Rad Mammogram for CPT:** 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from mammogram definition.
3. Revised calculation of refusal rate.
4. Added logic for Women's Health mammograms to ensure the mammogram result does not have a value of "ERROR/DISREGARD".

Patient List Description

List of women 42+ with mammogram/refusal, if any.

Measure Source

HP 2010 3-3

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2009 Performance	45.0%
IHS FY 2008 Performance	45.0%
IHS FY 2007 Performance	43.0%
IHS FY 2006 Performance	41.0%
IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
IHS 2010 Goal	*70.0%*

Performance Improvement Tips

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: **HRAD**.
2. Providers should document refusals; write "**Refused**" in Mammogram Order box on PCC form. Data entry mnemonic: **REF** (Mammogram, Procedure (CPT) Code, Date Refused).

```
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                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cancer Screening: Mammogram Rates (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
52-64 (GPRA)             93             58                      47

# w/Mammogram recorded w/in
 2 years-No Refusals
 (GPRA)                  25  26.9       22  37.9    -11.0      22  46.8    -19.9
# w/ Mammogram
 Refusal                  7   7.5        0   0.0     +7.5       0   0.0     +7.5

# Female Active Clinical
42+ (GPRA Dev.)         277            179                     163

# w/Mammogram recorded
 w/in 2 years-No Refusals
 (GPRA Dev.)             53  19.1       60  33.5    -14.4      54  33.1    -14.0
# w/ Mammogram
 Refusal                  8   2.9        0   0.0     +2.9       0   0.0     +2.9

# Female User Pop
52-64                    174            118                     101

# w/Mammogram recorded
 w/in 2 years-No
 Refusals                29  16.7       25  21.2     -4.5      23  22.8     -6.1
# w/ Mammogram
 Refusal                  7   4.0        0   0.0     +4.0       0   0.0     +4.0

# Female User Pop
42+                      507            366                     332

# w/Mammogram recorded
 w/in 2 years-No
 Refusals                58  11.4       66  18.0     -6.6      58  17.5     -6.0
# w/ Mammogram
 Refusal                  8   1.6        0   0.0     +1.6       0   0.0     +1.6
```

Figure 2-41: Sample Report, Cancer Screening: Mammogram Rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Cancer Screening: Mammogram Rates: List of women 42+ with
mammogram/refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CARLA          000001 COMMUNITY #1   F  43  UP;AC - >41
PATIENT2,CRYSTAL        000002 COMMUNITY #1   F  42  UP - >41
PATIENT3,ALEXA          000003 COMMUNITY #1   F  45  UP;AC - >41 04/24/09 76090
PATIENT4,HANNAH         000004 COMMUNITY #1   F  42  UP - >41
PATIENT5,MARTHA         000005 COMMUNITY #1   F  43  UP - >41
PATIENT6,TARA           000006 COMMUNITY #1   F  44  UP;AC - >41 01/15/10 ref CPT
PATIENT7,CAROL LYNN     000007 COMMUNITY #1   F  44  UP;AC - >41 03/05/10 76092
PATIENT8,MARY ANN       000008 COMMUNITY #1   F  52  UP;AC - >41, 52-64
PATIENT9,BARBARA        000009 COMMUNITY #1   F  52  UP;AC - >41, 52-64 04/22/10 77057
```

Figure 2-42: Sample Patient List, Cancer Screening: Mammogram Rates

2.6.3 Colorectal Cancer Screening

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 36% for the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening.

Denominators

All Active Clinical patients ages 51-80 without a documented diagnosis of colorectal cancer or total colectomy, broken out by gender. (**GPRA Denominator**)

All *User Population patients* ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy.

Numerators

Patients who have had any CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

Patients with documented CRC screening refusal in the past year.

Patients with Fecal Occult Blood test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period.

Patients with a flexible sigmoidoscopy or double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.

Patients with a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years.

Patients with a flexible sigmoidoscopy and double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Exclusions

Any diagnosis ever of one of the following:

1. **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.
2. **Total Colectomy:** CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8 (old code).

Colorectal cancer screening definition: The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer Screening (CRS looks for the most recent of any of the following during timeframes specified in numerator section above)				
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	**V Procedure:** 45.24		
Double contrast barium enema	VRad 74280, G0106, G0120			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	**V POV**: V76.51 Colon screening **V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43		

Refusal definition: **Any of the following in the past year:**

	CPT Codes	ICD and Other Codes	Taxonomy
Refusals	**FOBT or FIT:** 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 (old code) **Flexible Sigmoidoscopy:** 45330-45345, G0104 **DCBE:** 74280, G0106, G0120 **Colonoscopy:** 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	**Flexible Sigmoidoscopy V Procedure:** 45.24, 45.42 **Colonoscopy V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43	V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from CRC screening definition.
3. Revised calculation of refusal rate.
4. Deleted code 50196-5 from LOINC taxonomy for FOBT definition.

Patient List Description

List of patients 51-80 with CRC screening or refusal, if any.

Measure Source

HEDIS, HP 2010 3-12a (FOBT past 2 years), 3-12b (simoidoscopy ever)

Measure Past Performance and long-term Targets:

Performance	Percent
IHS FY 2009 Performance	33.0%
IHS FY 2008 Performance	29.0%
IHS FY 2007 Performance	26.0%
IHS FY 2006 Performance	22.0%
HP 2010 Goal for FOBT	*33.0%*
HP 2010 Goal for Sigmoidoscopy	*50.0%*

Performance Improvement Tip

Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: **HBE** (barium enema); **HCOL** (colonoscopy); **HFOB** (Fecal Occult Blood); **HSIG** (sigmoidoscopy). Providers should also enter as a refusal if the patient refuses the colorectal cancer screening. Refusals may be entered with the data entry mnemonic of **REF** (refusal).

```
MP                                  Sep 27, 2010                        Page 60
       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Colorectal Cancer Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

AC Pts 51-80 w/o
colorectal cancer or total
colectomy (GPRA)        299            186                     152

# w/ CRC screening
 -No Refusals (GPRA)     64  21.4       49  26.3     -4.9      28  18.4     +3.0
# w/ CRC Screening
 Refusal                 10   3.3        0   0.0     +3.3       0   0.0     +3.3
# w/FOBT/FIT during
 Report period           12   4.0       11   5.9     -1.9       0   0.0     +4.0
# w/Flex Sig, DCBE,
 or Colonoscopy          55  18.4       40  21.5     -3.1      28  18.4     +0.0
# w/Flex Sig or
 Colonoscopy             49  16.4       31  16.7     -0.3      20  13.2     +3.2
# w/Flex Sig & DCBE
 or Colonoscopy          46  15.4       29  15.6     -0.2      18  11.8     +3.5

Male Active Clinical
51-80                   142            86                      65

# w/ CRC screening
 -No Refusals            27  19.0       18  20.9     -1.9       9  13.8     +5.2
# w/ CRC Screening
 Refusal                  5   3.5        0   0.0     +3.5       0   0.0     +3.5
# w/FOBT/FIT during
 Report period            7   4.9        3   3.5     +1.4       0   0.0     +4.9
# w/Flex Sig, DCBE,
 or Colonoscopy          22  15.5       15  17.4     -1.9       9  13.8     +1.6
# w/Flex Sig or
 Colonoscopy             20  14.1       14  16.3     -2.2       8  12.3     +1.8
# w/Flex Sig & DCBE
 or Colonoscopy          20  14.1       14  16.3     -2.2       8  12.3     +1.8
```

Figure 2-43: Sample Report, Colorectal Cancer Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or
refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DANIELLE       000001 COMMUNITY #1   F  51  UP          FOB: POV
V76.51:01/28/09
PATIENT2,MARIE          000002 COMMUNITY #1   F  51  UP,AC
PATIENT3,MARY ANN       000003 COMMUNITY #1   F  52  UP,AC
PATIENT4,BOBBIE         000004 COMMUNITY #1   F  52  UP,AC       BE: RAD BE:05/31/06
PATIENT5,WINONA         000005 COMMUNITY #1   F  53  UP,AC
PATIENT6,DARLENE        000006 COMMUNITY #1   F  54  UP,AC       BE: RAD BE:01/25/07
PATIENT7,JOYCE          000007 COMMUNITY #1   F  57  UP,AC       BE: RAD BE:06/08/09
PATIENT8,LOUISE         000008 COMMUNITY #1   F  62  UP          COLO: COLO
45.23:02/22/01
```

Figure 2-44: Sample Patient List, Colorectal Cancer Screening

2.6.4 Comprehensive Cancer Screening

GPRA Measure Description

During FY 2010, establish the proportion of patients ages 21-75 who received a comprehensive cancer screening.

Denominators

Active Clinical patients ages 21-75 who are eligible for cervical cancer, breast cancer, and/or colorectal cancer screening. (**GPRA Developmental Denominator**)

a. *Active Clinical female patients* ages 21-75.
b. *Active Clinical male patients* ages 50-75.

Numerators

Patients who have had all screenings for which they are eligible. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

a. Female patients with cervical cancer, breast cancer, and/or colorectal cancer screening.
b. Male patients with colorectal cancer screening.

Logic Description

Age is calculated at the beginning of the Report Period.

Cervical Cancer Screening definition: To be eligible for this screening, patients must be female Active Clinical ages 21 through 64 and not have a documented history of hysterectomy. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period. To be counted as having the screening, the patient must have had a Pap Smear documented in the past 3 years.

CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	**V Procedure:** 68.4-68.8 **V POV:** 618.5, V88.01, V88.03 **Women's Health**: Procedure called Hysterectomy.		
Pap Smear	88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	**V Lab:** PAP SMEAR **POV:** V67.01 Follow-up Vaginal Pap Smear V76.2 Screen Mal Neop-Cervix V72.31 Routine Gynecological Examination V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients 795.0*, 795.10-16, 795.19 **V Procedure**: 91.46 **Women's Health:** Procedure called Pap Smear	Yes	BGP PAP SMEAR TAX

Breast Cancer Screening definition: To be eligible for this screening, patients must be female Active Clinical ages 52 through 64 and not have a documented history ever of bilateral mastectomy or two separate unilateral mastectomies. Patients must be at least age 52 as of the beginning of the Report Period and must be less than 65 years of age as of the end of the Report Period. To be counted as having the screening, the patient must have had a Mammogram documented in the past 2 years.

CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 **OR** 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral) **OR** 19240, with modifier of .50 or 09950	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	**V Rad or VCPT:** 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	**POV:** V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast **V Procedure:** 87.36-87.37 **Women's Health:** Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Colorectal cancer screening definition: To be eligible for this screening, patients must be Active Clinical ages 50-75 and not have a documented history ever of colorectal cancer or total colectomy. To be counted as having the screening, patients must have had any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period; 2) flexible sigmoidoscopy in the past 5 years; or 3) colonoscopy in the past 10 years.

The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer	G0213-G0215, G0231	**V POV:** 153.*, 154.0, 154.1, 197.5, V10.05		
Total Colectomy	44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212	**V Procedure:** 45.8 (old code)		
Fecal Occult Blood lab test (FOBT) or Fecal Immuno-chemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	**V Procedure:** 45.24		
Double contrast barium enema	VRad 74280, G0106, G0120			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	**V POV**: V76.51 Colon screening **V Procedure:** 45.22, 45.23, 45.25, 45.42, 45.43		

Key Logic Changes from CRS Version 9.0 Patch 1

New topic.

Patient List Description

List of patients 21-75 with comprehensive cancer screening, if any.

Measure Source

Not Available

Measure Past Performance and long-term Targets

None

Performance Improvement Tip

1. Providers should ask about and record off-site pap tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**

2. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: **HRAD**.
3. Providers should ask about and record off-site historical colorectal cancer tests (test type, date received and location) on PCC forms. Data entry mnemonics: **HBE** (barium enema); **HCOL** (colonoscopy); **HFOB** (Fecal Occult Blood); **HSIG** (sigmoidoscopy).

```
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Comprehensive Cancer Screening

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical 21-75
(GPRA Dev.)             675            480                     426

# w/ Comprehensive Cancer
 Screening-No Refusals
 (GPRA Dev.)            215  31.9      187  39.0     -7.1     144  33.8     -2.0

A. Female 21-75         534            394                     354

A. # Female w/all
 Screens                190  35.6      169  42.9     -7.3     135  38.1     -2.6

B. Male 50-75           141             86                      72

B. # Male w/CRC
 Screen                  25  17.7       18  20.9     -3.2       9  12.5     +5.2
```

Figure 2-45: Sample Report, Comprehensive Cancer Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or
refusal, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DANIELLE       000001 COMMUNITY #1   F  21  AC;PAP DENOMPap 795.0 05/05/09
PATIENT2,MARIE          000002 COMMUNITY #1   F  51  AC;PAP DENOM
PATIENT3,MARY ANN       000003 COMMUNITY #1   F  52  AC;MAM DENOMMamm CPT 77055
07/06/09
PATIENT4,BOBBIE         000004 COMMUNITY #1   F  52  AC;PAP DENOM;MAM DENOM;CRCS DENOM
PATIENT5,WINONA         000005 COMMUNITY #1   F  54  AC;MAM DENOM;CRCS DENOMMamm CPT
77057 01/29/10; CRCS COLO 45.25 02/10/08
PATIENT6,HARRY          000006 COMMUNITY #1   M  56  AC;CRCS DENOMCRCS COLO 45.23
09/19/08
PATIENT7,LARRY          000007 COMMUNITY #1   M  57  AC;CRCS DENOM
PATIENT8,BARRY          000008 COMMUNITY #1   M  63  AC;CRCS DENOMCRCS SIG 45.24
04/07/10
```

Figure 2-46: Sample Patient List, Comprehensive Cancer Screening

2.6.5 Tobacco Use and Exposure Assessment

Denominators

Active Clinical patients ages five and older. Additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

All Pregnant female User Population patients with no documented miscarriage or abortion.

All *User Population patients* ages five and older broken down by gender.

Numerators

Patients who have been screened for tobacco use during the Report Period.

Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.

a. Patients identified as current smokers during the Report Period.
b. Patients identified as current smokeless tobacco users during the Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Logic Description

Ages are calculated at beginning of Report Period.

For screening, an additional eight months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.

CRS uses the following codes to define the denominators and numerators:

	CPT Codes	ICD and Other Codes
Pregnancy (At least two visits during the past 20 months. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period.) An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that.		**V POV:** V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*
Abortion (after 2nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**V POV:** 635*, 636* 637* **Procedure**: 69.01, 69.51, 74.91, 96.49
Screened for Tobacco Use (timeframe for pregnant patients is past 20 months)	D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed), G8455 (Current Tobacco Smoker), G8456 (Current Smokeless Tobacco User), G8457 (Tobacco Non-User), G8402 (Tobacco (Smoke) Use Cessation Intervention, Counseling), G8453 (Tobacco Use Cessation Intervention, Counseling)	**V POV or current Active Problem List:** 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient Education codes:** "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 **Dental code:** 1320

	CPT Codes	ICD and Other Codes
Tobacco Users (timeframe for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), G8455 (Current Tobacco Smoker), G8456 (Current Smokeless Tobacco User), G8402 (Tobacco (Smoke) Use Cessation Intervention, Counseling), G8453 (Tobacco Use Cessation Intervention, Counseling)	**V POV or current Active Problem List:** 305.1, 305.10-305.12 (old codes), or 649.00-649.04 **Dental code:** 1320
Current Smokers (timeframe for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), G8455 (Current Tobacco Smoker), G8402 (Tobacco (Smoke) Use Cessation Intervention, Counseling), G8453 (Tobacco Use Cessation Intervention, Counseling)	**V POV or current Active Problem List:** 305.1, 305.10-305.12 (old codes), or 649.00-649.04 **Dental code:** 1320
Current Smokeless (timeframe for pregnant patients is past 20 months)	1035F (Current Smokeless Tobacco User), G8456 (Current Smokeless Tobacco User)	

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator to which they apply.

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened; Tobacco Users; Smokeless User
Cessation-Smoker	Screened; Tobacco Users; Smoker
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added CPT code D1320 to Tobacco Screening definition.
2. Added HCPCS codes 1000F, G8455, G8456, G8457, G8402, G8453 to Tobacco Screening definition.
3. Added HCPCS codes G8455, G8456, G8402, G8453 to Tobacco Users definition.
4. Added HCPCS codes G8455, G8402, G8453 to Smokers definition.
5. Added HCPCS code G8456 to Smokeless User definition.

Patient List Description

List of patients 5 and older with no documented tobacco screening.

Measure Source

HP 2010 27-1a Cigarette smoking 18 and older; 27-1b Spit tobacco use 18 and older; 27-10 Exposure to ETS-nonsmokers 4 and older

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance (Screening)	54.0%
IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%
IHS 2010 goal for annual tobacco screening	*100.0%*

Performance	Percent
IHS FY 2008 Performance (Tobacco Users)	29.0%
HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers 4 and older)	*63.0%*

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Tobacco Use and Exposure Assessment (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Active Clinical Pts
=> 5                   1,268            989                     910

# w/Tobacco
 Screening               567  44.7      420  42.5     +2.2     330  36.3     +8.5
# Tobacco Users w/ % of
 Total Screened          257  45.3      158  37.6     +7.7     130  39.4     +5.9
A. # Smokers w/ % of
 Total Tobacco Users     244  94.9      155  98.1     -3.2     129  99.2     -4.3
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            13   5.1        3   1.9     +3.2       1   0.8     +4.3
# exposed to ETS/
 smoker in home w/ % of
 Total Screened            1   0.2        1   0.2     -0.1       1   0.3     -0.1

# Male Active Clinical
ages => 5                530            409                     374

# w/Tobacco
 Screening               208  39.2      146  35.7     +3.5     128  34.2     +5.0
# Tobacco Users w/ % of
 Total Screened          123  59.1       65  44.5    +14.6      58  45.3    +13.8
A. # Smokers w/ % of
 Total Tobacco Users     111  90.2       64  98.5     -8.2      57  98.3     -8.0
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            12   9.8        1   1.5     +8.2       1   1.7     +8.0
# exposed to ETS/
 smoker in home w/ % of
 Total Screened            0   0.0        0   0.0     +0.0       1   0.8     -0.8

# Female Active Clinical
ages => 5                738            580                     536

# w/Tobacco
 Screening               359  48.6      274  47.2     +1.4     202  37.7    +11.0
# Tobacco Users w/ % of
 Total Screened          134  37.3       93  33.9     +3.4      72  35.6     +1.7
A. # Smokers w/ % of
 Total Tobacco Users     133  99.3       91  97.8     +1.4      72 100.0     -0.7
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users             1   0.7        2   2.2     -1.4       0   0.0     +0.7
# exposed to ETS/
 smoker in home w/ % of
 Total Screened            1   0.3        1   0.4     -0.1       0   0.0     +0.3
```

Figure 2-47: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

```
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Tobacco Use and Exposure Assessment (con't)

                         TOTAL ACTIVE CLINICAL POPULATION
                                         Age Distribution
                          5-13 14-17  18-24  25-44  45-64  65 and older

CURRENT REPORT PERIOD
# Active Clinical        169     70    168    416    339    106
# Tobacco Screening        6     17     98    218    180     48
% w/Tobacco Screening    3.6   24.3   58.3   52.4   53.1   45.3

# Tobacco Users            1      7     44     98     93     14
% Tobacco Users w/ % of
 Total Screened         16.7   41.2   44.9   45.0   51.7   29.2

# Smokers                  0      7     42     92     89     14
% Smokers w/ % of
 Total Tobacco Users     0.0  100.0   95.5   93.9   95.7  100.0

# Smokeless                1      0      2      6      4      0
% Smokeless w/ % of
 Total Tobacco Users   100.0    0.0    4.5    6.1    4.3    0.0

# ETS/Smk Home             0      0      0      1      0      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    0.5    0.0    0.0

PREVIOUS YEAR PERIOD
# Active Clinical        176     62    163    302    222     64
# Tobacco Screening       11     14     87    144    125     39
% w/Tobacco Screening    6.3   22.6   53.4   47.7   56.3   60.9

# Tobacco Users            0      5     39     58     47      9
% Tobacco Users w/ % of
 Total Screened          0.0   35.7   44.8   40.3   37.6   23.1

# Smokers                  0      5     38     56     47      9
% Smokers w/ % of
 Total Tobacco Users     0.0  100.0   97.4   96.6  100.0  100.0

# Smokeless                0      0      1      2      0      0
% Smokeless w/ % of
 Total Tobacco Users     0.0    0.0    2.6    3.4    0.0    0.0

# ETS/Smk Home             0      0      0      1      0      0
% ETS/Smk Home w/ % of
 Total Screened          0.0    0.0    0.0    0.7    0.0    0.0

CHANGE FROM PREV YR %
Tobacco Screening       -2.7   +1.7   +5.0   +4.7   -3.2  -15.7
Tobacco Users          +16.7   +5.5   +0.1   +4.7  +14.1   +6.1
Smokers                 +0.0   +0.0   -2.0   -2.7   -4.3   +0.0
Smokeless             +100.0   +0.0   +2.0   +2.7   +4.3   +0.0
ETS                     +0.0   +0.0   +0.0   -0.2   +0.0   +0.0
```

Figure 2-48: Sample Age Breakdown Report, Tobacco Use Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Tobacco Use and Exposure Assessment: List of patients 5 and older with no
documented tobacco screening
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CHESTER        000001 COMMUNITY #1   M  34  UP,AC
PATIENT2,JUAN           000002 COMMUNITY #1   M  34  UP          DX V15.82 06/02/10
PATIENT3,BEN            000003 COMMUNITY #1   M  34  UP
PATIENT4,STUART         000004 COMMUNITY #1   M  35  UP,AC       HF NTU 01/13/10
PATIENT5,HARRY B        000005 COMMUNITY #1   M  35  UP
PATIENT6,EMERSON        000006 COMMUNITY #1   M  35  UP,AC       HF NTU 07/26/09
PATIENT7,EUGENE JAY     000007 COMMUNITY #1   M  35  UP
PATIENT8,ROGER          000008 COMMUNITY #1   M  35  UP,AC       PtEd 305.1-DP
01/13/10
PATIENT9,ANDREW         000009 COMMUNITY #1   M  35  UP
```

Figure 2-49: Sample Patient List, Tobacco Use Assessment

2.6.6 Tobacco Cessation

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 27% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

Denominators

Active Clinical patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups: <12, 12-17, 18 and older. (**GPRA Denominator**)

User Population patients identified as *current tobacco users* prior to the report period, broken out by gender.

Numerators

Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

Patients who refused tobacco cessation counseling during the Report Period.

Patients identified during the Report Period as having quit their tobacco use.

Patients who have received tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period. NOTE: This numerator does NOT include refusals.

Logic Description

Age is calculated at the beginning of the report period.

	ICD and Other Codes
Tobacco Users (documented prior to the Report Period)	**Tobacco Health Factors (looks at the last documented health factor):** Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless **CPT code (looks at the last documented):** 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455, G8456, G8402 or G8453 **V POV or current Active Problem List (looks at the last documented):** 305.1, 305.10-305.12 (old codes), or 649.00-649.04
Tobacco Cessation Counseling (documented during the Report Period)	**Patient education codes containing:** "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04 **Dental code:** 1320 **Clinic code:** 94 (tobacco cessation clinic) **CPT code:** D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402 or G8453
Prescription for Tobacco Cessation Aid (documented during the Report Period)	**Taxonomy:** Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy **Medication Name:** Any medication with name containing “NICOTINE PATCH”, “NICOTINE POLACRILEX”, “NICOTINE INHALER”, or “NICOTINE NASAL SPRAY” **CPT Code:** 4001F
Quit Tobacco User (documented during the Report Period)	**V POV or current Active Problem List:** 305.13 Tobacco use in remission (old code) or V15.82 **Health Factors** documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

Tobacco Cessation Counseling Refusal definition

Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from Tobacco Cessation Counseling definition.

3. Revised calculation of refusal rate.
4. Added CPT code D1320 to Tobacco Cessation Counseling definition.
5. Added HCPCS codes G8455, G8456, G8402, G8453 to Tobacco Users definition.
6. Added HCPCS codes G8402, G8453 to Tobacco Cessation Counseling definition.

Patient List Description

List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

Measure Source

Smoking Cessation Attempts: HP 2010 27-5, 27-7; Smoking Cessation Counseling: HP 1-3c

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	24.0%
IHS FY 2008 Performance	21.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	12.0%
HP 2010 goal for increasing smoking cessation attempts for adult smokers	*75.0%*

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-------------------------------------------------------------------------------

Tobacco Cessation (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Tobacco
Users (GPRA)            295            238                     183

# w/tobacco cessation counseling
 or Rx for cessation-No
 Refusals (GPRA)         52  17.6       46  19.3     -1.7      48  26.2     -8.6
# w/refusal of
 counseling               4   1.4        0   0.0     +1.4       0   0.0     +1.4
# who quit                 8   2.7        2   0.8     +1.9       1   0.5     +2.2
# w/ cessation counseling,
 cessation aid, or quit
 -No Refusals            60  20.3       47  19.7     +0.6      49  26.8     -6.4

Male Active Clinical
Tobacco Users           137            117                      95

# w/tobacco cessation counseling
 or RX for cessation-No
 Refusals                29  21.2       20  17.1     +4.1      25  26.3     -5.1
# w/refusal of
 counseling               1   0.7        0   0.0     +0.7       0   0.0     +0.7
# who quit                 4   2.9        0   0.0     +2.9       1   1.1     +1.9
# w/ cessation counseling,
 cessation aid, or quit
 -No Refusals            33  24.1       20  17.1     +7.0      26  27.4     -3.3

Female Active Clinical
Tobacco Users           158            121                      88

# w/tobacco cessation counseling
 or RX for cessation-No
 Refusals                23  14.6       26  21.5     -6.9      23  26.1    -11.6
# w/refusal of
 counseling               3   1.9        0   0.0     +1.9       0   0.0     +1.9
# who quit                 4   2.5        2   1.7     +0.9       0   0.0     +2.5
# w/ cessation counseling,
 cessation aid, or quit
 -No Refusals            27  17.1       27  22.3     -5.2      23  26.1     -9.0
```

Figure 2-50: Sample Report, Tobacco Cessation

Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	6	289
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	52
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	18.0
# w/refusal of counseling	0	0	4
% w/refusal of counseling	0.0	0.0	1.4
# who quit	0	1	7
% who quit	0.0	16.7	2.4
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	1	59
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	16.7	20.4
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	233
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	46
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	19.7
# w/refusal of counseling	0	0	0
% w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	0.9
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	47
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	20.2

Figure 2-51: Sample Age Breakdown Report, Tobacco Cessation

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Tobacco Cessation: List of tobacco users with tobacco cessation
intervention, if any, or who have quit tobacco use.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,BRITNEY        000001 COMMUNITY #1   F  22  UP;AC       COUNSELING: 06/10/10
CPT G0375
PATIENT2,LORETTA        000002 COMMUNITY #1   F  22  UP;AC       COUNSELING: 01/13/10
305.1-DP
PATIENT3,HALEY          000003 COMMUNITY #1   F  25  UP;AC       COUNSELING: 02/19/10
TO-LA
PATIENT4,ANGEL          000004 COMMUNITY #1   F  30  UP;AC       COUNSELING: 03/05/10
CPT 4000F
PATIENT5,JOYCE          000005 COMMUNITY #1   F  31  UP;AC       ;QUIT: PREVIOUS
SMOKER 05/31/10
PATIENT6,ESTHER         000006 COMMUNITY #1   F  32  UP;AC       COUNSELING: 03/05/10
CESSATION MED - NICOTINE 14MG TRANSDERMAL PATCH
PATIENT7,SARAH          000007 COMMUNITY #1   F  33  UP;AC
PATIENT8,PAULA          000008 COMMUNITY #1   F  34  UP;AC       COUNSELING: 03/17/10
TO-QT
```

Figure 2-52: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance Measure Topics

2.7.1 Alcohol Screening (FAS Prevention)

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 55% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Denominators

Female Active Clinical patients ages 15 to 44. (**GPRA Denominator**)

Female User Population patients ages 15 to 44.

Numerators

Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the report period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

a. Patients with alcohol screening during the report period.
b. Patients with alcohol-related diagnosis or procedure during the report period
c. Patients with alcohol-related patient education during the report period.

Patients with documented alcohol screening refusal in past year.

Logic Description

Ages are calculated at beginning of Report Period.

Alcohol screening definition: Any of the following during the Report Period: a) Alcohol Screening Exam, any CAGE Health Factor, or Screening Diagnosis; b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; c) Alcohol-related procedure; or D) Patient education.

	ICD and Other Codes
Alcohol Screening	**PCC Exam Code:** 35 **CPT code:** 99408, 99409, G0396, G0397, H0049, H0050 **Any CAGE Health Factor** **V POV:** V11.3 (history of alcoholism), V79.1 (screening for alcoholism) **BHS Problem Code:** 29.1 (Screening for Alcoholism) **V Measurement in PCC or BHS:** AUDT, AUDC, or CRFT
Alcohol-related Diagnosis	**V POV, Current PCC or BHS Problem List:** 303.*, 305.0*, 291.*, 357.5* **BHS POV**: 10, 27, 29
Alcohol-related Procedure	**V Procedure:** 94.46, 94.53, 94.61-94.63, 94.67-94.69
Alcohol-related Education	**Patient Education codes:** "AOD-" or "-AOD", old codes containing "CD-" or "-CD", or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Refusal definition: Refusal of PCC Exam Code 35 in the past year

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than 4 drinks in one day?

For Men:

When was the last time you had more than 5 drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?

4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?
5. Based on how many "YES" answers are received, document Health Factor:

- HF – CAGE 0/4 (all "No" answers)
- HF – CAGE 1/4
- HF – CAGE 2/4
- HF – CAGE 3/4
- HF – CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from alcohol screening definition.
3. Revised calculation of refusal rate.
4. Added HCPCS code H0050 to alcohol screening definition.

Patient List Description

List of female patients with no documented alcohol screening or refusal.

Measure Source

HP 2010 16-17a

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	52.0%
IHS FY 2008 Performance	47.0%
IHS FY 2007 Performance	41.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	7.0%
IHS 2010 Goal	*25.0%*

```
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Alcohol Screening (FAS Prevention) (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
ages 15-44 (GPRA)       415            335                    304

# w/ alcohol screening/
 Dx/Proc/Pt Ed
 -No Refusals (GPRA)     41   9.9        2   0.6     +9.3       1   0.3     +9.6
A. w/alcohol
 screening               37   8.9        1   0.3     +8.6       0   0.0     +8.9
B. # w/alcohol related
 Dx or procedure          2   0.5        1   0.3     +0.2       1   0.3     +0.2
C. # w/alcohol related
 patient education        5   1.2        0   0.0     +1.2       0   0.0     +1.2
# w/alcohol screening
 refusal                  3   0.7        0   0.0     +0.7       0   0.0     +0.7

Female User Population
ages 15-44              715            623                    588

# w/ alcohol screening/Dx/
 Proc/Pt Ed
 -No Refusals            44   6.2        2   0.3     +5.8       2   0.3     +5.8
A. # w/alcohol
 screening               39   5.5        1   0.2     +5.3       0   0.0     +5.5
B. # w/alcohol related
 Dx or procedure          3   0.4        1   0.2     +0.3       2   0.3     +0.1
C. # w/alcohol related
 patient education        5   0.7        0   0.0     +0.7       0   0.0     +0.7
# w/alcohol screening
 refusal                  3   0.4        0   0.0     +0.4       0   0.0     +0.4
```

Figure 2-53: Sample Report, Alcohol Screening (FAS Prevention)

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Alcohol Screening (FAS Prevention): List of female patients with no
documented alcohol screening or refusal.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CHRISTINE S    000001 COMMUNITY #1   F  15  UP;
PATIENT2,RITA A         000002 COMMUNITY #1   F  15  UP;AC
PATIENT3,DIANE L        000003 COMMUNITY #1   F  15  UP;
PATIENT4,ALICIA         000004 COMMUNITY #1   F  15  UP;AC
PATIENT5,MELISSA        000005 COMMUNITY #1   F  16  UP;AC
PATIENT6,LISA MARIE     000006 COMMUNITY #1   F  16  UP;AC
PATIENT7,RUTH NELLIE    000007 COMMUNITY #1   F  16  UP;
PATIENT8,ALISHA DAWN    000008 COMMUNITY #1   F  16  UP;AC
```

Figure 2-54: Sample Patient List, Alcohol Screening (FAS Prevention)

2.7.2 Alcohol Screening and Brief Intervention (ASBI) in the ER

Denominators

Number of visits for *Active Clinical patients* age 15-34 seen in the ER for injury during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for *Active Clinical patients* age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for User Population patients age 15-34 seen in the ER for injury during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for User Population patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Numerators

Number of visits where patients were screened in the ER for hazardous alcohol use.

a. Number of visits where patients were screened positive.

Number of visits where patients were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit.

a. Number of visits where patients were provided a BNI at the ER visit.
b. Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit.

Logic Description

Age of the patient is calculated as of the beginning of the Report Period.

Emergency room visit definition: Clinic code 30.

Multiple visits definition: If a patient has multiple ER visits for injury during the Report Period, each visit will be counted in the denominator. For the screening numerator, each ER visit with injury at which the patient was screened for hazardous alcohol use will be counted. For the positive alcohol use screen numerator, each ER visit with injury at which the patient screened positive for hazardous alcohol use will be counted. For the BNI numerators, each visit where the patient was either provided a BNI at the ER or within 7 days of the ER visit will be counted. An example of this logic is shown below.

```
                        Denom        Scrn   Pos Scrn     BNI Num
ER Visit w/Injury       Count        Num    Num Count    Count
*************************************************************
John Doe, 07/17/09, Screened Positive at ER, BNI at ER
John Doe, 09/01/09, Screened Positive at ER, No BNI
John Doe, 11/15/09, No Screen
*************************************************************
COUNTS:                  3            2        2           1
```

CRS uses the following codes:

	ICD and Other Codes
Injury	**V POV (primary or secondary):** 800.0-999.9 or E800.0-E989.
ER Screening for Hazardous Alcohol Use	*Any conducted during an ER visit*: **PCC Exam Code:** 35 **Any Alcohol Health Factor (i.e.,CAGE)** **V POV:** V79.1 Screening for Alcoholism **CPT:** G0396, G0397, H0049, 99408, 99409 **V Measurement in PCC:** AUDT, AUDC, or CRFT
Positive Screen for Hazardous Alcohol Use	*Any of the following for the screening conducted during an ER visit:* **PCC Exam Code:** 35 Alcohol Screening result of “Positive” **Health Factor:** CAGE result of 1/4, 2/4, 3/4 or 4/4 **CPT:** G0396, G0397, 99408, 99409 **V Measurement Result in PCC:** AUDT result of => 8, AUDC result of => 4 for men and =>3 for women, CRFT result of 2-6
Brief Negotiated Interview (BNI)	*Any of the following documented at the ER visit or within 7 days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:* **CPT:** G0396, G0397, H0050, 99408, 99409 **Patient Education Code:** AOD-INJ

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than 4 drinks in one day?

For Men:

When was the last time you had more than 5 drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many "YES" answers are received, document Health Factor:

- HF – CAGE 0/4 (all "No" answers)
- HF – CAGE 1/4
- HF – CAGE 2/4
- HF – CAGE 3/4
- HF – CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients seen in the ER for an injury who were screened for hazardous alcohol use, with results of screen and BNI, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

```
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Alcohol Screening and Brief Intervention (ASBI) in the ER


                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# ER Injury Visits for
AC Pts 15-34             32             33                      32

# Visits w/ ER Hazardous
 Alcohol Screening       17  53.1        0   0.0    +53.1       0   0.0    +53.1
A. # Visits w/Positive
 Screen                  14  43.8        0   0.0    +43.8       0   0.0    +43.8

# ER Injury Visits for
Male AC Pts 15-34        12             18                      20

# Visits w/ ER Hazardous
 Alcohol Screening        7  58.3        0   0.0    +58.3       0   0.0    +58.3
A. # Visits w/Positive
 Screen                   5  41.7        0   0.0    +41.7       0   0.0    +41.7

# ER Injury Visits for
Female AC Pts
15-34                    20             15                      12

# Visits w/ ER Hazardous
 Alcohol Screening       10  50.0        0   0.0    +50.0       0   0.0    +50.0
A. # Visits w/Positive
 Screen                   9  45.0        0   0.0    +45.0       0   0.0    +45.0

# of ER Injury Visits
for AC Pts 15-24         17             16                      21

# Visits w/ ER Hazardous
 Alcohol Screening       10  58.8        0   0.0    +58.8       0   0.0    +58.8
A. # Visits w/Positive
 Screen                   9  52.9        0   0.0    +52.9       0   0.0    +52.9

# ER Injury Visitg for
AC Pts 25-34             15             17                      11

# Visits w/ ER Hazardous
 Alcohol Screening        7  46.7        0   0.0    +46.7       0   0.0    +46.7
A. # Visits w/Positive
 Screen                   5  33.3        0   0.0    +33.3       0   0.0    +33.3
```

Figure 2-55: Sample Report, Alcohol Screening and Brief Intervention (ASBI) in the ER

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Alcohol Screening and Brief Intervention (ASBI) in the ER: List of
patients seen in the ER for an injury who were screened for hazardous
alcohol use, with results of screen and BNI, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DARLENE S      000001 COMMUNITY #1   F  33  UP;AC       ER Visit 1) 07/08/10
[815.00]ER Visit 1) No Scrn
PATIENT2,RITA A         000002 COMMUNITY #1   F  33  UP;AC       ER Visit 1) 04/20/10
[959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049
PATIENT3,DIANE L        000003 COMMUNITY #1   F  15  UP;         ER Visit 1) 07/12/10
[875.0]ER Visit 1) Pos Scrn: EXAM 35, No BNI
PATIENT4,ALICIA         000004 COMMUNITY #1   F  18  UP;AC       ER Visit 1) 04/20/10
[959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049
PATIENT5,MELISSA        000005 COMMUNITY #1   F  16  UP;AC
PATIENT6,LISA MARIE     000006 COMMUNITY #1   F  20  UP;AC       ER Visit 1) 05/01/10
[959.01]; ER Visit 2) 07/01/10 [999.9]ER Visit 1) No Scrn; ER Visit 2) Pos Scrn: EXAM
35, BNI at ER: 07/01/10 CPT-H0050
PATIENT7,RUTH NELLIE    000007 COMMUNITY #1   F  16  UP;         ER Visit 1) 03/30/10
[847.0]ER Visit 1) Pos Scrn: EXAM 35, BNI at ER: 01/30/10 AOD-INJ
```

Figure 2-56: Sample Patient List, Alcohol Screening and Brief Intervention (ASBI) in the ER

2.7.3 Intimate Partner (Domestic) Violence Screening

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 53% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Denominators

Female Active Clinical patients ages 13 and older.

Female Active Clinical patients ages 15-40. (**GPRA Denominator**)

Female User Population patients ages 13 and older.

Numerators

Patients screened for intimate partner (domestic) violence at any time during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Numerator**)

a. Patients with documented IPV/DV exam
b. Patients with IPV/DV related diagnosis
c. Patients provided with education or counseling about IPV/DV

Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

Logic Description

Age of the patient is calculated at the beginning of the report period. CRS uses the following codes to define numerators.

	CPT Codes	ICD and Other Codes
IPV/DV Screening		**V Exam:** Code 34 **BHS Exam:** IPV/DV
IPV/DV Diagnosis		**V POV or current PCC or BHS Problem List:** 995.80-995.83, 995.85, V15.41, V15.42, V15.49 **BHS POV**: 43.*, 44.*
IPV/DV Education		**Patient education codes:** "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49
IPV/DV Counseling		**V POV:** V61.11
Refusals		**V Exam:** Code 34 BHS IPV/DV exam Patient education codes containing "DV-" or "-DV"

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from IPV/DV definition.
3. Revised calculation of refusal rate.

Patient List Description

List of female patients 13 and older not screened for IPV/DV.

Measure Source

HP 2010 15-34

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	48.0%
IHS FY 2008 Performance	42.0%
IHS FY 2007 Performance	36.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%
IHS FY 2010 Goal	*40.0%*

```
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-------------------------------------------------------------------------------

Intimate Partner (Domestic) Violence Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Female Active
Clinical ages
13 and older            678            500                     460

# w/IPV/DV
 Screening
 -No Refusals             9   1.3        1   0.2     +1.1       0   0.0     +1.3
A. # w/documented
 IPV/DV exam              5   0.7        0   0.0     +0.7       0   0.0     +0.7
B. # w/ IPV/DV related
 diagnosis                4   0.6        0   0.0     +0.6       0   0.0     +0.6
C. # provided DV
 education                3   0.4        1   0.2     +0.2       0   0.0     +0.4
# w/ IPV/DV
 refusal                  3   0.4        0   0.0     +0.4       0   0.0     +0.4

# Female Active
Clinical ages 15-40
(GPRA)                  362            302                     267

# w/IPV/DV screening
 -No Refusals
 (GPRA)                   7   1.9        1   0.3     +1.6       0   0.0     +1.9
A. # w/ documented
 IPV/DV exam              3   0.8        0   0.0     +0.8       0   0.0     +0.8
B. # w/ IPV/DV related
 diagnosis                3   0.8        0   0.0     +0.8       0   0.0     +0.8
C. # provided DV
 education                3   0.8        1   0.3     +0.5       0   0.0     +0.8
# w/ IPV/DV
 refusal                  2   0.6        0   0.0     +0.6       0   0.0     +0.6

# Female User Pop
13 and older          1,203            979                     916

# w/IPV/DV Screening
 -No Refusals             9   0.7        1   0.1     +0.6       1   0.1     +0.6
A. # w/ documented
 IPV/DV exam              5   0.4        0   0.0     +0.4       0   0.0     +0.4
B. # w/ IPV/DV related
 diagnosis                4   0.3        0   0.0     +0.3       1   0.1     +0.2
C. # provided DV
 education                3   0.2        1   0.1     +0.1       0   0.0     +0.2
# w/ IPV/DV
 refusal                  3   0.2        0   0.0     +0.2       0   0.0     +0.2
```

Figure 2-57: Sample Report, Intimate Partner (Domestic) Violence Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Intimate Partner (Domestic) Violence Screening: List of female patients
13 and older not screened for IPV/DV.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ELVIRA         000001 COMMUNITY #1   F  13  UP;
PATIENT2,SHARON KAY     000002 COMMUNITY #1   F  14  UP;
PATIENT3,KRISTINA       000003 COMMUNITY #1   F  15  UP;
PATIENT4,RITA           000004 COMMUNITY #1   F  15  UP;AC
PATIENT5,DIANE LOUISE   000005 COMMUNITY #1   F  15  UP;
PATIENT6ALICE LILA      000006 COMMUNITY #1   F  15  UP;AC
```

Figure 2-58: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.4 Depression Screening

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 53% for the proportion of adults ages 18 and older who receive annual screening for depression.

Denominators

Active Clinical patients ages 18 and older, broken out by gender. (**GPRA Denominator**)

a. Active Clinical patients ages *65 and older, broken out by gender.*

User Population patients ages 18 and older, broken out by gender.

a. User Population patients ages *65 and older,* broken out by gender.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. Broken out by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken out by gender.

Numerators

Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period. NOTE: This numerator does not include refusals. (**GPRA Numerator**)

a. Patients screened for depression during the Report Period.
b. Patients with a diagnosis of a mood disorder during the Report Period.

Patients with documented depression screening refusal in past year.

Patients with depression-related education or refusal of education in past year.

Note: Depression-related patient education does not count toward the GPRA numerator and is included as a separate numerator only.

Logic Description

Age is calculated at beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	ICD and Other Codes
Diabetes	**V POV:** 250.00-250.93
Ischemic Heart Disease	**V POV:** 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening	**V Exam:** Exam Code 36 **V POV:** V79.0 **BHS Problem Code:** 14.1 (Screening for Depression) **V Measurement in PCC or BHS**: PHQ2 or PHQ9
Mood Disorders	**At least 2 visits in PCC or BHS for:** Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. **V POV:** 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15
Depression-related Patient Education (does not count toward GPRA numerator)	*Documented education of any of the following during the Report Period:* **Patient education codes**: containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290-319, 995.5*, or 995.80-995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44.
Screening Refusals	**V Exam:** Exam Code 36, in past year
Refusal of Depression-related Patient Education (does not count toward GPRA numerator)	*Documented refusal of any of the following during the Report Period:* **Patient education codes**: containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression).

Recommended Brief Screening Tool

A sample of a Patient Health Questionnaire (PHQ-2 Scaled Version) appears below.

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
   a) Not at all Value: 0
   b) Several days Value: 1
   c) More than half the days Value: 2
   d) Nearly every day Value: 3
2. Feeling down, depressed, or hopeless
   a) Not at all Value: 0
   b) Several days Value: 1
   c) More than half the days Value: 2
   d) Nearly every day Value: 3

Total Possible PHQ-2 Score: Range: 0-6

0-2: Negative

3-6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from depression screening definition.
3. Revised calculation of refusal rate.
4. Removed both denominators that included an age range of 8-17.

Patient List Description

List of patients not screened for depression/diagnosed with mood disorder.

Measure Source

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6.

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	44.0%
IHS FY 2008 Performance	35.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	15.0%

```
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-------------------------------------------------------------------------------
Depression Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>18 (GPRA)           1,046            753                     666

# w/Depression screening
 or Mood Disorder DX-No
 Refusals (GPRA)         57   5.4       41   5.4     +0.0      17   2.6     +2.9
A. # screened for
 depression              16   1.5        0   0.0     +1.5       0   0.0     +1.5
B. # w/mood disorder
 DX                      42   4.0       41   5.4     -1.4      17   2.6     +1.5
# w/depression
 screening refusal        6   0.6        0   0.0     +0.6       0   0.0     +0.6
# w/depression education
 or refusal               9   0.9        3   0.4     +0.5       0   0.0     +0.9


Male Active Clinical
Pts >=18                414            287                     250

# w/ Depression screening
 or Mood Disorder DX-No
 Refusals                16   3.9        6   2.1     +1.8       1   0.4     +3.5
A. # screened for
 depression               5   1.2        0   0.0     +1.2       0   0.0     +1.2
B. # w/Mood Disorder
 DX                      11   2.7        6   2.1     +0.6       1   0.4     +2.3
# with depression
 screening refusal        4   1.0        0   0.0     +1.0       0   0.0     +1.0
# w/depression education
 or refusal               3   0.7        1   0.3     +0.4       0   0.0     +0.7

Female Active Clinical
Pts >=18                632            466                     416

# w/ Depression screening
 or Mood Disorder DX-No
 Refusals                41   6.5       35   7.5     -1.0      16   3.8     +2.6
A. # screened for
 depression              11   1.7        0   0.0     +1.7       0   0.0     +1.7
B. # w/Mood Disorder
 DX                      31   4.9       35   7.5     -2.6      16   3.8     +1.1
# with depression
 screening refusal        2   0.3        0   0.0     +0.3       0   0.0     +0.3
# w/depression education
 or refusal               6   0.9        2   0.4     +0.5       0   0.0     +0.9
```

Figure 2-59: Sample Report, Depression Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Depression Screening: List of patients not screened for depression/diagnosed with mood
disorder.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT55,LORETTA LYNN  000055 COMMUNITY #1   F  78  UP
PATIENT56,TINA MARIE    000056 COMMUNITY #1   F  78  UP;AC;AD;IHD
PATIENT57,DANIELLE      000057 COMMUNITY #1   F  79  UP;AC
PATIENT58,LESLIE ANN    000058 COMMUNITY #1   F  80  UP;AC
PATIENT59,DONNA SUE     000059 COMMUNITY #1   F  86  UP;AC
PATIENT60,TAYLOR OLIVIA 000060 COMMUNITY #1   F  87  UP;AC
PATIENT61,DENNIS GERALD 000061 COMMUNITY #1   M  18  UP          EDUC: 296.20-
DP:02/01/09
PATIENT62,JOSHUA DALE   000062 COMMUNITY #1   M  18  UP;AC
```

Figure 2-60: Sample Patient List, Depression Screening

2.7.5 Antidepressant Medication Management

Denominators

As of the 120th day of the Report Period, *Active Clinical* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report Period, *User Population* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerators

Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (six months).

Logic Description

Age is calculated at the beginning of the report period. To be included in the denominator, patient must meet *both* of the following conditions:

1. One of the following from the 121st day of the year prior to the Report Period to the 120th day of the Report Period:
   a. One visit in any setting with major depression DX (see list of codes below) as primary POV
   b. Two outpatient visits occurring on different dates of service with secondary POV of major depression
   c. An inpatient visit with secondary POV of major depression.

   For example, if Report Period is July 1, 2005 - June 30, 2006, the patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.

   Major depression is defined as POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

2. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e., visit) date. The Index Prescription Date is the date of the earliest prescription for antidepressant medication filled during that time period.

Denominator Exclusions

1. Patients who have had any diagnosis of depression within the previous 120 days (four months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or
2. Patients who had a new or refill prescription for antidepressant medication (see the list of medications below) within 90 days (three months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or
3. Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* and secondary POV of 291*-292*, 303*-305*.

Optimal Practitioner Contacts Numerator

Patient must have one of the following:

1. Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, *or*…
2. Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T), with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date.

For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6.

Note: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, *and:*

a. 1) Service category A, S, or O, and 2A) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, 99384-99387, 99394-99397, 99401-99404, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485 or B2) POV 290*, 293*-302*, 306*-316, or
b. 1) Service category of A, S, or O and 2A) Location of Encounter = Home (as designated in Site Parameters) or 2B) clinic code = 11, or
c. Service category of T.

Outpatient non-mental health provider visits are defined as BHS or PCC visits with:

a. 1) Service category A, S, or O, a 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485, or…
b. 1) Service category A, S, O, or T or 2) Location of Encounter = Home (as designated in Site Parameters) or 3A) clinic code 11 and 3B) POV 290*, 293*-302*, 306*-316*, or…
c. 1) Service category A, S, or O, and 2) CPT 99384-99387, 99394-99397, 99401-99404 and 3) POV 290*, 293*-302*, 306*-316*.

Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e., treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114-day timeframe, the patient is not included in the numerator.

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd RX: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd RX: 1/10/2008, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2008
- Index Rx Date 11/1/2007 + 114 days = 2/23/2008
- Patient's 84th treatment day occurs on 2/7/2008, which is <= 2/23/2008 and # gap days of 14 is less than 30

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd Rx: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd Rx: 2/01/2008, # Days Prescribed=30
- Gap #2 = (2/01/2008-1/14/2008) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e., treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinepherine reuptake inhibitors (SNRI), and other antidepressants.)

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

Measure Source

HEDIS, HP 2010 18-9b

Measure Past Performance and Long-term Targets

Performance	Percent
HP 2010 Goal	50.0%

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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Antidepressant Medication Management (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>18 w/new
depression DX and
antidepressant meds      16              6                       2

# w/3 outpt mental
 health visits within
 12 weeks                 5  31.3        1  16.7    +14.6       0   0.0    +31.3
# w/12 week treatment
 meds                     8  50.0        4  66.7    -16.7       0   0.0    +50.0
# w/180 day treatment
 meds                     4  25.0        3  50.0    -25.0       0   0.0    +25.0

User Pop Pts =>18 w/new
depression DX and
antidepressant meds      17              7                       3

# w/3 outpt mental
 health visits within
 12 weeks                 5  29.4        1  14.3    +15.1       0   0.0    +29.4
# w/12 week treatment
 meds                     8  47.1        4  57.1    -10.1       0   0.0    +47.1
# w/180 day treatment
 meds                     4  23.5        3  42.9    -19.3       0   0.0    +23.5
```

Figure 2-61: Sample Report, Antidepressant Medication Management

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Antidepressant Medication Management: List of patients with new depression
DX and optimal practitioner contact (OPC), acute phase treatment (APT) and
continuation phase treatment (CONPT), if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MICHELLE D     000001 COMMUNITY #1  F  22  UP,AC IESD: 06/06/10NOT OPC;NOT
APT: 06/07/10(30);07/08/10(30) ;DAYS=60; GAP=1;NOT CONPT: 06/07/10(30);07/08/10(30)
;DAYS=60; GAP=1
PATIENT2,PAULA KAY      000002 COMMUNITY #1  F  34  UP,AC IESD: 02/05/10NOT OPC;
APT;CONPT
PATIENT3,RHONDA SUE     000003 COMMUNITY #1  F  35  UP,AC IESD: 08/09/10 PC; APT;NOT
CONPT:
04/01/10(100);05/23/10(24);05/23/10(24);06/16/10(21);06/16/10(30);07/07/10(30);07/25/1
0(23);07/25/10(23);07/25/10(23) ;DAYS=298; GAP=111
PATIENT4,KATHLEEN       000004 COMMUNITY #1  F  38  UP,AC IESD: 01/29/10 NOT OPC;NOT
APT: 01/16/10(7);01/16/10(6);01/29/10(20);03/25/10(35) ;DAYS=68; GAP=28;CONPT
```

Figure 2-62: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Denominators

Active Clinical patients ages 2 through 74, broken out by gender and age group.

All User Population patients ages 2 through 74, broken out by gender.

Numerators

Patients for whom a BMI could be calculated, including refusals in the past year.

A. For those with a BMI calculated, those considered overweight but not obese using BMI and standard tables
B. For those with a BMI calculated, those considered obese using BMI and standard tables
C. Total of overweight and obese
D. Patients with documented refusal in past year

Logic Description

Age is calculated at beginning of the Report Period.

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions are based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients for whom BMI could *not* be calculated.

Measure Source

HP 2010: 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in Children 6-11, 19-3b Overweight or Obesity in Adolescents 12-19, 19-3c Overweight or Obesity in Children 6-19

Measure Past Performance and Long-term Targets

Performance	Percent
Assessed as Obese - IHS FY 2008 Performance	46.0%
BMI Measured - IHS FY 2008 Performance	74.0%
BMI Measured - IHS FY 2005 Performance	64.0%
BMI Measured - IHS FY 2004 Performance	60.0%
HP 2010 Obesity in Adults 20+ (19-2)	15.0%
HP 2010 Overweight or Obesity in Children 6-11 (19-3a)	5.0%
HP 2010 Overweight or Obesity in Adolescents 12-19 (19-3b)	5.0%
HP 2010 Overweight or Obesity in Children 6-19 (19-3c)	5.0%

Performance Improvement Tips

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a QMan search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.
2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.
3. If height and weight measurements are being recorded as cm/kg vs. in/lbs ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.
   - Use mnemonics of CHT and KWT (vs. HT and WT), or
   - Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Obesity Assessment (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
ages 2-74             1,317          1,054                    981

# w/BMI calculated
 or refusal             863  65.5      819  77.7    -12.2     712  72.6     -7.1
A. # Overweight w/
 % of Total BMI         239  27.7      236  28.8     -1.1     191  26.8     +0.9
B. # Obese w/
 % of Total BMI         360  41.7      336  41.0     +0.7     267  37.5     +4.2
C. # Overweight/Obese w/
 % of Total BMI         599  69.4      572  69.8     -0.4     458  64.3     +5.1
D. # w/refusal in past
 year w/ % of
 Total BMI                2   0.2        0   0.0     +0.2       0   0.0     +0.2

Male Active Clinical
Pts 2-74               556            444                    410

# w/BMI calculated
 or refusal             336  60.4      328  73.9    -13.4     283  69.0     -8.6
A. # Overweight w/
 % of Total BMI         102  30.4       97  29.6     +0.8      73  25.8     +4.6
B. # Obese w/
 % of Total BMI         150  44.6      140  42.7     +2.0     117  41.3     +3.3
C. #Overweight/Obese w/
 % of Total BMI         252  75.0      237  72.3     +2.7     190  67.1     +7.9
D. # w/refusal in past
 year w/ % of
 Total BMI                2   0.6        0   0.0     +0.6       0   0.0     +0.6

Female Active Clinical
Pts 2-74               761            610                    571

# w/BMI calculated
 or refusal             527  69.3      491  80.5    -11.2     429  75.1     -5.9
A. # Overweight w/
 % of Total BMI         137  26.0      139  28.3     -2.3     118  27.5     -1.5
B. # Obese w/
 % of Total BMI         210  39.8      196  39.9     -0.1     150  35.0     +4.9
C. #Overweight/Obese w/
 % of Total BMI         347  65.8      335  68.2     -2.4     268  62.5     +3.4
D. # w/refusal in past
 year w/ % of
 Total BMI                0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 2-63: Sample Report, Obesity Assessment

Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	111	149	128	217	199	197	208
# w/ BMI calculated or refusal	52	44	89	116	177	141	125	119
% w/BMI calculated or refusal	48.1	39.6	59.7	90.6	81.6	70.9	63.5	57.2
# A. Overweight	9	10	21	33	44	37	38	47
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	28.4	24.9	26.2	30.4	39.5
# B. Obese	7	13	28	38	83	84	57	50
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	32.8	46.9	59.6	45.6	42.0
# C. Overweight or Obese	16	23	49	71	127	121	95	97
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	61.2	71.8	85.8	76.0	81.5
# D. w/refusal in in past yr	0	0	0	0	0	0	1	1
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	120	136	124	163	139	129	132
# w/ BMI calculated or refusal	49	56	88	114	152	128	112	120
% w/BMI calculated or refusal	44.1	46.7	64.7	91.9	93.3	92.1	86.8	90.9
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated or refusal	+4.0	-7.0	-5.0	-1.3	-11.7	-21.2	-23.4	-33.7
A. Overweight	+3.0	+3.1	+0.9	-4.9	-6.1	+0.5	-0.9	+2.0
B. Obese	-15.1	+4.5	+1.9	+2.1	+5.4	+0.2	-4.4	-1.3
C. Overweight or Obese	-12.1	+7.6	+2.8	-2.8	-0.6	+0.7	-5.3	+0.7
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.

Figure 2-64: Sample Report, Age Breakout, Obesity Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Obesity Assessment: List of patients for whom BMI could NOT be calculated.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,PAMELA         000001 COMMUNITY #1   F  3   UP;AC
PATIENT2,GLENDA         000002 COMMUNITY #1   F  3   UP;AC
PATIENT3,SHIRLEY        000003 COMMUNITY #1   F  5   UP
PATIENT4,MARY ANNE      000004 COMMUNITY #1   F  5   UP;AC
PATIENT5,JACKIE         000005 COMMUNITY #1   F  5   UP
PATIENT6,ZINNIA         000006 COMMUNITY #1   F  6   UP
PATIENT7,MARY RYAN      000007 COMMUNITY #1   F  6   UP;AC
```

Figure 2-65: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Description

During FY 2010, achieve the tentative long-term target rate of 24% for the proportion of children with a BMI of 95% or higher.

Denominator

Active Clinical patients aged 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

Numerators

Patients with BMI in the 85th to 94th percentile.

Patients with a BMI at or above the 95th percentile.

Patients with a BMI at or above the 85th percentile.

Logic Description

BMI calculation definition: All patients for whom a BMI could be calculated and who are between the ages of two and five at the beginning of the Report Period and who do not turn age six during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be two years of age at the beginning of the time period, but is three years old at the time of the most current BMI found. That patient will fall into the age three group. CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th to 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for Overweight or Obese.

BMI Standard Reference Data

Low-High Ages	Sex	BMI >= (OVERWT)	BMI >= (OBESE)	Data Check Limits BMI>	Data Check Limits BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients ages 2-5, with current BMI.

Measure Source

CDC, National Center for Health Statistics

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	25.0%
IHS FY 2008 Performance	24.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	24.0%
IHS 2010 Goal	*22%*

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                  Report Period: Jan 01, 2010 to Dec 31, 2010
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Childhood Weight Control (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
2-5 w/BMI                44             39                      40

# w/BMI 85-94%            7  15.9        5  12.8     +3.1      10  25.0     -9.1
# w/BMI =>95%             5  11.4        9  23.1    -11.7       5  12.5     -1.1
# w/BMI =>85%            12  27.3       14  35.9     -8.6      15  37.5    -10.2

Active Clinical Pts
Age 2                     2              8                       5

# w/BMI 85-94%            1  50.0        0   0.0    +50.0       1  20.0    +30.0
# w/BMI =>95%             0   0.0        2  25.0    -25.0       0   0.0     +0.0
# w/BMI =>85%             1  50.0        2  25.0    +25.0       1  20.0    +30.0

Active Clinical Pts
Age 3                    23             15                       8

# w/BMI 85-94%            2   8.7        2  13.3     -4.6       3  37.5    -28.8
# w/BMI =>95%             3  13.0        3  20.0     -7.0       2  25.0    -12.0
# w/BMI =>85%             5  21.7        5  33.3    -11.6       5  62.5    -40.8

Active Clinical Pts
Age 4                    12             10                      17

# w/BMI 85-94%            1   8.3        2  20.0    -11.7       3  17.6     -9.3
# w/BMI =>95%             1   8.3        2  20.0    -11.7       2  11.8     -3.4
# w/BMI =>85%             2  16.7        4  40.0    -23.3       5  29.4    -12.7

Active Clinical Pts
Age 5                     7              6                      10

# w/BMI 85-94%            3  42.9        1  16.7    +26.2       3  30.0    +12.9
# w/BMI =>95%             1  14.3        2  33.3    -19.0       1  10.0     +4.3
# w/BMI =>85%             4  57.1        3  50.0     +7.1       4  40.0    +17.1
```

Figure 2-66: Sample Report, Childhood Weight Control

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Childhood Weight Control: List of patients ages 2-5, with current BMI.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MELISSA ANN    000001 COMMUNITY #1   F  4   AC          16.03:08/20/10 Age at
BMI: 4
PATIENT2,RANDY          000002 COMMUNITY #1   M  2   AC          17.96:05/06/10 Age at
BMI: 2 At Risk 85-94%
PATIENT3,PAUL BARRY     000003 COMMUNITY #1   M  2   AC          16.87:08/05/10 Age at
BMI: 2
PATIENT4,TYLER          000004 COMMUNITY #1   M  4   AC          15.67:02/19/10 Age at
BMI: 4
PATIENT5,SAMUEL III     000005 COMMUNITY #1   M  5   AC          19.07:12/29/10 Age at
BMI: 5 OW 95%
PATIENT21,JOSEPHINE     000021 COMMUNITY #2   F  4   AC          15.71:05/30/10 Age at
BMI: 4
```

Figure 2-67: Sample Patient List, Childhood Weight Control

2.8.3 Nutrition and Exercise Education for At Risk Patients

Denominators

Active Clinical patients ages six and older considered overweight (including obese). Broken down by gender.

A. Active Clinical patients ages 6 and older considered obese. Broken down by age and gender.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, *and* at least two visits in the past year, *and* two diabetes-related visits ever.

Numerators

Patients provided with medical nutrition therapy during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

Logic Description

Age of the patient is calculated at beginning of Report Period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Overweight: Ages 19 and older, BMI equal to or greater than (=>) 25. Overweight is defined as including both obese and overweight categories calculated by BMI.

Obese: Ages 19 and older, BMI equal to or greater than (=>) 30. For ages 18 and under, the definition is based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

CRS uses any of the following codes to define the numerators.

	CPT Codes	ICD and Other Codes
Medical nutrition therapy	97802-97804, G0270, G0271	**Provider codes**: 07, 29 **Clinic codes**: 67 (dietary) or 36 (WIC)
Nutrition education		**V POV**: V65.3 dietary surveillance and counseling **Patient education codes**: ending "-N" (nutrition), "-MNT" (medical nutrition therapy), (or old code "-DT" (diet)) or containing V65.3.
Exercise education		**V POV**: V65.41 exercise counseling **Patient education codes**: ending "-EX" (exercise) or containing V65.41.
Related exercise and nutrition education		**Patient education codes**: ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Renamed "medical nutrition counseling" to "medical nutrition therapy".
2. Removed provider codes 97 and 99 from medical nutrition therapy definition.

Patient List Description

A list of at risk patients with education, if any.

Measure Source

HP 2010 19-17

Measure Past Performance and Long-term Targets for Diabetic Education

Performance	Percent
HP 1997 data	*42.0%*
HP 2010 goal to diet and nutrition counseling to patients with diabetes	*75.0%*

```
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Nutrition and Exercise Education for At Risk Patient

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Overweight Active Clinical
patients =>6            583            551                     442

# w/medical nutrition
 therapy                 30   5.1       16   2.9     +2.2      23   5.2     -0.1
# specific nutrition
 education provided      78  13.4       79  14.3     -1.0      78  17.6     -4.3
# w/exercise educ         30   5.1       28   5.1     +0.1      35   7.9     -2.8
# w/ other exec
 or nutrition educ       74  12.7       59  10.7     +2.0      24   5.4     +7.3

# Male Overweight Active
Clinical pts =>6        245            228                     182

# w/medical nutrition
 therapy                 15   6.1        7   3.1     +3.1       6   3.3     +2.8
# specific nutrition
 education provided      36  14.7       32  14.0     +0.7      28  15.4     -0.7
# w/exercise educ         13   5.3       12   5.3     +0.0      16   8.8     -3.5
# w/ other exec
 or nutrition educ       40  16.3       22   9.6     +6.7      11   6.0    +10.3

# Female Overweight Active
Clinical pts =>6        338            323                     260

# w/medical nutrition
 therapy                 15   4.4        9   2.8     +1.7      17   6.5     -2.1
# specific nutrition
 education provided      42  12.4       47  14.6     -2.1      50  19.2     -6.8
# w/exercise educ         17   5.0       16   5.0     +0.1      19   7.3     -2.3
# w/ other exec
 or nutrition educ       34  10.1       37  11.5     -1.4      13   5.0     +5.1
```

Figure 2-68: Sample Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patient (con't)

TOTAL OBESE ACTIVE CLINICAL POPULATION

# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
		Age Distribution			
CURRENT REPORT PERIOD					
# Obese Active Clinical	13	28	161	115	31
# w/medical nutrition therapy	0	1	9	8	3
% w/medical nutrition therapy	0.0	3.6	5.6	7.0	9.7
# w/specific nutrition education provided	0	3	20	25	8
% w/ specific nutrition education provided	0.0	10.7	12.4	21.7	25.8
# w/exercise educ	0	1	8	10	5
% w/exercise educ	0.0	3.6	5.0	8.7	16.1
# w/other exec or nutrition educ	0	3	18	15	7
% w/other exec or nutrition educ	0.0	10.7	11.0	12.7	22.6
PREVIOUS YEAR PERIOD					
# Obese Active Clinical	14	26	135	115	32
# w/medical nutrition therapy	0	2	5	2	2
% w/medical nutrition therapy	0.0	7.7	3.7	1.7	6.3
# w/specific nutrition education provided	0	2	19	22	7
% w/specific nutrition education provided	0.0	7.7	14.1	19.1	21.9
# w/exercise educ	0	0	4	14	4
% w/exercise educ	0.0	0.0	3.0	12.2	12.5
# w/other exec or nutrition educ	0	2	13	23	3
% w/other exec or nutrition educ	0.0	7.7	9.6	20.0	9.4
CHANGE FROM PREV YR %					
medical nutrition therapy	+0.0	-4.1	+1.8	+5.0	+3.4
Spec nutr ed	+0.0	+3.0	-1.8	+2.1	+3.9
w/exercise educ	+0.0	+3.6	+1.9	-3.7	+3.6
w/other exec or nutrition educ	+0.0	+3.0	+1.4	-7.3	+13.2

Figure 2-69: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Nutrition and Exercise Education for At Risk Patients: List of at risk
patients, with education if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SANDRA KAY     000001 COMMUNITY #1   F  21  OW;OB        06/15/10 TO-LA OTH
PATIENT2,CAITLYN        000002 COMMUNITY #1   F  22  OW;          08/15/10 UTI-N SN;
PATIENT3,BRITNEY        000003 COMMUNITY #1   F  22  OW;OB        06/16/10 GER-N
SN;3/17/09 TO-EX EX;03/24/10 TO-LA OTH
PATIENT4,LORETTA        000004 COMMUNITY #1   F  22  OW;OB
PATIENT5,HALEY          000005 COMMUNITY #1   F  25  OW;OB
PATIENT6,BRITTANY       000006 COMMUNITY #1   F  25  OW;OB        01/21/10 PP-N SN;
```

Figure 2-70: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.4 Cardiovascular Disease and Cholesterol Screening

Denominators

Active Clinical patients ages 23 and older, broken down by gender.

User Population patients ages 23 and older, broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken down by gender.

Numerators

Patients with documented blood total cholesterol screening any time in the past five years.

A. Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240

Patients with LDL completed in the past five years, regardless of result.

A. Patients with LDL <=100
B. Patients with LDL 101-130
C. Patients with LDL 131-160
D. Patients with LDL >160

Logic Description

Age is calculated at the beginning of the Report Period.

CRS uses the following codes to define the IHD denominator.

	ICD and Other Codes
Ischemic Heart Disease	**V POV**: 410.0-412.*, 414.0-414.9, 428.*, 429.2

Total Cholesterol definition: Searches for most recent cholesterol test with a result during the Report Period. If more than one cholesterol test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If a cholesterol test with a result is not found, CRS searches for the most recent cholesterol test without a result.

LDL Cholesterol definition: Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result.

CRS uses the following codes to define LDL and total cholesterol.

Test	CPT Codes	LOINC Codes	Taxonomy
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F For numerator LDL =<100, CPT 3048F will count as meeting the measure.	Yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465	Yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Removed code 24331-1 and added 55440-2 to LOINC taxonomy for LDL definition.

Patient List Description

List of patients with cholesterol or LDL value, if any.

Measure Source

HP 2010 12-14, 12-15

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2006 Performance (blood total cholesterol screening)	48.0%
IHS FY 2005 Performance (blood total cholesterol screening)	43.0%
HP 1998 baseline	67.0%

Performance	Percent
HP 2010 goal for adults who have had blood cholesterol checked (12-15)	*80.0%*
HP 2010 goal for adults with high cholesterol	*17.0%*

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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cardiovascular Disease and Cholesterol Screening

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 23                   912            638                     569

# w/ Total Cholesterol
 screen w/in 5 yrs      245  26.9      217  34.0     -7.1     201  35.3     -8.5
A. # w/ High Chol =>240
 w/ % of Total Chol
 Screen                  20   8.2       23  10.6     -2.4      28  13.9     -5.8
# w/LDL done
 in past 5 yrs          235  25.8      184  28.8     -3.1     114  20.0     +5.7
A. # w/LDL =<100
 w/ % of Total LDL
 Screen                 106  45.1       95  51.6     -6.5      46  40.4     +4.8
B. # w/LDL 101-130
 w/ % of Total LDL
 Screen                  70  29.8       43  23.4     +6.4      35  30.7     -0.9
C. # w/LDL 131-160
 w/ % of Total LDL
 Screen                  25  10.6       25  13.6     -2.9      13  11.4     -0.8
D. # w/LDL >160
 w/ % of Total LDL
 Screen                  15   6.4        9   4.9     +1.5      10   8.8     -2.4

Male Active Clinical
Pts =>23                370            252                     220

# w/ Total Cholesterol
 screen w/in 5 yrs      106  28.6       97  38.5     -9.8      85  38.6    -10.0
A. # w/ High Chol =>240
 w/ % of Total Chol
 Screen                  11  10.4       14  14.4     -4.1       8   9.4     +1.0
# w/LDL done
 in past 5 yrs          109  29.5       91  36.1     -6.7      59  26.8     +2.6
A. # w/LDL =<100
 w/ % of Total LDL
 Screen                  53  48.6       46  50.5     -1.9      23  39.0     +9.6
B. # w/LDL 101-130
 w/ % of Total LDL
 Screen                  25  22.9       17  18.7     +4.3      18  30.5     -7.6
C. # w/LDL 131-160
 w/ % of Total LDL
 Screen                   8   7.3       12  13.2     -5.8       5   8.5     -1.1
D. # w/LDL >160
 w/ % of Total LDL
 Screen                  10   9.2        8   8.8     +0.4       4   6.8     +2.4
```

Figure 2-71: Sample Report, CVD and Cholesterol Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Cardiovascular Disease and Cholesterol Screening: List of patients with
cholesterol or LDL value, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT100,JASON AARON  000100 COMMUNITY #1   M  46  UP;AC
PATIENT101,JOHN THOMAS  000101 COMMUNITY #1   M  47  UP
PATIENT102,DAKOTA CHEY  000102 COMMUNITY #1   M  47  UP
PATIENT103,TRAVIS CLINT 000103 COMMUNITY #1   M  47  UP          CHOL 04/13/10 210
PATIENT104,TRACY MITCHE 000104 COMMUNITY #1   M  47  UP;AC;IHD   CHOL 03/15/10 167;LDL
08/15/10 105
PATIENT105,RUSSELL DALE 000105 COMMUNITY #1   M  48  UP          ;LDL 04/01/10 CPT:
3048F
PATIENT106,CURTIS DWAYN 000106 COMMUNITY #1   M  49  UP;AC       CHOL 03/04/07 139;LDL
06/04/08 68
PATIENT107,RONALD       000107 COMMUNITY #1   M  49  UP;AC       CHOL 01/07/06 213;LDL
08/01/06 122
```

Figure 2-72: Sample Patient List, CVD and Cholesterol Screening

2.8.5 Cardiovascular Disease and Blood Pressure Control

Denominators

All *Active Clinical patients* ages 20 and over, broken down by gender.

All *User Population patients* ages 20 and older, broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken down by gender.

Numerators

Patients with Blood Pressure value documented at least twice in prior two years.

A. Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.
B. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.
C. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

D. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
E. Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Blood pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits in the past two years. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on a non-ER visit during the Report Period.

CRS uses the following codes to define the IHD numerator.

	ICD and Other Codes
Ischemic Heart Disease	**V POV**: 410.0-412.*, 414.0-414.9, 428.*, 429.2

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of Patients => 20 or who have IHD with BP value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Past Performance and Long-term Targets

Measure	Percent
IHS 2010 goal for blood pressure assessed	*95.0%*
HP 2010 goal for adults with high blood pressure (140/90)	*16.0%*

```
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                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cardiovascular Disease and Blood Pressure Control

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Patients
ages 20 and older       989            712                     640

# w/ BPs documented
 w/in 2 yrs             612  61.9      551  77.4    -15.5     478  74.7    -12.8
A. # w/Normal BP w/ %
 of Total Screened      128  20.9      134  24.3     -3.4     121  25.3     -4.4
B. # w/Pre HTN I BP w/ %
 of Total Screened      100  16.3      111  20.1     -3.8      83  17.4     -1.0
C. # w/Pre HTN II BP w/ %
 of Total Screened      148  24.2      117  21.2     +2.9     105  22.0     +2.2
D. # w/Stage 1 HTN BP w/
 % of Total Screened    166  27.1      150  27.2     -0.1     130  27.2     -0.1
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       37   6.0       39   7.1     -1.0      39   8.2     -2.1

Male Active Clinical Patients
ages 20 and older       394            272                     241

# w/ BPs documented
 w/in 2 yrs             214  54.3      201  73.9    -19.6     177  73.4    -19.1
A. # w/Normal BP w/ %
 of Total Screened        8   3.7       23  11.4     -7.7      22  12.4     -8.7
B. # w/Pre HTN I BP w/ %
 of Total Screened       24  11.2       35  17.4     -6.2      22  12.4     -1.2
C. # w/Pre HTN II BP w/ %
 of Total Screened       64  29.9       47  23.4     +6.5      45  25.4     +4.5
D. # w/Stage 1 HTN BP w/
 % of Total Screened     85  39.7       79  39.3     +0.4      63  35.6     +4.1
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       16   7.5       17   8.5     -1.0      25  14.1     -6.6

Female Active Clinical Patients
ages 20 and older       595            440                     399

# w/ BPs documented
 w/in 2 yrs             398  66.9      350  79.5    -12.7     301  75.4     -8.5
A. # w/Normal BP w/ %
 of Total Screened      120  30.2      111  31.7     -1.6      99  32.9     -2.7
B. # w/Pre HTN I BP w/ %
 of Total Screened       76  19.1       76  21.7     -2.6      61  20.3     -1.2
C. # w/Pre HTN II BP w/ %
 of Total Screened       84  21.1       70  20.0     +1.1      60  19.9     +1.2
D. # w/Stage 1 HTN BP w/
 % of Total Screened     81  20.4       71  20.3     +0.1      67  22.3     -1.9
E. # w/Stage 2 HTN BP w/ %
 of Total Screened       21   5.3       22   6.3     -1.0      14   4.7     +0.6
```

Figure 2-73: Sample Report, CVD and Blood Pressure Control

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20
or who have IHD with BP value, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SANDRA KAY     000001 COMMUNITY #1   F  21  UP;AC;
PATIENT2,EVELYN         000002 COMMUNITY #1   F  21  UP;         06/15/10 CPT 3080F
PATIENT3,MICHELLE       000003 COMMUNITY #1   F  22  UP;AC;      125/67 PRE STG 1
PATIENT4,CAITLYN        000004 COMMUNITY #1   F  22  UP;AC;IHD   131/67 PRE STG II
PATIENT5,BRITNEY JANE   000005 COMMUNITY #1   F  22  UP;AC;      102/56 NORMAL
PATIENT6,KATHRYN ANNE   000006 COMMUNITY #1   F  22  UP;AC;      161/90 STG 2 HTN
PATIENT7,RHONDA         000007 COMMUNITY #1   F  22  UP;AC;      153/85 STG 1 HTN
```

Figure 2-74: Sample Patient List, CVD and Blood Pressure Control

2.8.6 Controlling High Blood Pressure

Denominator

Active Clinical patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender and age groups 18-45 and 46-85.

Numerators

Number of patients with Blood Pressure value documented during the Report Period.

A. Patients with *normal blood pressure*, defined as < 120/80; that is, the mean systolic value is less than (<) 120 *and* the mean diastolic value is less than (<) 80.

B. Patients with *Pre Hypertension I BP*, defined as => 120/80 and less than < 130/80, that is, the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 *and* the mean diastolic value is equal to 80.

C. Patients with *Pre Hypertension II BP*, defined as => 130/80 and <140/90; that is, the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

D. Patients with *Stage 1 Hypertension* Blood Pressure (BP), defined as => 140/90 and <160/100; that is, the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

E. Patients with *Stage 2 Hypertension BP*, defined as => 160/100; that is, the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Blood pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on non-ER visit during the Report Period.

CRS uses the following codes to define end-stage renal disease (ESRD) and hypertension.

	CPT Codes	ICD and Other Codes
ESRD	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339	**V POV**: 585.5, 585.6, V42.0, V45.1, (old code), V45.11, V45.12, or V56.* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*
Hypertension		**V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period**: 401.*

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with hypertension and blood pressure value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Past Performance and Long-term Targets

Measure	Percent
IHS 2010 goal for blood pressure assessed	*95.0%*
HP 2010 goal for adults with high blood pressure (140/90)	*14.0%*
HP 2010 goal for adults with high blood pressure and whose blood pressure is controlled	*68.0%*

```
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               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Controlling High Blood Pressure

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
18-85 w/HTN dx           97            100                      91

# w/ BPs
 documented              96  99.0       92  92.0     +7.0      85  93.4     +5.6
A. # w/Normal BP w/ %
 of Total Screened        4   4.2        6   6.5     -2.4       3   3.5     +0.6
B. # w/Pre HTN I BP w/ %
 of Total Screened        8   8.3       13  14.1     -5.8       8   9.4     -1.1
C. # w/Pre HTN II BP w/
 % of Total Screened     23  24.0       17  18.5     +5.5      19  22.4     +1.6
D. # w/Stage 1 HTN BP w/
 % of Total Screened     39  40.6       41  44.6     -3.9      42  49.4     -8.8
E. # w/Stage 2 HTN BP w/
 % of Total Screened     11  11.5       15  16.3     -4.8      13  15.3     -3.8

A. Active Clinical Pts
18-45 w/HTN dx           19             18                      13

# w/ BPs
 documented              18  94.7       16  88.9     +5.8      11  84.6    +10.1
A. # w/Normal BP w/ %
 of Total Screened        1   5.6        2  12.5     -6.9       0   0.0     +5.6
B. # w/Pre HTN I BP w/ %
 of Total Screened        2  11.1        1   6.3     +4.9       1   9.1     +2.0
C. # w/Pre HTN II BP w/
 % of Total Screened      3  16.7        2  12.5     +4.2       2  18.2     -1.5
D. # w/Stage 1 HTN BP w/
 % of Total Screened      9  50.0        6  37.5    +12.5       7  63.6    -13.6
E. # w/Stage 2 HTN BP w/
 % of Total Screened      2  11.1        5  31.3    -20.1       1   9.1     +2.0

B. Active Clinical Pts
46-85 w/HTN dx           78             82                      78

# w/ BPs
 documented              78 100.0       76  92.7     +7.3      74  94.9     +5.1
A. # w/Normal BP w/ %
 of Total Screened        3   3.8        4   5.3     -1.4       3   4.1     -0.2
B. # w/Pre HTN I BP w/ %
 of Total Screened        6   7.7       12  15.8     -8.1       7   9.5     -1.8
C. # w/Pre HTN II BP w/
 % of Total Screened     20  25.6       15  19.7     +5.9      17  23.0     +2.7
D. # w/Stage 1 HTN BP w/
 % of Total Screened     30  38.5       35  46.1     -7.6      35  47.3     -8.8
E. # w/Stage 2 HTN BP w/
 % of Total Screened      9  11.5       10  13.2     -1.6      12  16.2     -4.7
```

Figure 2-75: Sample Report, Controlling High Blood Pressure

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Controlling High Blood Pressure: List of patients with hypertension and BP
value, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,STELLA LYNN    000001 COMMUNITY #1   F  46  HTN PT      156/82 STG 1 HTN
PATIENT2,TARA           000002 COMMUNITY #1   F  51  HTN PT      201/87 STG 2 HTN
PATIENT3,BOBBIE         000003 COMMUNITY #1   F  52  HTN PT      138/66 PRE STG II
PATIENT4,DARLENE        000004 COMMUNITY #1   F  54  HTN PT      139/73 PRE STG II
PATIENT5,NADINE         000005 COMMUNITY #1   F  61  HTN PT      159/86 STG 1 HTN
```

Figure 2-76: Sample Patient List, Controlling High Blood Pressure

2.8.7 Comprehensive CVD-Related Assessment

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 33% for the proportion of at-risk patients who have a comprehensive assessment.

Denominators

Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, ***and*** at least two visits during the Report Period, ***and*** two IHD-related visits ever. (**GPRA Denominator**)

A. Active IHD patients ages 22 and older who are not Active Diabetic
B. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.

Patients with *comprehensive CVD assessment*, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening and *does NOT include refusals of BMI*. (**GPRA Numerator**)

Refusal of BMI: Patients who refused a height or weight measurement and for whom a BMI could not be calculated.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period, including documented refusals in past year.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report Period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Blood pressure definition: Having a minimum of two Blood Pressures documented on non-ER visits during the Report Period in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3074F-3080F documented on non-ER visit during the past 2 years.

LDL definition: Finds the most recent test done in the last 5 years, regardless of the results of the measurement.

BMI definition: CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

BMI Refusal definition: Refusals of a height and/or weight measurement include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

CRS uses the following codes and taxonomies to define the numerators.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL - Finds the most recent test done in the last 5 years, regardless of the results of the measurement.	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening	D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455, G8456, G8457, G8402 or G8453	**Any health factor for category Tobacco (see table on next page)** **V POV or current Active Problem List**: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient education codes**: containing “TO-”, “-TO”, “-SHS”, 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 **Dental code**: 1320		
Medical Nutrition Therapy	97802-97804, G0270, G0271	**Provider codes**: 07, 29, 97, 99 **Clinic codes**: 67 (dietary) or 36 (WIC)		
Nutrition Education		**V POV**: V65.3 dietary surveillance and counseling **Patient education codes**: ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)) or containing V65.3.		
Exercise Education		**V POV**: V65.41 exercise counseling **Patient education codes**: ending “-EX” (exercise) or containing V65.41.		
Related Exercise and Nutrition Education		**Patient education codes**: ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity) or 278.00 or 278.01.		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Depression Screening		**V Exam**: Exam Code 36 V POV: V79.0 **BHS Problem Code**: 14.1 (Screening for Depression) **V Measurement in PCC or BH**: PHQ2 or PHQ9 **Refusals**: Exam Code 36 in the past year		
Mood Disorders		**At least 2 visits in PCC or BHS for**: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below). **V POV**: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		

All existing national Tobacco Health Factors listed below are counted as tobacco screening.

Health Factor	
Ceremonial	Previous Smokeless
Cessation-Smokeless	Previous Smoker
Cessation-Smoker	Smoke Free Home
Current Smokeless	Smoker In Home
Current Smoker	Current Smoker & Smokeless
Non-Tobacco User	Exposure To Environmental Tobacco Smoke

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from BMI definition.
3. Revised calculation of BMI refusal rate.

4. Added CPT code D1320 to Tobacco Screening definition.
5. Added HCPCS codes 1000F, G8455, G8456, G8457, G8402, G8453 to Tobacco Screening definition.
6. Removed code 24331-1 and added 55440-2 to LOINC taxonomy for LDL definition.
7. Changed “medical nutrition counseling” to “medical nutrition therapy”.

Patient List Description

List of patients with assessments received, if any.

Measure Source

Not Available

Measure Past Performance Long-term Targets

Performance	Percent
IHS FY 2009 Performance (Comprehensive CVD Assessment)	32.0%
IHS FY 2008 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2007 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2008 Performance (BP Assessed)	98.0%
IHS FY 2008 Performance (LDL Assessed)	90.0%
IHS FY 2008 Performance (Tobacco Assessed)	79.0%
IHS FY 2008 Performance (BMI Assessed or Refused)	85.0%
IHS FY 2008 Performance (Lifestyle Counseling)	38.0%
IHS FY 2008 Performance (Depression Screen)	53.0%

Performance	Percent
IHS 2010 Goal for BP Assessed	*95.0%*
IHS 2010 Goal for LDL Assessed	*85.0%*
IHS 2010 Goal for Tobacco Assessed	*50.0%*
IHS 2010 Goal for BMI Measured	*45.0%*
IHS 2010 Goal for Lifestyle Counseling	*75.0%*
IHS 2010 Goal for Depression Screen	*20.0%*

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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Comprehensive CVD-Related Assessment

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active IHD Pts 22+
(GPRA)                   57             44                      36

# w/ BPs documented
 w/in 2 yrs              57 100.0       44 100.0     +0.0      36 100.0     +0.0
# w/ LDL done in
 past 5 yrs              49  86.0       38  86.4     -0.4      30  83.3     +2.6
# w/Tobacco Screening
 w/in 1 yr               50  87.7       38  86.4     +1.4      27  75.0    +12.7
# w/BMI calculated
 -No Refusals            55  96.5       43  97.7     -1.2      35  97.2     -0.7
# w/ lifestyle
 educ w/in 1 yr          32  56.1       22  50.0     +6.1      22  61.1     -5.0
# w/ BP, LDL, tobacco,
 BMI and life counseling
 -No Refusals (GPRA)     24  42.1       19  43.2     -1.1      14  38.9     +3.2
# w/BMI refusal
 (No BMI)                 2   3.5        0   0.0     +3.5       0   0.0     +3.5
# w/ Depression screening,
 DX, or refusal          10  17.5        4   9.1     +8.5       2   5.6    +12.0

 A. Active IHD Pts 22+
and are NOT Active
Diabetic                 24             19                      17

# w/ BPs documented
 w/in 2 yrs              24 100.0       19 100.0     +0.0      17 100.0     +0.0
# w/LDL done
 in past 5 yrs           20  83.3       17  89.5     -6.1      13  76.5     +6.9
# w/Tobacco Screening
 w/in 1 yr               22  91.7       15  78.9    +12.7      13  76.5    +15.2
# w/BMI calculated
 -No Refusals            24 100.0       19 100.0     +0.0      16  94.1     +5.9
# w/ lifestyle
 educ w/in 1 yr          16  66.7        7  36.8    +29.8       7  41.2    +25.5
# w/ BP, LDL, tobacco,
 BMI and life counseling
 -No Refusals            12  50.0        6  31.6    +18.4       4  23.5    +26.5
# w/BMI refusal
 (No BMI)                 0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/ Depression screening,
 DX, or refusal           7  29.2        1   5.3    +23.9       1   5.9    +23.3
```

Figure 2-77: Sample Report, Comprehensive CVD-Related Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Comprehensive CVD-Related Assessment: List of patients with assessments received, if
any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CAITLYN        000001 COMMUNITY #1   F  22  IHD         BP: 131/67 PRE STG II
TOB: 07/25/10: NON-TOBACCO USER BMI:  25.4 LIFE: 08/15/10:UTI-N SN
PATIENT2,CARLA          000002 COMMUNITY #1   F  40  IHD         BP: 136/84 PRE STG II
TOB: 03/28/10: NON-TOBACCO USER BMI:  33.3
PATIENT3,JENNY          000003 COMMUNITY #1   F  47  IHD         GPRA  BP: 107/61
NORMAL LDL: 04/01/10 TOB: 08/10/10: CURRENT SMOKER BMI:  24.8 LIFE: 08/11/10:PM-LA OTH
PATIENT4,SHERRY         000004 COMMUNITY #1   F  68  IHD;AD      BP: 157/73 STG 1 HTN
LDL: 03/12/10 TOB: 07/12/10: NON-TOBACCO USER BMI:  25.3
PATIENT5,PAULINE        000005 COMMUNITY #1   F  70  IHD;AD      BP: 130/66 PRE STG II
LDL: 01/14/10 BMI:  31.3
PATIENT6,TINA MARIE     000006 COMMUNITY #1   F  78  IHD;AD      BP: 133/60 PRE STG II
LDL: 04/24/10 BMI:  32.3 LIFE: 07/18/10:DC-N SN
```

Figure 2-78: Sample Patient List: Comprehensive CVD-Related Assessment

2.8.8 Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients aged 35 and older discharged for an AMI during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender.

Numerators

Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to *beta-blockers*

Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to *ASA (aspirin) or other anti-platelet agent*

Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to *ACEIs/ARBs*

Patients with active prescription for, refusal of, or who have a contraindication/ previous adverse reaction to *statins*

Also included for the numerators above are sub-numerators:

A. Patients with active prescription for the specified medication
B. Patients with documented refusal of the specified medication
C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with active prescriptions for *all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin), with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.*1 (i.e., first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report Period, CRS will include only the first discharge.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within seven days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); *or*
2. A refusal of the medication at least once during hospital stay through seven days after discharge date; *or…*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/ allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Asthma		**POV:** 2 diagnoses of 493* on different visit dates
Hypotension		**POV:** 1 diagnosis of 458*
Heart Block >1 Degree		**POV:** 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV:** 1 diagnosis of 427.81
COPD		**POV:** 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496

NMI Refusal	G8011 at least once during hospital stay through 7 days after discharge date	**Refusal:** NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	**POV:** 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): "beta block*"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge		**Site-Populated Drug Taxonomy**: BGP CMS WARFARIN MEDS
Hemorrhage		**POV**: 459.0
NMI Refusal	G8008 at least once during hospital stay through 7 days after discharge date	**Refusal**: NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-Platelets (any of the codes occurring ever)	**POV**: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): "aspirin"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

Refusal of ACEI: REF refusal of any ACE inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring ever)	**POV:** 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring ever)	**POV:** 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		**POV:** 571.1 during the Report Period
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring ever unless otherwise noted)	**Site-Populated Lab Taxonomy or LOINC Taxonomy:** DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 9.0 Patch 1

1. Updated logic to include pregnancy and breastfeeding as contraindications for ACEI and ARB.
2. Changed Hydrochlorothiazide-verapamil to Trandolapril-verapamil in Antihypertensive Combinations in ACEI meds.
3. Added Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan to Antihypertensive Combinations to ARB meds.
4. Removed Hydrochlorothiazide-timolol from beta blocker medications definition.
5. Added code 50756-6 to Creatine Kinase LOINC taxonomy.
6. Replaced Beta Blocker, ACEI and ARB medication taxonomies with 2010 HEDIS list and updated medications listed in logic.

Patient List Description

List of patients with AMI, with appropriate medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-term Targets

2010 Goal: TBD

```
MP                                  Sep 27, 2010                        Page 153
       *** IHS 2010 Selected Measures with Community Specified Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2010 to Dec 31, 2010
               Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Appropriate Medication Therapy after a Heart Attack

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
hospitalized for AMI     65              0                      0

# w/beta-blocker
 Rx/refusal/Contra/
 ADR                     24  36.9        0   0.0    +36.9       0   0.0    +36.9
A. # w/beta-blocker
 Rx w/ % of Total         4  16.7        0   0.0    +16.7       0   0.0    +16.7
B. # w/refusal w/
 % of Total               2   8.3        0   0.0     +8.3       0   0.0     +8.3
C. # w/contra/ADR
 w/ % of Total           18  75.0        0   0.0    +75.0       0   0.0    +75.0

# w/ASA Rx/refusal/
 Contra/ADR              11  16.9        0   0.0    +16.9       0   0.0    +16.9
A. # w/ASA
 Rx w/% of Total          3  27.3        0   0.0    +27.3       0   0.0    +27.3
B. # w/refusal w/
 % of Total               3  27.3        0   0.0    +27.3       0   0.0    +27.3
C. # w/contra/ADR
 w/ % of Total            5  45.5        0   0.0    +45.5       0   0.0    +45.5

# w/ACEI/ARB
 Rx/refusal/Contra/
 ADR                     10  15.4        0   0.0    +15.4       0   0.0    +15.4
A. # w/ACEI/ARB
 Rx w/% of Total          2  20.0        0   0.0    +20.0       0   0.0    +20.0
B. # w/refusal w/
 % of Total               2  20.0        0   0.0    +20.0       0   0.0    +20.0
C. # w/contra/ADR
 w/ % of Total            6  60.0        0   0.0    +60.0       0   0.0    +60.0

# w/statin
 Rx/refusal/Contra/
 ADR                     10  15.4        0   0.0    +15.4       0   0.0    +15.4
A. # w/statin
 Rx w/% of Total          4  40.0        0   0.0    +40.0       0   0.0    +40.0
B. # w/refusal w/
 % of Total               0   0.0        0   0.0     +0.0       0   0.0     +0.0
C. # w/contra/ADR
 w/ % of Total            6  60.0        0   0.0    +60.0       0   0.0    +60.0

# w/Rx/refusal/contra/
 ADR of ALL meds          4   6.2        0   0.0     +6.2       0   0.0     +6.2
```

Figure 2-79: Sample Report, Appropriate Medication Therapy after a Heart Attack

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Appropriate Medication Therapy after a Heart Attack: List of patients
with AMI, with appropriate medication therapy, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CECELIA        000001 COMMUNITY #1   F  37  AC          BETA:  ; ASA:  ;
ACEI/ARB:  ; STATIN: contra statin - pregnant
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38  AC          BETA:  ; ASA:
01/16/10  ; ACEI/ARB:  ; STATIN: Statin contra - BF-HC
PATIENT3,KIMBERLY A     000003 COMMUNITY #1   F  49  AC          BETA:  ; ASA:  ;
ACEI/ARB:  ; STATIN:
PATIENT4,TIMOTHY JOHN   000004 COMMUNITY #1   M  57  AC          BETA: heart blk
contra  ; ASA:  ; ACEI/ARB:  ; STATIN:
PATIENT5,FELIPE         000005 COMMUNITY #1   M  57  AC          BETA:  ; ASA:  ;
ACEI/ARB:  ; STATIN:
PATIENT6,JAMES DALTON   000006 COMMUNITY #1   M  77  AC         ALL MEDS;  BETA:
08/27/10  ; ASA: 08/27/10  ; ACEI/ARB: 08/27/10  ; STATIN: 08/27/10
```

Figure 2-80: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

2.8.9 Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report Period through the first six months of the Report Period. Broken down by gender.

Numerators

Patients with a *135-day course of treatment with beta-blockers*, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a *135-day course of treatment with ASA (aspirin) or other anti-platelet agent*, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a *135-day course of treatment with ACEIs/ARBs*, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a *135-day course of treatment with statins*, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

A. Patients with active prescription for the specified medication

B. Patients with documented refusal of the specified medication
C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a *135-day course of treatment for all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, *and* statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report Period through first six months of the Report Period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

- If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death.”
- Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
- Patients with a Provider Narrative beginning with “Consider,” “Doubtful,” “Maybe,” “Possible,” “Perhaps,” “Rule Out,” “R/O,” “Probable,” “Resolved,” “Suspect,” “Suspicious,” or “Status Post.”

Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below.

1. A total days’ supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; *or*

2. A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; *or*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator who has prior active prescription:

- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31, 60 is >= 31, prescription is considered Prior Active Rx
- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
- (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol and Hydrochlorothiazide-propranolol.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Asthma		**POV:** 2 diagnoses of 493* on different visit dates
Hypotension		**POV:** 1 diagnosis of 458*
Heart Block >1 Degree		**POV:** 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV:** 1 diagnosis of 427.81
COPD		**POV:** 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the period admission/visit date through the 180 days after discharge/visit date	**Refusal:** NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring anytime up to the 180 days after discharge/visit date)	**POV:** 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): "beta block*"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Active prescription for Warfarin/Coumadin during the period admission/visit date through the 180 days after discharge/visit date		**Site-Populated Drug Taxonomy:** BGP CMS WARFARIN MEDS
Hemorrhage		**POV:** 459.0
NMI Refusal	G8008 at least once during the period admission/visit date through the 180 days after discharge/visit date	**Refusal:** NMI (not medically indicated) refusal for any aspirin/other anti-platelet at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-Platelets (any of the codes occurring anytime up to the 180 days after discharge/visit date)	**POV:** 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): "aspirin"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime up to the 180 days after discharge/visit date)	**POV:** 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Contained within or Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.).

Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime up to the 180 days after discharge/visit date)	**POV:** 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** t least two visits during the period admission/visit date through the 180 days after discharge/visit date with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedure**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the period admission/visit date through the 180 days after discharge/visit date **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Acute Alcoholic Hepatitis		**POV:** 571.1 during the period admission/visit date through the 180 days after discharge/visit date
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime up to the 180 days after discharge/visit date unless otherwise noted)	**Site-Populated Lab Taxonomy or LOINC Taxonomy:** DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the period admission/ visit date through the 180 days after discharge/visit date
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date
	POV: Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 9.0 Patch 1

1. Updated logic to include pregnancy and breastfeeding as contraindications for ACEI and ARB.
2. Changed Hydrochlorothiazide-verapamil to Trandolapril-verapamil in Antihypertensive Combinations in ACEI meds.
3. Added Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan to Antihypertensive Combinations to ARB meds.
4. Removed Hydrochlorothiazide-timolol from beta blocker medications definition.
5. Added code 50756-6 to Creatine Kinase LOINC taxonomy.
6. Replaced Beta Blocker, ACEI and ARB medication taxonomies with 2010 HEDIS list and updated medications listed in logic.

Patient List Description

List of patients with AMI, with persistent medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-term Targets

2010 Goal: TBD

```
MP                                  Sep 27, 2010                        Page 163
       *** IHS 2010 Selected Measures with Community Specified Report ***
                                DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2010 to Dec 31, 2010
                Previous Year Period:  Jan 01, 2009 to Dec 31, 2009
                   Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Persistence of Appropriate Medication Therapy after a Heart Attack

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
w/ AMI DX                48              3                       4

# w/135-day beta-blocker
 Rx/refusal/Contra/
 ADR                     20  41.7        2  66.7    -25.0       3  75.0    -33.3
A. # w/135-day beta blocker
 Rx w/ % of Total         2  10.0        2 100.0    -90.0       2  66.7    -56.7
B. # w/refusal w/
 % of Total               1   5.0        0   0.0     +5.0       0   0.0     +5.0
C. # w/contra/ADR
 w/ % of Total           17  85.0        0   0.0    +85.0       1  33.3    +51.7

# w/135-day ASA
 Rx/refusal/Contra/
 ADR                      6  12.5        0   0.0    +12.5       2  50.0    -37.5
A. # w/135-day ASA
 Rx w/% of Total          1  16.7        0   0.0    +16.7       2 100.0    -83.3
B. # w/refusal w/
 % of Total               2  33.3        0   0.0    +33.3       0   0.0    +33.3
C. # w/contra/ADR
 w/ % of Total            3  50.0        0   0.0    +50.0       0   0.0    +50.0

# w/135-day ACEI/ARB
 Rx/refusal/Contra/
 ADR                      8  16.7        1  33.3    -16.7       1  25.0     -8.3
A. # w/135-day ACEI/ARB
 Rx w/% of Total          1  12.5        1 100.0    -87.5       1 100.0    -87.5
B. # w/refusal w/
 % of Total               1  12.5        0   0.0    +12.5       0   0.0    +12.5
C. # w/contra/ADR
 w/ % of Total            6  75.0        0   0.0    +75.0       0   0.0    +75.0

# w/135-day statin
 Rx/refusal/Contra/
 ADR                      7  14.6        2  66.7    -52.1       2  50.0    -35.4
A. # w/135-day statin
 Rx w/% of Total          2  28.6        2 100.0    -71.4       2 100.0    -71.4
B. # w/refusal w/
 % of Total               0   0.0        0   0.0     +0.0       0   0.0     +0.0
C. # w/contra/ADR
 w/ % of Total            5  71.4        0   0.0    +71.4       0   0.0    +71.4

# w/Rx/refusal/
 contra/ADR of ALL
 meds                     3   6.3        0   0.0     +6.3       1  25.0    -18.8
```

Figure 2-81: Sample Report, Persistence of Appropriate Medication Therapy after a Heart Attack

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Persistence of Appropriate Medication Therapy after a Heart Attack: List
of patients with AMI, with persistent medication therapy, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,RHONDA         000001 COMMUNITY #1   F  35  AC          ALL MEDS;  BETA: 2 dx
asthma contra  ; ASA: asa contra NMI Aspirin:  ASPIRIN 325MG CAP 05/23/10   ;
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38  AC           BETA:  ; ASA:  ;
ACEI/ARB: ACEI contra POV:  05/01/08 [395.0]    STENOSIS  ; STATIN
PATIENT3,KIMBERLY A     000003 COMMUNITY #1   F  49  AC           BETA:  ; ASA:  ;
ACEI/ARB:  ; STATIN: STATIN contra POV:  06/15/09 [571.1]  AC ALCOHOLIC HEPATITIS
PATIENT4,TIMOTHY        000004 COMMUNITY #1   M  57  AC           BETA: Beta Blocker
contra NMI med 05/09/10  ; ASA:  ; ACEI/ARB:  ; STATIN: adr Statin - AST/ALT
PATIENT5,JOSHUA         000005 COMMUNITY #1   M  63  AC          ALL MEDS;  BETA: Beta
Blocker Refusal 05/01/10 ; ASA: Anti-Platelet Refusal 05/01/10  ; ACEI/ARB: ARB
Refusal 05/02/10  ; STATIN: Statin Refusal 05/02/10
```

Figure 2-82: Sample Patient List: Persistence of Appropriate Medication Therapy after a Heart Attack

2.8.10 Appropriate Medication Therapy in High Risk Patients

Denominators

Active IHD patients ages 22 and older; defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

A. Active IHD patients ages 22 and older who are not Active Diabetic.
B. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

Patients with a 180-day course of treatment with or refusal of *beta-blockers* during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a 180-day course of treatment with or refusal of *ASA (aspirin) or other anti-platelet agent* during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a 180-day course of treatment with or refusal of *ACEIs/ARBs* during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a 180-day course of treatment with or refusal of *statins* during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

A. Patients with active prescription for the specified medication.
B. Patients with documented refusal of the specified medication.
C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a 180-day course of treatment for *all medications* (i.e., beta-blocker, aspirin/anti-platelet, ACEI/ARB, *and* statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; *or*
2. A refusal of the medication during the Report Period; *or*
3. Have a contraindication/previous adverse reaction to the indicated medication

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/ allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up the to the numerator total.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e., prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

Note: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator with prior active prescription:

- Report Period: 07/01/2005 – 06/30/2006
- Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2005
- # Days Prescribed: 60 (treats patient through 07/31/2005)
- Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx
- 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
- (# Days Prescribed-(Report Period Start Date-Prior Rx Date) = 60-(07/01/2005-06/01/2005) = 60-30 = 30
- Rx #2: 08/05/2005, # Days Prescribed: 90
- Rx #3: 11/10/2005, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, and Hydrochlorothiazide-propranolol.

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Asthma		**POV**: 2 diagnoses of 493* on different visit dates
Hypotension		**POV**: 1 diagnosis of 458*
Heart Block >1 Degree		**POV**: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		**POV**: 1 diagnosis of 427.81
COPD		**POV**: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the Report Period	**Refusal**: NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	**POV**: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): “beta block*”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “beta block*”, “bblock*” or “b block*”

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
180-day course of treatment for Warfarin/Coumadin during the Report Period		**Site-Populated Drug Taxonomy**: BGP CMS WARFARIN MEDS
Hemorrhage		**POV**: 459.0
NMI Refusal	G8008 at least once during the Report Period	**Refusal**: NMI (not medically indicated) refusal for any aspirin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-Platelets	**POV**: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): “aspirin”

	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ASA” or “aspirin”

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril.)

Antihypertensive Combinations: (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Trandolapril-verapamil.)

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime through the end of the Report Period)	**POV**: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

Antihypertensive Combinations (Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan, Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan.)

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List:** At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.*and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV**.** If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion:** Any of the following POVs: 635*, 636*, or 637* **Procedures**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage:** Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV:** V24.1 during the Report Period **Patient Education:** BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Moderate or Severe Aortic Stenosis		**POV:** 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal		**Refusal:** NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documented allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime through the end of the Report Period)	**POV**: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications are: Atorvostatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytori.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to statins.

Contraindication to ACE Inhibitors (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
Pregnancy		**POV or Problem List**: At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV. If the patient has more than two pregnancy-related visits during the Report Period, CRS will use the first two visits in the Report Period.

Contraindication to ACE Inhibitors (any of the codes occurring ever, unless otherwise noted)	**CPT Codes**	**ICD and Other Codes**
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**Abortion**: Any of the following POVs: 635*, 636*, or 637* **Procedure**: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	**Miscarriage**: Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		**POV**: V24.1 during the Report Period **Patient Education**: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		**POV**: 571.1 during the Report Period
NMI Refusal		**Refusal**: NMI (not medically indicated) refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documented allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime through the end of the Report Period, unless otherwise noted)	**Site-Populated Lab Taxonomy or LOINC Taxonomy**: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 9.0 Patch 1

1. Updated logic to include pregnancy and breastfeeding as contraindications for ACEI and ARB.
2. Changed Hydrochlorothiazide-verapamil to Trandolapril-verapamil in Antihypertensive Combinations in ACEI meds.
3. Added Aliskiren-valsartan, Amlodipine-hydrochlorothiazide-valsartan, Amlodipine-olmesartan to Antihypertensive Combinations to ARB meds.
4. Removed Hydrochlorothiazide-timolol from beta blocker medications definition.
5. Added code 50756-6 to Creatine Kinase LOINC taxonomy.
6. Replaced Beta Blocker, ACEI and ARB medication taxonomies with 2010 HEDIS list and updated medications listed in logic.

Patient List Description

List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines

Measure Past Performance and Long-term Targets

None

```
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Appropriate Medication Therapy in High Risk Patients

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active IHD pts 22+       56             44                      36

# w/180 day beta-blocker
 Rx/refusal/Contra/
 ADR                     38  67.9       27  61.4     +6.5      18  50.0    +17.9
A. # w/180 day beta-blocker
 Rx w/% of Total         21  55.3       17  63.0     -7.7      14  77.8    -22.5
B. # w/refusal w/
 % of Total               1   2.6        0   0.0     +2.6       0   0.0     +2.6
C. # w/contra/ADR
 w/ % of Total           16  42.1       10  37.0     +5.1       4  22.2    +19.9

# w/180 day ASA
 Rx/refusal/Contra/
 ADR                     29  51.8       23  52.3     -0.5      27  75.0    -23.2
A. # w/180 day ASA
 Rx w/% of Total         22  75.9       20  87.0    -11.1      22  81.5     -5.6
B. # w/refusal w/
 % of Total               1   3.4        0   0.0     +3.4       0   0.0     +3.4
C. # w/contra/ADR
 w/ % of Total            6  20.7        3  13.0     +7.6       5  18.5     +2.2

# w/180 day ACEI/ARB
 Rx/refusal/Contra/
 ADR                     35  62.5       21  47.7    +14.8      20  55.6     +6.9
A. # w/180 day ACEI/ARB
 Rx w/% of Total         31  88.6       19  90.5     -1.9      19  95.0     -6.4
B. # w/refusal w/
 % of Total               1   2.9        0   0.0     +2.9       0   0.0     +2.9
C. # w/contra/ADR
 w/ % of Total            3   8.6        2   9.5     -1.0       1   5.0     +3.6

# w/180 day statin
 Rx/refusal/Contra/
 ADR                     33  58.9       23  52.3     +6.7      16  44.4    +14.5
A. # w/180 day statin
 Rx w/% of Total         28  84.8       21  91.3     -6.5      15  93.8     -8.9
B. # w/refusal w/
 % of Total               2   6.1        0   0.0     +6.1       0   0.0     +6.1
C. # w/contra/ADR
 w/ % of Total            3   9.1        2   8.7     +0.4       1   6.3     +2.8

# w/180 day Rx/refusal/
 contra/ADR of ALL
 meds                    19  33.9       10  22.7    +11.2       6  16.7    +17.3
```

Figure 2-83: Sample Report, Appropriate Medication Therapy in High Risk Patients

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Appropriate Medication Therapy in High Risk Patients: List of IHD
patients 22+ with 180-day medication therapy during the Report Period, if
any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,CAITLYN        000001 COMMUNITY #1   F  22  IHD         ALL MEDS;  BETA: Beta
Blocker Refusal 02/11/10  ; ASA: Aspirin Refusal 02/11/10  ; ACEI/ARB: ACEI Refusal
02/11/10  ; STATIN: Statin Refusal 02/11/10
PATIENT2,CARLA          000002 COMMUNITY #1   F  40  IHD          BETA:  ; ASA:  ;
ACEI/ARB:  ; STATIN:
PATIENT3,GENEVA         000003 COMMUNITY #1   F  47  IHD          BETA: 2 dx asthma
contra  ; ASA:  ; ACEI/ARB:  ; STATIN:
PATIENT4,SHERRY LISA    000004 COMMUNITY #1   F  68  IHD;AD       BETA:  ; ASA:  total
days aspirin: 330  ; ACEI/ARB:  total days ACE/ARB: 280  ; STATIN:  total days STATIN:
331
PATIENT5,PAULINE        000005 COMMUNITY #1   F  70  IHD;AD      ALL MEDS;  BETA: 2 dx
asthma contra  ; ASA:  total days aspirin: 180  ; ACEI/ARB:  total ACE/ARB: 187  ;
STATIN: Statin Refusal 06/24/10
```

Figure 2-84: Sample Patient List: Appropriate Medication Therapy in High Risk Patients

2.8.11 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (New Topic)

Denominator

Number of visits for User Population patients ages 18 and older who were hospitalized during the Report Period with ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation.

Numerators

Number of visits where patients received a prescription for anticoagulant at discharge.

Number of visits where patients refused anticoagulant therapy.

Number of visits where patients did not receive anticoagulation therapy.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes to define ischemic stroke or transient ischemic attack with atrial fibrillation.

	ICD and Other Codes
Ischemic Stroke or Transient Ischemic Attack (TIA) with Atrial Fibrillation (Non-CHS inpatient visit - Type not equal to C and Service Category=H) The patient must be admitted to the hospital during the report period with a condition described here but the discharge may occur after the report period.	**V POV:** 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, or 435.9 AND 427.31 (atrial fibrillation)

Anticoagulant Therapy: Patient must meet one of the conditions below to be counted as receiving anticoagulant therapy.

1. Active prescription for Warfarin, aspirin, or other anti-platelet as of discharge date. "Active" prescription defined as:

   Rx Days Supply >= (Discharge Date - Prescription Date), where the prescription has not been discontinued as of the discharge date.

2. Prescription for Warfarin, aspirin, or other anti-platelet on discharge date.

   Warfarin Medication: Any medication in site-populated BGP CMS WARFARIN MEDS taxonomy.

   Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy.

   Other Anti-Platelet/Anticoagulant Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy, any medication with VA Drug Class BL700.

Refusal of Anticoagulant Therapy: Refusal of any of the following documented on discharge date:

1. Any medication in site-populated taxonomies BGP CMS WARFARIN MEDS, DM AUDIT ASPIRIN DRUGS, or BGP ANTI-PLATELET DRUGS; or
2. Any medication with VA Drug Class BL700.

No Anticoagulant Therapy: Patients who did not have an active prescription for anticoagulant therapy at time of discharge and did not receive or refuse anticoagulant therapy at discharge.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

```
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Stroke and Stroke Rehabilitation:  Anticoagulant Therapy Prescribed for Atrial
Fibrillation at Discharge

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Stroke/TIA w/ Atrial
Fib Visits for User
Pop Pts 18+              17              0                       0

# Visits w/
 Anticoagulant Rx         5  29.4        0   0.0    +29.4       0   0.0    +29.4
# Visits w/
 Refusal                  1   5.9        0   0.0     +5.9       0   0.0     +5.9
# Visits w/ No
 Anticoagulant
 Therapy                 11  64.7        0   0.0    +64.7       0   0.0    +64.7
```

Figure 2-85: Sample Report, Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Stroke and Stroke Rehabilitation:  Anticoagulant Therapy Prescribed for
Atrial Fibrillation at Discharge: List of patients with stroke/TIA and
atrial fibrillation with anticoagulant therapy, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  38  UP; 1) 02/01/10 435.8+427.31
1) 02/10/10 NOT MET: NO THERAPY
PATIENT2,CODY JACK      000002 COMMUNITY #1   M  31  UP; 1) 08/01/10
433.21+427.31 1) 08/01/10 MET: WARF
PATIENT3,TIMOTHY ALLEN  000003 COMMUNITY #1   M  33  UP; 1) 04/01/10
433.81+427.31 1) 04/01/10 NOT MET: NO THERAPY
PATIENT4,TRACE          000004 COMMUNITY #1   M  37  UP; 1) 05/01/10
433.81+427.31 1) 05/03/10 NOT MET: NO THERAPY
```

Figure 2-86: Sample Patient List: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

2.8.12 Cholesterol Management for Patients with Cardiovascular Conditions

Denominators

Active Clinical patients ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

Numerators

Patients with LDL completed during the Report Period, regardless of result.

A. Patients with LDL <=100, completed during the Report Period.
B. Patients with LDL 101-130, completed during the Report Period.
C. Patients with LDL >130, completed during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

CRS uses the following codes to define the denominator and numerators.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		V POV: 410.*0, 410.*1		
PTCA	33140, 92980, 92982, 92995	V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07, or 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209	V Procedure: 36.1*, 36.2		
IVD		V POV: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 440.4, 444.*, or 445.*		
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Removed code 24331-1 from and added code 55440-2 to LOINC taxonomy for LDL definition.

Patient List Description

List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

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Cholesterol Management for Patients with Cardiovascular Conditions

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical pts 18-75
with DX of AMI, CABG,
PTCA, or IVD             30             25                      18

# w/LDL done             29  96.7       20  80.0    +16.7       9  50.0    +46.7
A. # w/LDL <=100
 w/% of Total
 Screened                11  37.9       11  55.0    -17.1       3  33.3     +4.6
B. # w/LDL 101-130
 w/% of Total
 Screened                 5  17.2        3  15.0     +2.2       2  22.2     -5.0
C. # w/LDL >130
 w/% of Total
 Screened                 5  17.2        4  20.0     -2.8       4  44.4    -27.2

Male Active Clinical pts
18-75 with DX of AMI, CABG
PTCA, or IVD             18             16                      10

# w/LDL done             17  94.4       11  68.8    +25.7       4  40.0    +54.4
A. # w/LDL <=100
 w/% of Total
 Screened                 4  23.5        4  36.4    -12.8       1  25.0     -1.5
B. # w/LDL 101-130
 w/% of Total
 Screened                 2  11.8        3  27.3    -15.5       1  25.0    -13.2
C. # w/LDL >130
 w/% of Total
 Screened                 4  23.5        2  18.2     +5.3       2  50.0    -26.5

Female Active Clinical pts
18-75 with DX of AMI, CABG
PTCA, or IVD             12              9                       8

# w/LDL done             12 100.0        9 100.0     +0.0       5  62.5    +37.5
A. # w/LDL <=100
 w/% of Total
 Screened                 7  58.3        7  77.8    -19.4       2  40.0    +18.3
B. # w/LDL 101-130
 w/% of Total
 Screened                 3  25.0        0   0.0    +25.0       1  20.0     +5.0
C. # w/LDL >130
 w/% of Total
 Screened                 1   8.3        2  22.2    -13.9       2  40.0    -31.7
```

Figure 2-87: Sample Report, Cholesterol Management for Patients with Cardiovascular Conditions

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Cholesterol Management for Patients with Cardiovascular Conditions: List
of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68  UP;AC;IVD DXSLDL 07/12/10 114
PATIENT2,CODY JACK      000002 COMMUNITY #1   M  41  UP;AC;IVD DXS
PATIENT3,TIMOTHY ALLEN  000003 COMMUNITY #1   M  43  UP;AC;IVD DXSLDL 05/16/10 128
PATIENT4,TRACE          000004 COMMUNITY #1   M  47  UP;AC;IVD DXS
PATIENT5,KENNETH        000005 COMMUNITY #1   M  60  UP;AC;IVD DXS
PATIENT6,ROSS WAYNE     000006 COMMUNITY #1   M  60  UP;AC;AMI DXSLDL 02/12/10 97
PATIENT7,WILLIAM        000007 COMMUNITY #1   M  62  UP;AC;IVD DXSLDL 02/18/10 140
PATIENT8,JASON LEE      000008 COMMUNITY #1   M  63  UP;AC;IVD DXSLDL 02/18/10 64
PATIENT30,ALLISON       000030 COMMUNITY #2   F  52  UP;AC;IVD DXSLDL 06/11/10 87
PATIENT31,ALLEN JAMES   000031 COMMUNITY #2   M  44  UP;AC;IVD DXSLDL 02/19/10
```

Figure 2-88: Sample Patient List: Cholesterol Management for Patients with Cardiovascular Conditions

2.8.13 Heart Failure and Evaluation of LVS Function

Denominator

Active Clinical patients ages 18 or older discharged with heart failure during the Report Period.

Numerators

Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Logic Description

Age of the patient is calculated as of the hospital admission date.

Denominator exclusions are defined as any of the following:

1. Patients receiving comfort measures only (i.e., patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
2. Patients with a Discharge Type of Transferred or Irregular or containing “Death.”
3. Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

CRS uses the following codes to define the denominator and numerators.

	CPT Codes	ICD and Other Codes
Denominator Exclusions		
Comfort Measures		**V POV**: V66.7 (Encounter for palliative care) documented during hospital stay
LVAD/Heart Transplant		**V Procedure**: 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68 documented during hospital stay
Denominator Definition		
Heart Failure		**V POV (Primary Diagnosis only)**: 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 AND with Service Category H (hospitalization). **NOTE:** If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.
Numerator Definition (Evaluation of LVS Function): Any of the codes listed below		
Ejection Fraction (ordered or documented anytime one year prior to discharge date)	78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555	**V Measurement**: "CEF" **V Procedure**: 88.53, 88.54
RCIS Order for Cardiovascular Disorders Referral (ordered during the hospital stay but no later than the hospital discharge date)		**ICD Diagnostic Category**: "Cardiovascular Disorders" **AND** one of the following: **CPT Categories**: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging"
Other Procedures (documented anytime one year prior to discharge date)		**Echocardiogram**: V Procedure 88.72, 37.28, 00.24; **Nuclear Medicine Test**: V Procedure 92.2*; **Cardiac Catheterization with a Left Ventriculogram**: V Procedure 37.22, 37.23, 88.53, 88.54

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.

Measure Source

CMS HF-2

Measure Past Performance and Long-term Targets

None

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Heart Failure and Evaluation of LVS Function

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

AC 18+ w/Heart
Failure Dx               43              2                       1

Patients w/Eval
 of LVS Function         13  30.2        0   0.0    +30.2       0   0.0    +30.2
```

Figure 2-89: Sample Report, Heart Failure and Evaluation of LVS Function

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Heart Failure and Evaluation of LVS Function: List of Active Clinical
heart failure patients 18+ who received evaluation of LVS function, if
any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,JOAN           000164 COMMUNITY #1  F  36  AC          Admission: 06/01/10
LVS: 06/03/10 Procedure: 88.72
PATIENT2,SARAH          000127 COMMUNITY #1  F  35  AC          Admission: 05/01/10
LVS:  NOT DOCUMENTED
PATIENT3,JOHN           000151 COMMUNITY #1  M  36  AC          Admission: 06/01/10
LVS: 06/01/10 CPT: 78468
PATIENT4,ROGER          000125 COMMUNITY #1  M  47  AC          Admission: 05/01/10
LVS: 04/30/10 CEF Measurement 40
PATIENT5,DANIEL         000129 COMMUNITY #1  M  57  AC          Admission: 05/01/10
LVS:  NOT DOCUMENTED
```

Figure 2-90: Sample Patient List: Heart Failure and Evaluation of LVS Function

2.9 STD-Related Measure Topics

2.9.1 HIV Screening

GPRA Measure Description

During FY 2010, achieve the tentative target rate of 77% for the proportion of pregnant patients who are screened for HIV.

Denominators

All *pregnant Active Clinical female User Population patients* with no documented miscarriage or abortion and with no recorded HIV diagnosis ever (**GPRA Denominator**).

User Population patients ages 13–64 with no recorded HIV diagnosis ever (**GPRA Developmental Denominator**).

Numerators

Patients who were screened for HIV during the past 20 months. NOTE: This numerator does NOT include refusals. **(GPRA Numerator)**.

Patients with documented HIV screening refusal during the past 20 months.

Patients who were screened for HIV during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Patients with documented HIV screening refusal during the Report Period.

No denominator. This measure is a total count only, not a percentage. Number of HIV screens provided to User Population patients during the report period, where the patient was not diagnosed with HIV anytime prior to the screen. NOTE: This numerator does not include refusals. (**GPRA Developmental Numerator**)

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Pregnancy definition: At least two visits during the past 20 months. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The time period is extended to include patients who were pregnant during the Report Period but whose initial diagnosis (and HIV test) were documented prior to Report Period.

HIV Screening definition: For the number of HIV screens provided to User Population patients numerator (count only), a maximum of one HIV screen per patient per day will be counted.

Note 1: The timeframe for both screening and refusals for the pregnant patients denominator is anytime during the past 20 months and for User Population patients 13-64 is anytime during the Report Period.
Note 2: Refusals are allowed during the past 20 months for pregnant patients (vs. only during the Report Period) in the event the patient is at the end of her pregnancy at the beginning of the Report Period and refused the HIV test earlier in her pregnancy during the previous year

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period)		**V POV**: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*		
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV**: 630, 631, 632, 633*, 634*		
Abortion (after 2nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	**V POV**: 635*, 636* 637* **V Procedure**: 69.01, 69.51, 74.91, 96.49.		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV Diagnosis (documented anytime prior to the end of the Report Period)		**V POV or Problem List**: 042, 042.0-044.9 (old codes), 079.53, V08, or 795.71		
HIV Screening	86689, 86701-86703, 87390, 87391, 87534-87539		Yes	BGP HIV TEST TAX
Refusal of HIV lab test in past 20 months				BGP HIV TEST TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Deleted previous GPRA numerator and changed GPRA Developmental numerator to GPRA numerator.
2. Removed refusals from pneumovax definition.
3. Revised calculation of refusal rate.
4. Added codes 49483-1, 49965-7, 51780-5, 51786-2, 51866-2, 53601-1, 56888-1, 57976-3, 57977-1, 57978-9 to HIV Screening LOINC taxonomy.

Patient List Description

List of pregnant or User Population patients 13-64 without documented HIV test or refusal.

Measure Source

None

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2009 Performance	76.0%
IHS FY 2008 Performance	75.0%
IHS FY 2007 Performance	74.0%
IHS FY 2006 Performance	65.0%
IHS FY 2005 Performance	54.0%

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HIV Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Pregnant AC Pts w/ no
HIV ever (GPRA)          32             36                      32

# w/HIV screening
 -No Refusals
 (GPRA)                  14  43.8        6  16.7    +27.1       0   0.0    +43.8
# w/HIV screening
 refusal                  1   3.1        0   0.0     +3.1       0   0.0     +3.1

User Pop Pts 13-64
w/ no HIV ever
(GPRA Dev.)           1,983          1,606                   1,518

# w/HIV screening
 -No Refusals
 (GPRA Dev.)             40   2.0       18   1.1     +0.9       0   0.0     +2.0
# w/HIV screening
 refusal                  4   0.2        0   0.0     +0.2       0   0.0     +0.2

# HIV screens for User Pop Pts
 w/ no prior HIV-No Refusals
 (GPRA Dev.)             47             20         +27          0         +47
```

Figure 2-91: Sample Report, HIV Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

HIV Screening: List of pregnant or User Population patients 13-64 without
documented HIV test or refusal
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,HELEN MARY     000001 COMMUNITY #1   F  18  UP
PATIENT2,CECELIA        000002 COMMUNITY #1   F  27  UP
PATIENT15,BRENDA G      000015 COMMUNITY #2   F  30  UP
PATIENT16,ALYSHA        000016 COMMUNITY #2   F  33  UP
```

Figure 2-92: Sample Patient List, HIV Screening

2.9.2 HIV Quality of Care

Denominator

All *User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/CHS) with HIV diagnosis* during the Report Period, including one HIV diagnosis in last six months.

Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving any test.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042, 042.0-044.9 (old codes), 079.53, V08, 795.71		
CD4	86359, 86360 86361		Yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		Yes	BGP HIV VIRAL LOAD TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 34622-1, 44056-0, 44060-2, 49025-0, 49120-9, 51306-9, 51309-3, 51311-9, 51314-3, 51316-8, 51755-7, 53939-5, 53940-3, 54218-3 to CD4 LOINC taxonomy.
2. Added codes 51780-5, 51786-2, 51866-2, 53379-4, 53601-1, 54086-4, 55277-8, 56888-1, 57974-8, 57975-5, 57976-3, 57977-1, 57978-9 to Viral Load LOINC taxonomy.

Patient List Description

List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

Measure Source

HP 2010 developmental measure 13-13a Viral Load Testing

Measure Past Performance and Long-term Targets

Performance	Percent
HP2010 goal for viral load testing (13-13a)	*Developmental*
HP2010 baseline for CD4 testing	*Nearly 100%*

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-------------------------------------------------------------------------------
HIV Quality of Care (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop Pts >13 w/
HIV Dx                    2              1                       2

# w/CD4 only              0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/viral load
 only                     0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/both                  0   0.0        1 100.0   -100.0       2 100.0   -100.0
TOTAL # w/
 any tests                0   0.0        1 100.0   -100.0       2 100.0   -100.0
```

Figure 2-89: Sample Report HIV Quality of Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

HIV Quality of Care: List of patients 13 and older diagnosed with HIV,
with CD4 test, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MARY           000001 COMMUNITY #1   F  29
PATIENT2,TANYA          000002 COMMUNITY #1   F  37
PATIENT15,JOHN          000015 COMMUNITY #2   M  18
PATIENT16,HAROLD        000016 COMMUNITY #2   M  20
```

Figure 2-90: Sample Patient List, HIV Quality of Care

2.9.3 Chlamydia Screening

Denominators

Female Active Clinical patients ages 16 through 25.

A. Female Active Clinical 16-20.
B. Female Active Clinical 21-25.

Female User Population patients ages 16 through 25.

A. Female User Population 16-20.
B. Female User Population 21-25.

Numerator

Patients tested for Chlamydia during the Report Period.

Logic Description

Age is calculated at beginning of the Report Period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810	**V POV**: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 45113-8, 45114-6, 45115-3, 50387-0, 53925-4 to Chlamydia LOINC taxonomy.

Patient List Description

List of patients with documented Chlamydia screening, if any.

Measure Source

HP 2010 25-16a, annual screening for genital Chlamydia - females enrolled in commercial MCOs (aged 25 years and under); 25-16b, annual screening for genital Chlamydia - females enrolled in Medicaid MCOs (aged 25 years and under).

Measure Past Performance and Long-term Targets

Performance	Percent
HP 2010 goal for both HP 2010 25-16a and 25-16b	*62.0%*

```
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-------------------------------------------------------------------------------
Chlamydia Testing (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
16-25                    155            138                     128

# w/Chlamydia Screen     52  33.5       49  35.5     -2.0      43  33.6     +0.0

A. Female Active Clinical
16-20                     65             52                      57

# w/Chlamydia Screen     23  35.4       16  30.8     +4.6      23  40.4     -5.0

B. Female Active Clinical
21-25                     90             86                      71

# w/Chlamydia Screen     29  32.2       33  38.4     -6.1      20  28.2     +4.1

Female User Population
16-25                    284            252                     239

# w/Chlamydia Screen     68  23.9       58  23.0     +0.9      51  21.3     +2.6

A. Female User Population
16-20                    138            115                     119

# w/Chlamydia Screen     31  22.5       19  16.5     +5.9      25  21.0     +1.5

B. Female User Population
21-25                    146            137                     120

# w/Chlamydia Screen     37  25.3       39  28.5     -3.1      26  21.7     +3.7
```

Figure 2-91: Sample Report Chlamydia Testing

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Chlamydia Testing: List of patients with documented chlamydia screening,
if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,MELISSA ANNE   000001 COMMUNITY #1   F  16  UP;AC
PATIENT2,LISA MARIE     000002 COMMUNITY #1   F  16  UP;AC
PATIENT3,CRYSTAL LEE    000003 COMMUNITY #1   F  17  UP;
PATIENT4,DANIELLE       000004 COMMUNITY #1   F  18  UP;AC       lab test 04/04/10
PATIENT5,KELLYE         000005 COMMUNITY #1   F  19  UP;
PATIENT6,RUBY           000006 COMMUNITY #1   F  19  UP;AC       lab test 08/11/10
PATIENT7,SANDRA KAY     000007 COMMUNITY #1   F  21  UP;AC       lab test 01/18/10
```

Figure 2-92: Sample Patient List, Chlamydia Testing

2.9.4 Sexually Transmitted Infection (STI) Screening

Denominators

Screenings needed for incidents of key sexually transmitted infections (STIs) for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Broken down by gender.

Chlamydia screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Screenings needed for incidents of key sexually transmitted infections (STIs) for User Population patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Broken down by gender.

Chlamydia screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Numerators

No denominator; count only. The total count of *Active Clinical* patients who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. The total count of separate *key STI incidents for Active Clinical patients* during the defined period. Broken down by gender.

Total number of needed screenings performed or refused from one month prior to the date of relevant STI incident through two months after.

A. Number of documented screening refusals.

Number of needed Chlamydia screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed Gonorrhea screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed HIV/AIDS screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed Syphilis screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

No denominator; count only. Total count of *User Population patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. Total count only of *separate key STI incidents for User Population patients* during the defined period. Broken down by gender.

Logic Description

Key sexually transmitted infections (STIs) are Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Key STI diagnoses are defined with the following codes.

	ICD and Other Codes
Chlamydia	**V POV**: 078.8*, 079.88, 079.98, 099.41, 099.50-099.59
Gonorrhea	**V POV**: 098.0-098.89
HIV/AIDS	**V POV**: 042, 042.0-044.9, 079.53, 795.71, V08
Syphilis	**V POV**: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI

Visit	Total Incidents
08/01/08: Patient screened for Chlamydia	0
08/08/08: Patient diagnosed with Chlamydia	1
10/15/08: Patient diagnosed with Chlamydia	2
10/25/08: Follow-up for Chlamydia	2
11/15/08: Patient diagnosed with Chlamydia	2
03/01/09: Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below.

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

“Needed” screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e., contraindicated).

1. The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.

2. Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.
3. A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:

To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

Key STI screenings are defined with the following codes.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia	86631-86632, 87110, 87270, 87320, 87490-87492, 87810	**POV**: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX
Gonorrhea	87590-87592, 87850		Yes	BKM GONORRHEA TEST TAX
HIV/AIDS	86689, 86701-86703, 87390-87391, 87534-87539		Yes	BGP HIV TEST TAX
Syphilis	86592-86593, 86781, 87285		Yes	BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX
Refusal of any screening	Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period.			

Logic Examples

Example of Patient with Single Diagnosis of Single STI

08/01/08: Patient screened for Chlamydia
08/08/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis

Result: Denominator: 3 screens needed, Numerator: 3 screens performed.

Example of Patient with Multiple Diagnoses of Single STI

08/01/08:	Patient screened for Chlamydia
08/08/08:	Patient diagnosed with Chlamydia (Incident #1) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
12/01/08:	Patient screened for Chlamydia
12/08/08:	Patient diagnosed with Chlamydia (Incident #2) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
Result:	Denominator: 6 screens needed (2 each of 3 types), Numerator: 3 screens performed (1 each of 3 types)

Example of Patient with Single Diagnosis of Multiple STIs

10/15/08:	Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis
10/18/08:	Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
10/20/08:	Patient diagnosed with Syphilis - removes needed screen for Syphilis (see above)
Result:	Denominator: 2 screens needed, Numerator: 2 screens performed prior to triggering diagnoses but within timeframe

Example of Patient with Multiple Diagnoses of Multiple STIs

06/15/04:	Patient diagnosed with HIV/AIDS
08/01/08:	Patient screened for Chlamydia and Gonorrhea
08/08/08:	Patient diagnosed with Chlamydia and Gonorrhea (Incident #1) – 1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)
08/08/08	Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all
12/01/08:	Patient screened for Chlamydia
12/08/08	Patient diagnosed with Chlamydia (Incident #2) - 2 screens needed: Gonorrhea and Syphilis
12/10/08	Patient screened for Syphilis
Result:	Denominator: 3 screens needed (2 Syphilis and 1 Gonorrhea), Numerator: 2 screens performed (2 Syphilis)

Key Logic Changes from CRS Version 9.0 Patch 1

1. Removed POV code 077.98 and expanded POV code 078.88 to 078.8* for Chlamydia taxonomy.
2. Added codes 45113-8, 45114-6, 45115-3, 50387-0, 53925-4 to Chlamydia LOINC taxonomy.
3. 4. Added codes 49483-1, 49965-7, 51780-5, 51786-2, 51866-2, 53601-1, 56888-1, 57976-3, 57977-1, 57978-9 to HIV Screening LOINC taxonomy.
4. 5. Added code 47360-3 to Syphilis Screening.

Patient List Description

List of patients diagnosed with one or more STIs during the defined time period with related screenings.

Measure Source

None

Measure Past Performance and Long-term Targets

None

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Sexually Transmitted Infection (STI) Screening (con't)

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Active Clinical Pts w/
 Key STI Dx              30              3         +27          2         +28

Male Active Clinical Pts
 w/ Key STI Dx            7              2         +5           2         +5

Female Active Clinical Pts
 w/ Key STI Dx           23              1         +22          0         +23

# Key STI Incidents for
 Active Clinical Pts     37              5         +32          7         +30

# Male AC Key
 STI Incidents            8              4         +4           7         +1

# Female AC Key
 STI Incidents           29              1         +28          0         +29

# Key STI Screens
Needed for AC Pts        97             15                     21

# Needed Screens
 Performed/Refused       26  26.8        4  26.7     +0.1       6  28.6     -1.8
A. # Documented
 Refusals                 1   1.0        0   0.0     +1.0       0   0.0     +1.0

# Key STI Screens Needed
for Male AC Pts          24             12                     21

# Needed Screens
 Performed/Refused        2   8.3        4  33.3    -25.0       6  28.6    -20.2
A. # Documented
 Refusals                 0   0.0        0   0.0     +0.0       0   0.0     +0.0

# Key STI Screens Needed
for Female AC Pts        73              3                      0

# Needed Screens
 Performed/Refused       24  32.9        0   0.0    +32.9       0   0.0    +32.9
A. # Documented
 Refusals                 1   1.4        0   0.0     +1.4       0   0.0     +1.4
```

Figure 2-93: Sample Report Sexually Transmitted Infection (STI) Screening

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Sexually Transmitted Infection (STI) Screening: List of patients diagnosed
with one or more STIs during the defined time period with related
screenings.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,DIANE         000001  COMMUNITY #1   F  15  UP 1) 08/28/10 POV: CHL 079.98;
NUMERATOR: 1) GC-Y 08/20/10 Lab [GonoDNA]; HIV-N ; SYP-N ; ;
PATIENT2,LEIGHANN      000002  COMMUNITY #1   F  18  UP;AC 1) 05/26/10 POV: CHL
077.98;  NUMERATOR: 1) GC-N ; HIV-N ; SYP-N ; ;
PATIENT3,WHITNEY       000003  COMMUNITY #1   F  25  UP;AC 1) 03/20/10 POV: SYP 094.1;
NUMERATOR: 1) CHL-N ; GC-N ; HIV-N ; ;
PATIENT4, NANCY        000004  COMMUNITY #1   F  29  UP;AC 1) 10/26/09 POV: GC 098.89;
NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ;
PATIENT5,JOHN          000005  COMMUNITY #1   M  40  UP;AC 1) 01/26/10 POV: HIV 042.;
NUMERATOR: 1) CHL-N ; GC-N ; SYP-N ; ;
PATIENT6,NORMAN        000006  COMMUNITY #1   M  42  UP;AC 1) 02/01/10 POV: GC 098.89;
2) 08/01/10 POV: GC 098.89;  NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ; 2) CHL-N ; HIV-N
; SYP-N ; ;
```

Figure 2-94: Sample Patient List, Sexually Transmitted Infection (STI) Screening

2.10 Other Clinical Measures Topics

2.10.1 Osteoporosis Management

Denominators

Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator

Patients treated or tested for osteoporosis after the fracture.

Logic Description

Age is calculated at the beginning of the Report Period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e., earliest) fracture during the period six months (180) days prior to the beginning of the Report Period and the first six months of the Report Period. If multiple fractures are present, only the first fracture will be used.

Index Episode Start Date definition: The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).
2. Patients with a fracture diagnosed at an outpatient visit, which also had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit, which also had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis Treatment and Testing definition: 1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e., visit date) or B) a BMD test within six months of the Index Episode Start Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

CRS uses the following codes to define fracture and BMD test.

	CPT Codes	ICD and Other Codes
Fracture Codes	21800-21825, 22305-22314, 22316-22324, 22520, 22521, 22523, 22524, 23500-23515, 23570-23630, 23665-23680, 24500-24585, 24620, 24635, 24650-24685, 25500-25609, 25611 (old code), 25620 (old code), 25622-25652, 25680, 25685, 27193-27248, 27254, 27500-27514, 27520-27540, 27750-27828, S2360, S2362	**V POV**: 733.1*, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828* **V Procedure**: 79.01-79.03, 79.05-79.07, 79.11-79.13, 79.15-79.17, 79.21-79.23, 79.25-79.27, 79.31-79.33, 79.35-79.37, 79.61-79.63, 79.65-79.67, 81.65-81.66.
BMD Test Codes	77078, 76070 (old code), 77079, 76071 (old code), 77080, 76075 (old code), 77081, 76076 (old code), 77083, 76078 (old code), 76977, 78350, 78351, G0130	**V POV**: V82.81 **V Procedure**: 88.98

Treatment medication codes are defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are: Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, and Teriparatide.)

Key Logic Changes from CRS Version 9.0 Patch 1

1. Removed CPT codes 22315, 22325-22328, 24586, 24587 from Fracture codes.

Patient List Description

List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

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Osteoporosis Management (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical Pts
67 and older
w/fracture                8              0                      0

# w/osteoporosis treatment
 or testing               3  37.5        0   0.0    +37.5       0   0.0    +37.5

Female User Pop Pts
67 and older
w/fracture                9              0                      0

# w/osteoporosis treatment
 or testing               4  44.4        0   0.0    +44.4       0   0.0    +44.4
```

Figure2-95: Sample Report Osteoporosis Management

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Osteoporosis Management: List of female patients with new fracture who
have had osteoporosis treatment or testing, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR    NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ALWENA         000001 COMMUNITY #1   F  68  UP,AC Fracture: CPT: 22524 on
01/01/10
PATIENT2,SYBIL          000002 COMMUNITY #1   F  69  UP,AC Fracture: CPT: 22524 on
02/05/10 G0130 02/10/10
PATIENT3,ELIZABETH      000003 COMMUNITY #1   F  78  UP,AC Fracture: DX: 733.13 on
01/15/10 G0130 01/31/10
PATIENT4,KATIE          000004 COMMUNITY #1   F  80  UP,AC Fracture: PROC: 81.66 on
01/31/10
PATIENT5,LINDSAY        000005 COMMUNITY #1   F  81  UP,AC Fracture: CPT: S2362 on
01/01/10
PATIENT6,ELIZABETH      000006 COMMUNITY #1   F  86  UP Fracture: DX: 733.13 on
02/01/10 77081 02/15/10
```

Figure 2-96: Sample Patient List, Osteoporosis Management

2.10.2 Osteoporosis Screening in Women

Denominators

Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.

Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerators

Patients who had osteoporosis screening documented in the past two years, including documented refusals in past year.

A. Patients with documented refusal in past year.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoporosis definition: No osteoporosis diagnosis ever (POV 733.*).

CRS uses the following codes to define osteoporosis screening.

	CPT Codes	ICD and Other Codes
Osteoporosis Screening (any test documented in the past 2 years or refusal in past year)	**Central DEXA**: 77080, 76075 (old code) **Peripheral DEXA**: 77081, 76076 (old code) **SEXA**: G0130 **Central CT**: 77078, 76070 (old code) **Peripheral CT**: 77079, 76071 (old code) **US Bone Density**: 76977	**V Procedure:** 88.98 (Quantitative CT) **V POV**: V82.81 Special screening for other conditions, Osteoporosis **Refusal (in past year)**: CPT or V Radiology: Central DEXA: 77080 or 76075 (old code); Peripheral DEXA: 77081 or 76076 (old code); SEXA: G0130; Central CT: 77078 or 76070 (old code); Peripheral CT: 77079 or 76071 (old code); US Bone Density: 76977

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of female patients ages 65 and older with osteoporosis screening, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

Performance	Percent
IHS 2010 goal	*20.0%*

```
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Osteoporosis Screening in Women (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
Pts =>65                 48             29                      29

# w/osteoporosis screening
 in past 2 years          6  12.5        0   0.0    +12.5       0   0.0    +12.5
A. # Refusals w/ % of
 Total Screening          0   0.0        0   0.0     +0.0       0   0.0     +0.0

Female User Pop
Pts =>65                109             75                      79

# w/osteoporosis screening
 in past 2 years          6   5.5        0   0.0     +5.5       0   0.0     +5.5
A. # Refusals w/ % of
 Total Screening          0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure2-97: Sample Report, Osteoporosis Screening in Women

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Osteoporosis Screening in Women: List of female patients ages 65 and older
with osteoporosis screening, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68  UP;AC       77078 04/01/10
PATIENT2,APRIL          000002 COMMUNITY #1   F  68  UP;AC       G0130 04/01/10
PATIENT3,JACKIE         000003 COMMUNITY #1   F  69  UP;AC       G0130 08/21/10
PATIENT4,PAULINE        000004 COMMUNITY #1   F  70  UP;AC
PATIENT5,SHANNON        000005 COMMUNITY #1   F  72  UP;AC
PATIENT6,TINA MARIE     000006 COMMUNITY #1   F  78  UP;AC       77081 04/15/10
```

Figure 22-98: Sample Patient List, Osteoporosis Screening in Women

2.10.3 Rheumatoid Arthritis Medication Monitoring

Denominator

Active Clinical patients ages 16 and older diagnosed with *rheumatoid arthritis (RA)* prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.* prior to the Report Period, and at least two RA POVs during the Report Period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 01, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.

Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medications Prescribed:

Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005 Days Supply=180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications Definition

1. **Medications shown in table below**. *Except* for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of ten days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only six days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathrioprine or Sulfasalazine	4 CBCs during the Report Period
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

1. **NSAID Medications**: All of the following medications must have Creatinine, Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.
2. **Glucocorticoid Medications**: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

Example of Patient Not Included in Numerator:

Medications Prescribed and Required Monitoring:

Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date.

CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.

Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date.

LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Glucose	82947, 82948, 82950, 82951, 82952, 82962	Yes	DM AUDIT GLUCOSE TESTS TAX
Potassium	84132	Yes	BGP POTASSIUM TESTS

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 57782-5, 57022-6, 57021-8 to CBC LOINC taxonomy.
2. Added codes 51619-5 and 51620-3 to Creatinine LOINC taxonomy.

3. Added codes 50206-2, 50207-0, 50208-8, 50212-0, 50213-8, 50214-6, 50215-3, 50216-1, 50217-9, 50218-7, 50586-7, 50587-5, 50588-3, 50589-1, 50751-7, 51426-5, 51597-3, 51766-4, 51767-2, 51768-0, 51769-8, 53049-3, 53093-1, 53094-9, 53474-3, 53475-0, 53476-8, 53480-0, 53481-8, 53482-6, 53483-4, 53484-2, 53485-9, 53486-7, 53487-5, 54248-0, 54249-8, 54250-6, 54251-4, 54252-2, 54253-0, 54254-8, 54255-5, 54256-3, 54257-1, 54258-9, 54259-7, 54260-5, 54261-3, 54262-1, 54263-9, 54264-7, 54265-4, 54266-2, 54267-0, 54268-8, 54269-6, 54270-4, 54271-2, 54272-0, 54273-8, 54274-6, 54275-3, 54276-1, 54277-9, 54392-6, 54393-4, 54394-2, 54395-9, 54396-7, 54397-5, 54398-3, 54399-1, 54400-7, 54401-5, 54495-7, 54496-5, 54497-3, 54498-1, 54499-9, 55351-1, 55352-9, 55381-8, 55394-1, 55479-0, 55480-8, 55481-6, 55482-4, 55483-2, 55484-0, 55485-7, 55486-5, 55487-3, 55492-3, 55493-1, 55494-9, 55495-6, 55496-4, 55497-2, 55498-0, 55499-8, 55505-2, 55507-8, 55508-6, 55510-2 to Glucose LOINC taxonomy.
4. Added codes 50949-7, 51190-7, 53530-2, 53531-0, 53532-8, 56553-1, 57369-1, 57735-3 to Urine Protein LOINC taxonomy.
5. Added code 53525-2 and deleted codes 24356-8, 24357-6, 50556-0, 50564-4 from Urinary Protein LOINC taxonomy.

Patient List Description

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” The chronic medications and all lab tests the patient *did* have are displayed.

Measure Source

None

Measure Past Performance and Long-term Targets

None

```
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                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Rheumatoid Arthritis Medication Monitoring

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>16
w/RA DX and maintenance
therapy RX                4              0                       0

# w/RA chronic med
 monitoring               2  50.0        0   0.0    +50.0       0   0.0    +50.0
```

Figure2-99: Sample Report, Rheumatoid Arthritis Medication Monitoring

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and
older prescribed maintenance therapy medication with monitoring lab
tests, if any.  The numerator values for patients who meet the measure
are prefixed with YES: and patients who did not meet the measure are
prefixed with NO:.  The chronic medications and all lab tests the patient
DID have are displayed.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,RUTH           000001 COMMUNITY #1   F  64  ;AC         YES:  Has NSAID:
CREAT: 10/21/10 CBC: 09/22/10 LFT: 05/21/10
PATIENT2,SHANNON        000002 COMMUNITY #1   F  72  ;AC         YES:  Has
Glucocorticoids: has Glucose
PATIENT25,BOBBY LEE     000025 COMMUNITY #2   M  62  ;AC         NO:  Has NSAID: No
CREAT
PATIENT34,CATHERINE     000034 COMMUNITY #3   F  50  ;AC         NO:  Has
Glucocorticoids:  does not have Glucose
```

Figure 2-100: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

2.10.4 Osteoarthritis Medication Monitoring

Denominator

Active Clinical patients ages 40 and older diagnosed with *osteoarthritis (OA)* prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report Period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.

Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply =180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown below.

Maintenance Therapy Medications Defined with the Following NSAID Medications:

Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications, *except* aspirin, are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

Example of Patient Not Included in Numerator:

Medication Prescribed and Required Monitoring:

Diclofenac, last Rx Jun 15, 2005. Requires Creatinine, LFT and CBC during Report Period. Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2005. Requires Creatinine, LFT and CBC during Report Period. Creatinine, LFT, and CBC performed during Report Period. Patient is in numerator.

CRS uses the following codes to define the monitoring tests.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
Serum Creatinine	82540, 82565-82575	Yes	DM AUDIT CREATININE TAX
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 57782-5, 57022-6, 57021-8 to CBC LOINC taxonomy.
2. Added codes 51619-5 and 51620-3 to Creatinine LOINC taxonomy.

Patient List Description

List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. All lab tests the patient did have are displayed.

Measure Source

None

Measure Past Performance and Long-term Targets

None

```
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-------------------------------------------------------------------------------

Osteoarthritis Medication Monitoring (con’t)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>40
w/OA DX and maintenance
therapy RX                4              6                       4

# w/OA chronic
 med monitoring           2  50.0        3  50.0     +0.0       2  50.0     +0.0
```

Figure 2-101: Sample Report, Osteoarthritis Medication Monitoring

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Osteoarthritis Medication Monitoring: List of OA patients 40 and older
prescribed maintenance therapy medication with monitoring lab tests, if
any.  The numerator values for patients who meet the measure are prefixed
with YES: and patients who did not meet the measure are prefixed with
NO:.  All lab tests the patient DID have are displayed.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,RUTH           000001 COMMUNITY #1   F  64  ;AC  459 days of nsaid YES:
CREAT: 10/21/10 CBC: 09/22/10 LFT: 05/21/10
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69  ;AC  472 days of nsaid YES:
CREAT: 10/30/10 CBC: 08/06/10 LFT: 10/30/10
PATIENT15,RAYMOND       000015 COMMUNITY #2   M  84  ;AC  804 days of nsaid NO:
CREAT: 09/12/10
PATIENT33,ROBERT LEE    000033 COMMUNITY #3   M  62  ;AC  397 days of nsaid NO: CBC:
12/02/10 LFT: 08/06/10
Total # of Patients on list: 4
```

Figure 2-102: Sample Patient List, Osteoarthritis Medication Monitoring

2.10.5 Asthma

Denominators

All *Active Clinical patients*, broken down into three age groups: under five; 5 to 64; and 65 and older.

Patients who have had two asthma-related visits during the Report Period or with persistent asthma, broken down into three age groups: under five; 5 to 64; and 65 and older.

Numerators

Patients who have had two asthma-related visits during the Report Period or with persistent asthma.

A. Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period.

Logic Description

Age is calculated at beginning of Report Period.

Asthma visits definition: Diagnosis (POV) 493.*.

Persistent asthma definition: Any of the following:

A. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at ANY time before the end of the Report Period, *or*
B. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.

Hospitalizations definition: Service category H with primary POV 493.*.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source

HP 2010 24-2a; -2b, -2c

Measure Past Performance and Long-term Targets

Measure	Target
HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 goal for hospitalizations for asthma:	
Under 5	*25 per 10,000*
5-64	*7.7 per 10,000*
65 and older	*11 per 10,000*

```
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-------------------------------------------------------------------------------
Asthma (con't)
                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Total Active Clinical
Patients               1,462          1,164                  1,100

# w/asthma               47   3.2       38   3.3     +0.0      25   2.3     +0.9
  A. Under 5              9  19.1       13  34.2    -15.1      12  48.0    -28.9
  B. 5-64                35  74.5       24  63.2    +11.3      11  44.0    +30.5
  C. 65 and older         3   6.4        1   2.6     +3.8       2   8.0     -1.6

# w/asthma               47             38                     25

# w/asthma
 hospitalization          0   0.0        1   2.6     -2.6       2   8.0     -8.0
  A. Under 5              0   0.0        0   0.0     +0.0       1  50.0    -50.0
  B. 5-64                 0   0.0        1 100.0   -100.0       1  50.0    -50.0
  C. 65 and older         0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 2-103: Sample Report, Asthma

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Asthma: List of patients diagnosed with asthma and any asthma-related
hospitalizations.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  47  AC          2 Dxs PCC:  03/27/10
05/12/10
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69  AC          2 Dxs PCC:  06/24/10
08/27/10
PATIENT3,PAULINE        000003 COMMUNITY #1   F  70  AC          2 Dxs PCC:  02/12/10
02/20/10
PATIENT4,WILLIAM R      000004 COMMUNITY #1   M  7   AC          Severity 4 on visit
04/04/10
PATIENT5,ZACHARY        000005 COMMUNITY #1   M  11  AC          2 Dxs PCC:  03/07/10
09/12/10
PATIENT42,JOSEPHINE     000042 COMMUNITY #2   F  4   AC          2 Dxs PCC:  02/03/10
05/30/10
```

Figure 2-104: Sample Patient List, Asthma

2.10.6 Asthma Quality of Care

Denominators

Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups: 5-9; 10-17; and 18-56.

User Population patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD). Broken down by age groups: 5-9; 10-17; and 18-56.

Numerator

Patients who had at least one dispensed prescription for preferred asthma therapy medication during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 506.4, 518.1, 518.2.

Chronic obstructive pulmonary disease (COPD) definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

A. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
   1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),
   2. At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,
   3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below),
   4. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.), *or*

B. Meeting any of the following criteria below:
   1. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at any time before the end of the Report Period, or
   2. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

Dispensing event definition: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

Note:	If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol), Inhaled Corticosteroids (Belclomethasone, Budesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Long-Acting, Inhaled Beta-2 Agonists (Aformoterol, Formoterol, Salmeterol), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline), Short-Acting, Inhaled Beta-2 Agonists (Albuterol, Levalbuterol, Metaproterenol, Pirbuterol).

To be included in the numerator, patient must have a non-discontinued prescription for preferred asthma therapy (see list of medications below) during the Report Period.

Preferred asthma therapy medication codes for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol), Inhaled Corticosteroids (Belclomethasone, Budesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline).

Key Logic Changes from CRS Version 9.0 Patch 1

1. Replaced all four medication taxonomies with 2010 HEDIS taxonomies.

Patient List Description

List of asthmatic patients with preferred asthma therapy medications, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

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Asthma Quality of Care (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 5-56
w/persistent
asthma                   20             10                       5

# w/ preferred asthma
 control med              8  40.0        5  50.0    -10.0       3  60.0    -20.0

A. Active Clinical
ages 5-9                 10              3                       1

# w/ preferred asthma
 control med              4  40.0        1  33.3     +6.7       1 100.0    -60.0

B. Active Clinical
ages 10-17                2              2                       1

# w/ preferred asthma
 control med              2 100.0        2 100.0     +0.0       0   0.0   +100.0

C. Active Clinical
ages 18-56                8              5                       3

# w/ preferred asthma
 control med              2  25.0        2  40.0    -15.0       2  66.7    -41.7

User Pop Pts 5-56
w/persistent
asthma                   21             11                       6

# w/ preferred asthma
 control med              8  38.1        5  45.5     -7.4       3  50.0    -11.9

A. User Pop
ages 5-9                 11              4                       1

# w/ preferred asthma
 control med              4  36.4        1  25.0    +11.4       1 100.0    -63.6

B. User Pop
ages 10-17                2              2                       1

# w/ preferred asthma
 control med              2 100.0        2 100.0     +0.0       0   0.0   +100.0

C. User Pop
ages 18-56                8              5                       4

# w/ preferred asthma
 control med              2  25.0        2  40.0    -15.0       2  50.0    -25.0
```

Figure2-105: Sample Report, Asthma Quality of Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Asthma Quality of Care:  List of asthmatic patients with preferred asthma
therapy medications, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ZACHARY          000011 COMMUNITY         F  5    UP; Severity 4 in V Asthma
02/02/10
PATIENT12,TINA DANIELLE   000012 COMMUNITY         F  6    UP;AC Severity >1 on PL for
493.00
PATIENT13,THERESA LYNN    000013 COMMUNITY         M  47   UP;AC Severity 2 in V
Asthma 03/03/10
PATIENT36,NATHAN BRADLEY  000014 COMMUNITY         M  16  UP;AC 4 meds MONTELUKAST NA
10MG TAB 04/09/10
PATIENT37,JANELLE MARIE   000015 COMMUNITY         F  50  UP;AC Severity 4 in V Asthma
07/18/95
PATIENT38,THOMAS ELLIS    000016 COMMUNITY           M  6   UP;AC 4 meds MONTELUKAST
NA 10MG TAB 09/12/10
```

Figure 2-106: Sample Patient List, Asthma Quality of Care

2.10.7 Asthma and Inhaled Steroid Use

Denominators

Active Clinical patients ages 1 or older with persistent asthma or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

User Population patients ages 1 or older with persistent asthma or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

Numerator

Patients prescribed an inhaled corticosteroid during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Denominator Exclusion: Patients with intermittent asthma, defined as any of the following:

A. An Active entry in PCC Problem List for 493.* with a Severity of 1 at ANY time before the end of the Report Period, *or*
B. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 1 documented ANY time before the end of the Report period.

Asthma definition:

A. CRS will first search to see if the patient has persistent asthma, which is defined as any of the following:
   1. An Active entry in PCC Problem List for 493.* with a Severity of 2, 3, or 4 at ANY time before the end of the Report Period, *or*
   2. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.

B. If the patient does not meet any of the above criteria, then CRS will search for two asthma-related visits during the Report Period. Asthma-related visit defined as any primary or secondary POV of *asthma 493.**.

Note: For facilities not using asthma staging (severity assessment) in the PCC Problem List, CRS will rely on visit criteria for this assessment. This will result in patients with intermittent asthma being included in the denominator. The Expert Guideline driven method for managing patients with asthma is by staging them in the PCC Problem List. Doing so will improve the accuracy of the information reported by CRS.

To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Mometasone (Asmanex), Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent), Budesonide-Formoterol (Symbicort).)

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with asthma with inhaled corticosteroid prescription, if any.

Measure Source

HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

Measure Past Performance and Long-term Targets

Measure	Target
IHS 2010 goal for patients with asthma with inhaled corticosteroid prescription	*60.0%*

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Asthma and Inhaled Steroid Use

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Ages 1
and older with
asthma                   47             34                      21

# w/ Inhaled Steroid
 Rx                      15  31.9        7  20.6    +11.3       2   9.5    +22.4

Active Clinical ages 1-4
with asthma               9              9                       7

# w/ Inhaled Steroid
 Rx                       2  22.2        1  11.1    +11.1       1  14.3     +7.9

Active Clinical ages 5-19
with asthma              19             11                       7

# w/Inhaled Steroid
 Rx                       7  36.8        3  27.3     +9.6       0   0.0    +36.8

Active Clinical ages 20-44
with asthma               7              8                       5

# w/ Inhaled Steroid
 Rx                       3  42.9        2  25.0    +17.9       0   0.0    +42.9

Active Clinical ages 45-64
with asthma               9              5                       0

# w/ Inhaled Steroid
 Rx                       3  33.3        1  20.0    +13.3       0   0.0    +33.3

Active Clinical ages 65
and older with
asthma                    3              1                       2

# w/ Inhaled Steroid
 Rx                       0   0.0        0   0.0     +0.0       1  50.0    -50.0

User Pop Ages 1 and older
with asthma              49             37                      24

# w/ Inhaled Steroid
 Rx                      15  30.6        7  18.9    +11.7       2   8.3    +22.3
```

Figure 2-93: Sample Report, Asthma and Inhaled Steroid Use

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Asthma and Inhaled Steroid Use: List of patients with asthma with inhaled
corticosteroid prescription, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  47  UP;AC       2 DXs FLUTICASONE
PROPIONATE 110MCG INHALER on 05/30/10
PATIENT2,JACKIE         000002 COMMUNITY #1   F  69  UP;AC
PATIENT3,PAULINE        000003 COMMUNITY #1   F  70  UP;AC
PATIENT4,WILLIAM        000004 COMMUNITY #1   M  7   UP;AC
PATIENT5,ZACHARY LEE    000005 COMMUNITY #1   M  11  UP;AC
PATIENT25,JOSEPHINE     000025 COMMUNITY #2   F  4   UP;AC       2 DXs FLUTICASONE
PROPIONATE 110MCG INHALER on 05/30/10
```

Figure 2-94: Sample Patient List, Asthma and Inhaled Steroid Use

2.10.8 Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (New Topic)

Denominator

Number of visits for User Population patients ages 18 and older diagnosed with community-acquired bacterial pneumonia at an outpatient visit during the Report Period.

Numerators

Number of visits where patients had *oxygen saturation documented* and reviewed.

Number of visits where patients *refused oxygen saturation assessment*.

Number of visits where patients *did not have their oxygen saturation documented* and reviewed.

Logic Description

Age of the patient is calculated at the beginning of the report period.

If a patient has more than one visit for community-acquired bacterial pneumonia during the report period, each visit will be counted as long as it has been more than 45 days since the date of the prior visit. For example, a patient was diagnosed on January 1, 2008 and 35 days later he was diagnosed again with pneumonia. That second diagnosis does not count as a separate visit. However, if the patient were diagnosed again on February 16, 2008 (46 days after onset), that diagnosis counts as a separate visit. Because RPMS does not store the date of onset, visit date will be used as a surrogate for onset date.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	ICD and Other Codes
Community-Acquired Bacterial Pneumonia (Non-CHS outpatient visit, defined as visit type not equal to “C” and service category of “A” for Ambulatory, “S” for Day Surgery, or “O” for Observation)	V POV: 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Oxygen Saturation Assessment (any of the arterial blood gas (ABG) or pulse oximetry tests performed at the visit)	94760-94762, 82803, 82805, 82810, or 3028F or 3028F, where 3028F has no modifier of 1P, 2P, 3P, or 8P	V Measurement: O2 Saturation	Yes	BGP CMS ABG TESTS

Refusal of Oxygen Saturation Assessment definition: Patients whose oxygen saturation was not assessed due to a patient refusal of assessment on visit date. Refusal is defined as refusal of any of the tests listed above.

No Assessment definition: Patients whose oxygen saturation was not assessed or refused.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with community-acquired bacterial pneumonia, with oxygen saturation assessment or documented reason for no assessment, if any.

Measure Source

CMS PQRI Measure #57

Measure Past Performance and Long-term Targets

None

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-------------------------------------------------------------------------------
Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Pneumonia Visits for
User Pop Pts 18+         52             12                       8

# Visits w/ O2 Sat
 Assmt                   23  44.2        1   8.3    +35.9       2  25.0    +19.2
# Visits w/ Refusal        4   7.7        0   0.0     +7.7       0   0.0     +7.7
# Visits w/ No O2
 Sat Assmt               25  48.1       11  91.7    -43.6       6  75.0    -26.9
```

Figure 2-95: Sample Report, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Assessment of Oxygen Saturation for Community-Acquired Bacterial
Pneumonia:  List of patients with community-acquired bacterial pneumonia,
with oxygen saturation assessment or documented reason for no assessment,
if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GENEVA         000001 COMMUNITY #1   F  27  UP 1) 08/25/10 482.81 1)
08/25/10 MET CPT [3028F]
PATIENT2,JACKIE         000002 COMMUNITY #1   F  29  UP 1) 05/31/10 482.42 1)
05/31/10 NOT MET; NO ASSMT
PATIENT3,PAULINE        000003 COMMUNITY #1   F  38  UP 1) 05/31/10 482.49 1)
05/31/10 NOT MET; NO ASSMT
PATIENT4,WILLIAM        000004 COMMUNITY #1   M  38  UP 1) 06/15/10 482.0 1)
06/15/10 MET BLOOD GASES
PATIENT5,ZACHARY LEE    000005 COMMUNITY #1   M  36  UP 1) 05/31/10 482.49 1)
05/31/10 NOT MET; NO ASSMT
```

Figure 2-96: Sample Patient List, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

2.10.9 Chronic Kidney Disease Assessment

Denominators

Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.

User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerators

Patients with Estimated GFR.

A. Patients with GFR less than (<) 60.
B. Patients with normal GFR (i.e., >=60).

Logic Description

Age is calculated at beginning of the Report Period.

For the GFR <60 numerator, CRS will include GFR results containing a numeric value less than 60 or with a text value of "<60". For the normal GFR (>=60) numerator, CRS will include GFR results containing a numeric value equal to or greater than 60 or with a text value of "60"

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 9.0 Patch 1

1. Added codes 51619-5 and 51620-3 to Creatinine LOINC taxonomy.
2. Added code 50044-7 to Estimated GFR LOINC taxonomy.

Patient List Description

List of patients with Creatinine test, with GFR and value, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

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-------------------------------------------------------------------------------
Chronic Kidney Disease Assessment (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 with Serum
Creatinine test         268            257                     221

# w/Est GFR             182  67.9        0   0.0    +67.9       0   0.0    +67.9
A. # w/ GFR <60          34  12.7        0   0.0    +12.7       0   0.0    +12.7
B. # w/Normal GFR
 (>=60)                 148  55.2        0   0.0    +55.2       0   0.0    +55.2

User Pop Pts
=>18 with Serum
Creatinine              331            311                     262

# w/ Est GFR            217  65.6        0   0.0    +65.6       0   0.0    +65.6
A. # w/GFR <60           37  11.2        0   0.0    +11.2       0   0.0    +11.2
B. # w/Normal GFR
 (>=60)                 179  54.1        0   0.0    +54.1       0   0.0    +54.1
```

Figure 2-97: Sample Report, Chronic Kidney Disease Assessment

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Chronic Kidney Disease Assessment: List of patients with Creatinine test,
with GFR and value, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERISA        000001 COMMUNITY #1   F  18  UP;AC       GFR: 07/09/10 >60
PATIENT2,CAITLYN        000002 COMMUNITY #1   F  22  UP;AC       GFR: 02/28/10 <60
PATIENT3,HALEY DEBRA    000003 COMMUNITY #1   F  25  UP;AC
PATIENT4,HELENE MARIE   000004 COMMUNITY #1   F  29  UP;AC       GFR: 08/16/10 78
PATIENT5,MARTHA         000005 COMMUNITY #1   F  30  UP;AC       GFR: 02/17/10 89
PATIENT6,PAULA KAYE     000006 COMMUNITY #1   F  34  UP;AC
PATIENT7,KATHLEEN       000007 COMMUNITY #1   F  38  UP;AC       GFR: 02/09/10 85
```

Figure 2-98: Sample Patient List, Chronic Kidney Disease Assessment

2.10.10 Prediabetes/Metabolic Syndrome

Denominators

Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerators

Patients with all screenings (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening).

Patients with Blood Pressure documented at least twice during the Report Period.

Patients with LDL completed, regardless of result, during the Report Period.

Patients with fasting glucose test, regardless of result, during the Report Period.

Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Patients who have been screened for tobacco use during the Report Period.

Patients for whom a BMI could be calculated, including refusals in the past year.

Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.

Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Logic Description

Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, *or*
2. One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:
   - BMI => 30 *or* Waist Circumference >40 inches for men or >35 inches for women
   - Triglyceride value >=150
   - HDL value <40 for men or <50 for women

- Patient diagnosed with hypertension *or* mean Blood Pressure value => 130/85 where systolic is =>130 *or* diastolic is =>85
- Fasting Glucose value =>100 *and* <126

Note: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

BMI definition: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Blood Pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two).

For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on non-ER visit during the Report Period.

Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report Period, and at least one hypertension POV during the Report Period.

Nephropathy Assessment definition:

A. Estimated GFR with result during the Report Period *and* Quantitative Urinary Protein Assessment during the Report Period. **Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values, *or*
B. End Stage Renal Disease diagnosis/treatment (see table for codes).

CRS uses the following codes and taxonomies to define the denominator and numerators.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride (requires a non-null, numeric result)			Yes	DM AUDIT TRIGLYCERIDE TAX
HDL (requires a non-null, numeric result)			Yes	DM AUDIT HDL TAX
Fasting Glucose-*Denominator Definition* (requires a non-null, numeric result)			Yes	DM AUDIT FASTING GLUCOSE TESTS
Fasting Glucose-*Numerator Definition*		**V POV**: 790.21	Yes	DM AUDIT FASTING GLUCOSE TESTS
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Estimated GFR			Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	82042, 82043, or 84156		Yes	BGP QUANT URINE PROTEIN

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
End Stage Renal Disease	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339	**V POV**: 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.* **V Procedure**: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		
Tobacco Screening	D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455, G8456, G8457, G8402 or G8453	**Any health factor for category Tobacco** **V POV or current Active Problem List**: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 **Patient education codes**: containing “TO-” or “-TO” or "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 **Dental code**: 1320		
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	**Provider codes**: 07, 29 **Clinic codes**: 67 (dietary) or 36 (WIC)		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Nutrition Education		**V POV**: V65.3 dietary surveillance and counseling *OR* **Patient education codes**: ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)) or containing V65.3.		
Lifestyle Counseling - Exercise Education		**V POV**: V65.41 exercise counseling *OR* **Patient education codes**: ending "-EX" (exercise) or containing V65.41.		
Lifestyle Counseling - Related Exercise and Nutrition Education		**Patient education codes**: ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.		
Depression Screening		**V Exam**: Exam Code 36 **V POV**: V79.0 **BHS Problem Code**: 14.1 (Screening for Depression) **V Measurement in PCC or BHS**: PHQ2 or PHQ9 **Refusals**: Exam Code 36		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		**At least 2 visits in PCC or BHS during Report Period for**: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below). **V POV**: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 **BHS POV**: 14, 15		

Key Logic Changes from CRS Version 9.0 Patch 1

1. Changed "medical nutrition counseling" to "medical nutrition therapy".
2. Removed Provider Codes 97 and 99 from medical nutrition therapy definition.
3. Added CPT code D1320 to Tobacco Screening definition.
4. Added HCPCS codes 1000F, G8455, G8456, G8457, G8402, G8453 to Tobacco Screening definition.
5. Removed code 24331-1 from and added 55440-2 to LOINC taxonomy for LDL definition.
6. Added code 50044-7 to Estimated GFR LOINC taxonomy.
7. Added codes 41651-1, 41653-7, 41652-9 to Fasting Glucose taxonomy.

Patient List Description

List of patients age 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. The denominator column displays the condition the patient met, either the diagnosis of 277.7 or the three conditions the patient met (e.g. BMI=35,TG=155,HDL=35).

Measure Source

"IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)"

Measure Past Performance and Long-term Targets

Measure	Target
IHS 2010 goal for patients with BP assessed	*95.0%*

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-----------------------------------------------------------------------------
Prediabetes/Metabolic Syndrome (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts =>18
w/PreDiabetes/
Met Syn                  48             40                      29

# w/ All screenings      0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/ BP documented       48 100.0       34  85.0    +15.0      27  93.1     +6.9
# w/LDL done             32  66.7       27  67.5     -0.8      18  62.1     +4.6
# w/ fasting
 glucose                  0   0.0        1   2.5     -2.5       0   0.0     +0.0
# w/ est GFR &
 quant UP assmt or
 w/ ESRD                  6  12.2        1   2.4     +9.8       0   0.0    +12.2
# w/Tobacco Screening
 w/in 1 yr               44  91.7       33  82.5     +9.2      21  72.4    +19.3
# w/BMI calculated
 or refusal              46  95.8       40 100.0     -4.2      29 100.0     -4.2
# w/lifestyle adaptation
 counseling              20  41.7       15  37.5     +4.2       8  27.6    +14.1
# w/Depression screening,
 DX, or refusal           7  14.6        1   2.5    +12.1       1   3.4    +11.1
```

Figure 2-99: Sample Report, Prediabetes/Metabolic Syndrome

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Prediabetes/Metabolic Syndrome: List of patients 18 and older with
Prediabetes/Metabolic Syndrome with assessments received, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,HALEY DEBRA    000001 COMMUNITY #1   F  25  UP;AC BMI=33.64; TRIG=271;
HDL=45.4; HTN DX: 01/13/10;TOB SCRN: 01/13/10;BMI: 33.64
PATIENT2,CYNTHIA        000002 COMMUNITY #1   F  36  UP;AC BMI=38.08; TRIG=214; HDL= 2
BPs;LDL: 07/14/10 148;GFR: 07/14/10 & QUANT UP: QUANT UP-CPT-07/14/10;TOB SCRN:
07/14/10;BMI: 38.08
PATIENT3,ABIGAIL        000003 COMMUNITY #1   F  39  UP;AC TRIG=166; HDL=48.8;
BP=131/80 2 BPs;LDL: 08/21/10 125;TOB SCRN: 07/09/10;BMI: 28.35
PATIENT4,ANNA LINDA     000004 COMMUNITY #1   F  44  UP BMI=34.97; TRIG=194; BP=149/84
2 BPs;TOB SCRN: 05/14/10;BMI: 34.97;DEPR SCRN: 2 dxs PCC:
PATIENT5,DARLENE T      000005 COMMUNITY #1   F  54  UP;AC TRIG=182; HDL=; HTN DX:
10/16/09; BP=139/73 2 BPs;LDL: 05/16/10 180;TOB SCRN: 05/16/10;BMI: 25.96;DEPR SCRN: 2
dxs PCC:
```

Figure 2-100: Sample Patient List, Prediabetes/Metabolic Syndrome

2.10.11 Medications Education

Denominators

Active Clinical patients with medications dispensed at their facility during the Report Period.

All *User Population patients with medications* dispensed at their facility during the Report Period.

Numerator

Patients who were provided patient education about their medications in any location.

Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

Note: If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerator:

Medication Education	Any Patient Education code containing “M-” or "-M" (medication) *OR* DMC-IN (Diabetes Medicine - Insulin) FP-DPO (Family Planning – Depot Medroxyprogesterone Injections FP-OC (Family Planning – Oral Contraceptives) FP-TD (Family Planning – Transdermal (Patch)) ASM-NEB (Asthma – Nebulizer) ASM-MDI (Asthma – Metered Dose Inhalers) PL-NEB (Pulmonary Disease – Nebulizer) PL-MDI (Pulmonary Disease – Metered Dose Inhalers)

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients receiving medications with med education, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

Measure	Target
HP 2010 goal for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	*95.0%*

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Medications Education (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts receiving
medications             713            623                     592

# receiving
 medication educ        487  68.3      267  42.9    +25.4      81  13.7    +54.6

User Pop Pts receiving
medications             950            797                     753

# receiving
 medication educ        599  63.1      306  38.4    +24.7      87  11.6    +51.5
```

Figure 2-101: Sample Report, Medications Education

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Medications Education: List of patients receiving medications with med
education, if any
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,ANDREA MARY    000001 COMMUNITY #1   F  0   UP;AC
PATIENT2,VIRGINIA A     000002 COMMUNITY #1   F  0   UP          08/06/10 HTN-M
PATIENT3,MICHAELA       000003 COMMUNITY #1   F  0   UP          03/10/10 M-I
PATIENT4,MISTY          000004 COMMUNITY #1   F  5   UP;AC       05/16/10 M-DI
PATIENT5,RITA ANN       000005 COMMUNITY #1   F  15  UP;AC       07/05/10 M-I
PATIENT6,DIANE LOUISE   000006 COMMUNITY #1   F  15  UP          08/21/10 M-I
PATIENT7,ALICIA         000007 COMMUNITY #1   F  15  UP;AC
PATIENT8,ALYSHA         000008 COMMUNITY #1   F  16  UP;AC
PATIENT9,SHELLY         000009 COMMUNITY #1   F  18  UP;AC       03/12/10 PP-M
```

Figure 2-102: Sample Patient List, Medications Education

2.10.12 Public Health Nursing

Patient-Related Measures

Denominator

All User Population patients.

Numerators

For User Population only, the number of patients in the denominator served by PHNs in any setting, including Home.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.

For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME Setting.

Visit-Related Measures

Denominators

Number of visits to User Population patients by PHNs in any setting, including Home

A. Number of visits to patients ages 0-28 days (Neonate) in any setting.
B. Number of visits to patients ages 29 days - 12 months (infants) in any setting.
C. Number of visits to patients ages 1-64 years in any setting
D. Number of visits to patients ages 65 and older (Elders) in any setting
E. Number of PHN driver/interpreter (provider code 91) visits

Number of visits to User Population patients by PHNs in Home setting

A. Number of Home visits to patients age 0-28 days (Neonate)
B. Number of Home visits to patients age 29 days to 12 months (Infants)
C. Number of Home visits to patients ages 1-64 years
D. Number of Home visits to patients aged 65 and over (Elders).
E. Number of PHN driver/interpreter (provider code 91) visits in a HOME setting.

Numerator

No numerator: count of visits only

Logic Description

PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients with PHN visits documented.

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

Measure Source

None

Measure Past Performance and Long-term Targets

	All PHN visits	PHN Home Visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
IHS 2010 Goal	*None currently*	*None currently*

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-------------------------------------------------------------------------------

Public Health Nursing (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

All User Population
patients               2,850          2,386                  2,343

# served by PHNs in
 any Setting             13   0.5       13   0.5     -0.1      13   0.6     -0.1
# served by PHN drivers/
 interpreter - in
 any Setting              0   0.0        0   0.0     +0.0       0   0.0     +0.0
# served by PHNs in
 a Home Setting           3   0.1        3   0.1     +0.0       0   0.0     +0.1
# served by PHN
 drivers/interpreters
 in Home Setting          0   0.0        0   0.0     +0.0       0   0.0     +0.0

Total # PHN Visits -
 Any Setting             18             16           +2        19           -1

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days -
 12 months                1              3           -2         0           +1

C. Ages 1-64
 years                   16             13           +3        19           -3

D. Ages 65+               1              0           +1         0           +1

E. Driver/Interpreter
 visits -
 any setting              0              0           +0         0           +0

Total # PHN Visits -
 Home Setting             5              3           +2         0           +5

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days-
 12 months                1              1           +0         0           +1

C. Ages 1-64
 years                    3              2           +1         0           +3

D. Ages 65+               1              0           +1         0           +1

E. Driver/interpreter
 visits -
 Home Setting             0              0           +0         0           +0
```

Figure 2-103: Sample Report, Public Health Nursing

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Public Health Nursing: List of patients with PHN visits documented

Numerator codes in patient list:  All PHN = Number of PHN visits in any
setting; Home = Number of PHN visits in home setting; Driver All = Number
of PHN driver/interpreter visits in any setting; Driver Home = Number of
PHN driver/interpreter visits in home setting.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,HELENE MARIE   000001 COMMUNITY #1   F  29  UP          2 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT2,KATHLEEN       000002 COMMUNITY #1   F  38  UP          3 all PHN; 3 home; 0
driver all; 0 driver home
PATIENT40,ERIKA SUE     000040 COMMUNITY #2   F  37  UP          1 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT41,DANIEL RAY    000041 COMMUNITY #2   M  0   UP          1 all PHN; 1 home; 0
driver all; 0 driver home
```

Figure 2-104: Sample Patient List, Public Health Nursing

2.10.13 Breastfeeding Rates

Denominators

Active Clinical patients who are 45-394 days old.

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *two months* (45-89 days) (**PART Denominator**).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *six months* (165-209 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *one year* (350-394 days).

Numerators

Patients who were screened for infant feeding choice *at least onc*e.

Patients who were screened for infant feeding choice at the age of *two months* (45-89 days).

Patients who were screened for infant feeding choice at the age of *six months* (165-209 days).

Patients who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Patients who were screened for infant feeding choice at the age of *one year* (350-394 days).

Patients who, at the age of *two months* (45-89 days), were either exclusively or mostly breastfed (**PART Numerator**).

Patients who, at the age of *six months* (165-209 days), were either exclusively or mostly breastfed.

Patients who, at the age of *nine months* (255-299 days), were either exclusively or mostly breastfed.

Patients who, at the age of *one year* (350-394 days), were either exclusively or mostly breastfed.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Infant feeding choice definition: The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of two months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for six months, 270 days for nine months, and 365 days for one year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients 45-394 days old, with infant feeding choice value, if any.

Note: “DO” represents “Days Old.”

Measure Source

HP 2010, 16-19d Exclusive breastfeeding-through three months, 16-19e Exclusive breastfeeding-through six months.

Measure Past Performance and Long-term Targets

Performance	Percent
HP 2010 goal for breastfeeding through 3 months of age	*60.0%*
HP 2010 goal for breatfeeding through 6 months of age	*25.0%*

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Breastfeeding Rates

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
45-394 days              43             27                      31

# w/infant feeding
 choice screening        10  23.3        0   0.0    +23.3       1   3.2    +20.0
# w/screening @
 2 mos                    3   7.0        0   0.0     +7.0       1   3.2     +3.8
# w/screening @
 6 mos                    3   7.0        0   0.0     +7.0       0   0.0     +7.0
# w/screening @
 9 mos                    4   9.3        0   0.0     +9.3       0   0.0     +9.3
# w/screening @
 1 yr                     3   7.0        0   0.0     +7.0       0   0.0     +7.0

AC Pts 45-394 days
screened @ 2 mos
(PART)                    3              0                       1

# @ 2 mos exclusive/
 mostly breastfed
 (PART)                   3 100.0        0   0.0   +100.0       1 100.0     +0.0

AC Pts 45-394 days
screened @ 6 mos          3              0                       0

# @ 6 mos
 exclusive/mostly
 breastfed                2  66.7        0   0.0    +66.7       0   0.0    +66.7

AC Pts 45-394 days
screened at 9 mos         4              0                       0

# @ 9 mos
 exclusive/mostly
 breastfed                3  75.0        0   0.0    +75.0       0   0.0    +75.0

AC Pts 45-394 days
screened @ 1 yr           3              0                       0

# @ 1 year
 exclusive/mostly
 breastfed                2  66.7        0   0.0    +66.7       0   0.0    +66.7
```

Figure 2-105: Sample Report, Breastfeeding Rates

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Breastfeeding Rates: List of patients 45-394 days old, with infant feeding
choice value, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,AMANDA DEBRA   000001 COMMUNITY #1   F  0   AC
PATIENT2,LEROY JAMES    000002 COMMUNITY #1   M  0   AC          scrn;9 MOS: MOSTLY
BREASTFEEDING-269 DO-08/29/10
PATIENT3,TERRY SCOTT    000003 COMMUNITY #1   M  0   AC
PATIENT4,ROBERT         000004 COMMUNITY #1   M  1   AC          scrn;2 MOS: EXCLUSIVE
BREASTFEEDING-48 DO-01/20/10;6 MOS: EXCLUSIVE BREASTFEEDING-178 DO-05/30/10;9 MOS:
EXCLUSIVE BREASTFEEDING-276 DO-09/05/10;1 YR: MOSTLY BREASTFEEDING-382 DO-12/20/10
PATIENT11,STEVEN CODY   000011 COMMUNITY #2   M  0   AC          scrn;6 MOS: EXCLUSIVE
BREASTFEEDING-187 DO-08/11/10
PATIENT12,ANDREW THOMAS 000012 COMMUNITY #2   M  0   AC          scrn;9 MOS: MOSTLY
BREASTFEEDING-278 DO-10/16/10
PATIENT13,ROBERT        000013 COMMUNITY #2   M  0   AC
PATIENT14,RICHARD ABE   000014 COMMUNITY #2   M  0   AC          scrn;1 YR: FORMULA
ONLY-361 DO-02/05/10
PATIENT15,JEFFREY LYLE  000015 COMMUNITY #2   M  0   AC
PATIENT16,JASON EDWARD  000016 COMMUNITY #2   M  0   AC          scrn;1 YR: EXCLUSIVE
BREASTFEEDING-383 DO-11/05/10
```

Figure 2-106: Sample Patient List, Breastfeeding Rates

2.10.14 Use of High-Risk Medications in the Elderly

Denominators

Active Clinical patients ages 65 and older, broken down by gender. (**GPRA Developmental Denominator**)

User Population patients ages 65 and older, broken down by gender.

Numerators

Patients who received at least one high-risk medication for the elderly during the Report Period. (**GPRA Developmental Numerator**)

Patients who received at least two different high-risk medications for the elderly during the Report Period. (**GPRA Developmental Numerator**)

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Medication definitions: High-risk medications for the elderly (i.e., potentially harmful drugs) defined with medication taxonomies:

- BGP HEDIS ANTIANXIETY MEDS (Includes combination drugs) (Aspirin-Meprobamate, Meprobamate)

- BGP HEDIS ANTIEMETIC MEDS ((Scopolamine, Trimethobenzamide)
- BGP HEDIS ANALGESIC MEDS (Includes combination drugs) (Acetaminophen-diphenhydramine, diphenhydramine-magnesium salicylate, Ketorolac)
- BGP HEDIS ANTIHISTAMINE MEDS (Includes combination drugs) (APAP/dextromethorphan/diphenhydramine, APAP/diphenhydramine/phenylephrine, APAP/diphenhydramine/pseudoephedrine, Acetaminophen-diphenhydramine, Atropine/CPM/hyoscyamine/PE/PPA/scopolamine, Carbetapentane/diphenhydramine/phenylephrine, Codeine/phenylephrine/promethazine, Codeine-promethazine, Cyproheptadine, Dexchlorpheniramine, Dexchlorpheniramine/dextromethorphan/PSE, Dexchlorpheniramine/guaifenesin/PSE, Dexchlorpheniramine/hydrocodone/phenylephrine, Dexchlorpheniramine/methscopolamine/PSE, Dexchlorpheniramine-pseudoephedrine, Dextromethorphan-promethazine, Diphenhydramine, Diphenhydramine/hydrocodone/phenylephrine, Diphenhydramine-magnesium salicylate, Diphenhydramine-phenylephrine, Diphenhydramine-pseudoephedrine, Hydroxyzine hydrochloride, Hydroxyzine pamoate, Phenylephrine-promethazine, Promethazine, Tripelennamine)
- BGP HEDIS ANTIPSYCHOTIC MEDS (Thioridazine, Mesoridazine)
- BGP HEDIS AMPHETAMINE MEDS (Amphetamine-destroamphetamine, Benzphetamine, Dexmethylphenidate, Dextroamphetamine, Diethylproprion, Methamphetamine, Methylphenidate, Pemoline, Phendimetrazine, Phenteramine)
- BGP HEDIS BARBITURATE MEDS (Amobarbital, Butabarbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital)
- BGP HEDIS BENZODIAZEPINE MEDS (Includes combination drugs) (Amitriptyline-Chlordiazepoxide, Chlordiazepoxide, Chlordiazepoxide-clidinium, Diazepam, Flurazepam)
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine, Propantheline)

- BGP HEDIS BELLADONNA ALKA MEDS (Includes combination drugs) (Atropine, Atropine/CPM/hyoscyamine/PE/scopolamine, Atropine/hyoscyamine/PB/scopolamine, Atropine-difenoxin, Atropine-diphenoxylate, Atropine-edrophonium, Belladonna, Belladonna/caffeine/ergotamine/pentobarbital, Belladonna/ergotamine/phenobarbital, Butabarbital/hyoscyamine/phenazopyridine, Digestive enzymes/hyoscyamine/ phenyltoloxamine, Hyoscyamine, Hyoscyamine/methenam/m-blue/phenyl salicyl, Hyoscyamine-phenobarbital)
- BGP HEDIS SKL MUSCLE RELAX MED (Includes combination drugs) (ASA/caffeine/orphenadrine, ASA/carisoprodol/codeine, Aspirin-carisoprodol, Aspirin-meprobamate, Aspirin-methocarbamol, Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)
- BGP HEDIS ORAL ESTROGEN MEDS (Includes combination drugs) (Conjugated estrogen, Conjugated estrogen-medroxyprogesterone, Esterified estrogen, Esterified estrogen-methyltestosterone, Estropipate)
- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide)
- BGP HEDIS NARCOTIC MEDS (Includes combination drugs) (ASA/caffeine/propoxyphene, Acetaminophen-pentazocine, Acetaminophen-propoxyphene, Belladonna-opium, Meperidine, Meperidine-promethazine, Naloxone-pentazocine, Pentazocine, Propoxyphene hydrochloride, Propoxyphene napsylate)
- BGP HEDIS VASODILATOR MEDS (Cyclandelate, Dipyridamole-short acting only, Ergot mesyloid, Isoxsuprine)
- BGP HEDIS OTHER MEDS AVOID ELD (Includes androgens and anabolic steroids, thyroid drugs, and urinary anti-infectives) (Methyltestosterone, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Thyroid desiccated).

Note: For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

Key Logic Changes from CRS Version 9.0 Patch 1

1. Changed topic name from “Drugs to be Avoided in the Elderly” to “Use of High-Risk Medications for the Elderly” to match the corresponding HEDIS name.
2. Added drugs to various medication groups and deleted all generic drug references.

3. Replaced all medication taxonomies with 2010 HEDIS taxonomies.
4. Deleted Other Benzodiazepine group.

Patient List Description

List of patients 65 and older with at least one prescription for a potentially harmful drug.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

```
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Use of High-Risk Medications in the Elderly (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>65 (GPRA Dev.)        110             64                      65

# w/exposure to at
 least 1 high-risk med
 (GPRA Dev.)             21  19.1       12  18.8     +0.3      19  29.2    -10.1
# w/exposure to
 multiple high-risk
 meds (GPRA Dev.)         9   8.2        2   3.1     +5.1       8  12.3     -4.1

Male Active Clinical
=>65                     52             28                      27

# w/exposure to at
 least 1 high-risk med
 (GPRA Dev.)              9  17.3        4  14.3     +3.0       7  25.9     -8.6
# w/exposure to
 multiple high-risk
 meds (GPRA Dev.)         3   5.8        1   3.6     +2.2       2   7.4     -1.6

Female Active Clinical
=>65                     58             36                      38

# w/exposure to at
 least 1 high-risk
 med (GPRA Dev.)         12  20.7        8  22.2     -1.5      12  31.6    -10.9
# w/exposure to
 multiple high-risk
 meds (GPRA Dev.)         6  10.3        1   2.8     +7.6       6  15.8     -5.4

User Pop Pts
=>65                    219            148                     143

# w/exposure to at
 least 1 high-risk
 med                     23  10.5       13   8.8     +1.7      19  13.3     -2.8
# w/exposure to
 multiple high-risk
 meds                     9   4.1        3   2.0     +2.1       8   5.6     -1.5
```

Figure 2-107: Sample Report, Drugs to be Avoided in the Elderly

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Use of High-Risk Medications in the Elderly: List of patients 65 and older with at
least one prescription for a potentially harmful drug.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,JONELLE        000001 COMMUNITY #1   F  69  UP;AC       2 drugs: ESTERIFIED
ESTROGENS 0.625MG TAB-08/04/10(ORAL ESTROGEN);PROPOXYPHENE-N 100MG/APAP 650MG TAB-
08/04/10(NARCOTIC)
PATIENT2,PAULINE        000002 COMMUNITY #1   F  70  UP;AC       1 drugs:
CYCLOBENZAPRINE HCL 10MG TAB-12/17/10(SKL MUSCLE)
PATIENT3,NADINE         000003 COMMUNITY #1   F  82  UP;AC       2 drugs: DIAZEPAM 5MG
TAB-09/25/10(BENZODIAZEPINE);PROPOXYPHENE-N 100MG/APAP 650MG TAB-09/25/10(NARCOTIC)
PATIENT4,JESSE NATHAN   000004 COMMUNITY #1   M  77  UP;AC       1 drugs:
CYCLOBENZAPRINE HCL 10MG TAB-08/27/10(SKL MUSCLE)
```

Figure 2-108: Sample Patient List, Drugs to be Avoided in the Elderly

2.10.15 Functional Status Assessment in Elders

Denominator

Active Clinical patients ages 55 and older, broken down by gender.

Numerator

Patients screened for functional status at any time during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Functional status screening definition: Any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients =>55 with functional status codes, if any. The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing

- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS – Transportation

Measure Source

None

Measure Past Performance and Long-term Targets

None

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Functional Status Assessment in Elders (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>55                     248            157                     127

# w/functional status
 screening                 2   0.8        0   0.0     +0.8       0   0.0     +0.8

Male Active Clinical
=>55                     126             73                      60

# w/functional status
 screening                 1   0.8        0   0.0     +0.8       0   0.0     +0.8

Female Active Clinical
=>55                     122             84                      67

# w/functional status
 screening                 1   0.8        0   0.0     +0.8       0   0.0     +0.8
```

Figure 2-109: Sample Report, Functional Status Assessment in Elders

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Functional Status Assessment in Elders: List of patients =>55 with
functional status codes, if any.

The following are the abbreviations used in the Numerator column:

  - TLT - Toileting
  - BATH - Bathing
  - DRES - Dressing
  - XFER - Transfers
  - FEED - Feeding
  - CONT - Continence
  - FIN - Finances
  - COOK - Cooking
  - SHOP - Shopping
  - HSWK - Housework/Chores
  - MEDS - Medications
  - TRNS - Transportation
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,GLENDA JOYCE   000001 COMMUNITY #1   F  57  AC          NO:
PATIENT2,NADINE         000002 COMMUNITY #1   F  61  AC          NO:
PATIENT3,CHARLOTTE MAE  000003 COMMUNITY #1   F  64  AC          YES: 02/24/10:
BATH;CONT;COOK;DRES;FEED;FIN;HSWK;MEDS;SHOP;TLT;TRNS;XFER
PATIENT4,KATHERINE ANN  000004 COMMUNITY #1   F  66  AC          YES: 07/11/10:
BATH;FIN
PATIENT5,ANNA MARIE     000005 COMMUNITY #1   F  66  AC          NO:
PATIENT6,DIANA          000006 COMMUNITY #1   F  67  AC          NO:
PATIENT7,PEGGY ANN      000007 COMMUNITY #1   F  70  AC          NO: 05/20/10: FIN
```

Figure 2-110: Sample Patient List, Functional Status Assessment in Elders

2.10.16 Fall Risk Assessment in Elders

Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by gender.

Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals.

A. Patients who have been screened for fall risk in the past year.
B. Patients with a documented history of falling in the past year.
C. Patients with a fall-related injury diagnosis in the past year
D. Patients with abnormality of gait/balance or mobility diagnosis in the past year
E. Patients with a documented refusal of fall risk screening exam in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

	ICD and Other Codes	Exam Code	E Codes (Injury)
Fall Risk Exam		**V Exam**: 37 (Fall Risk)	
History of Falling	**V POV**: V15.88 (Personal History of Fall)		
Fall-related Injury			**V POV (Cause Codes #1-3)**: E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*
Abnormality of Gait/Balance or Mobility	**V POV**: 781.2, 781.3, 719.7, 719.70 (old code), 719.75-719.77 (old codes), 438.84, 333.99, 443.9		
Refusal		**V Exam**: 37 (Fall Risk)	

Key Logic Changes from CRS Version 9.0 Patch 1

None

Patient List Description

List of patients 65 years or older with fall risk assessment, if any.

Measure Source

HP 2010 15-28 Reduce hip fractures among older adults.

Measure Past Performance and Long-term Targets

Target	Percent
IHS 2010 goal for Fall Risk Screening	*50.0%*

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Fall Risk Assessment in Elders (con’t)

Active Clinical Pts
65+                      106             64                      65

# w/ fall risk
 screen/Dx/refusal        11  10.4        8  12.5     -2.1       8  12.3     -1.9
A. # w/ fall risk
 screen                    1   0.9        0   0.0     +0.9       0   0.0     +0.9
B. # w/ history
 of fall                   1   0.9        0   0.0     +0.9       0   0.0     +0.9
C. # w/ fall injury        2   1.9        1   1.6     +0.3       3   4.6     -2.7
D. # w/ abnormal
 gait                      6   5.7        7  10.9     -5.3       5   7.7     -2.0
E. # w/ refusal            1   0.9        0   0.0     +0.9       0   0.0     +0.9

Male Active Clinical
65+                       50             28                      27

# w/ fall risk
 screen/Dx/refusal         5  10.0        3  10.7     -0.7       2   7.4     +2.6
A. # w/ fall risk
 screen                    0   0.0        0   0.0     +0.0       0   0.0     +0.0
B. # w/ history
 of fall                   1   2.0        0   0.0     +2.0       0   0.0     +2.0
C. # w/ fall injury        0   0.0        0   0.0     +0.0       1   3.7     -3.7
D. # w/ abnormal
 gait                      3   6.0        3  10.7     -4.7       1   3.7     +2.3
E. # w/ refusal            1   2.0        0   0.0     +2.0       0   0.0     +2.0

Female Active Clinical
65+                       56             36                      38

# w/ fall risk
 screen/Dx/refusal         6  10.7        5  13.9     -3.2       6  15.8     -5.1
A. # w/ fall risk
 screen                    1   1.8        0   0.0     +1.8       0   0.0     +1.8
B. # w/ history
 of fall                   0   0.0        0   0.0     +0.0       0   0.0     +0.0
C. # w/ fall injury        2   3.6        1   2.8     +0.8       2   5.3     -1.7
D. # w/ abnormal
 gait                      3   5.4        4  11.1     -5.8       4  10.5     -5.2
E. # w/ refusal            0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 2-111: Sample Report, Fall Risk Assessment in Elders

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Fall Risk Assessment in Elders: List of patients 65 years or older with
fall risk assessment, if any.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,SHERRY         000001 COMMUNITY #1   F  68  UP;AC
PATIENT2,LORETTA LYNN   000002 COMMUNITY #1   F  78  UP
PATIENT17,NICOLE        000017 COMMUNITY #2   F  71  UP;AC       Abnormal Gait:
333.99-07/01/10
PATIENT18,VERONICA      000018 COMMUNITY #2   F  72  UP;AC       exam 37-02/01/10
PATIENT19,STEPHANIE     000019 COMMUNITY #2   F  76  UP;AC       Fall Injury: E883.9-
01/10/10
PATIENT87,MICHAEL JOHN  000021 COMMUNITY #3   M  81  UP;AC       Hx of Fall DX:
V15.88-07/25/10
PATIENT88,KENNETH RAY   000028 COMMUNITY #3   M  85  UP;AC       ref exam 37-03/16/10
```

Figure 2-112: Sample Patient List, Fall Risk Assessment in Elders

2.10.17 Palliative Care

Denominators

No denominator. This measure is a total count only, not a percentage.

Numerators

The total number of *Active Clinical patients* with at least one palliative care visit during the Report Period. Broken down by age groups: <18, 18-54, >55.

The total number of ***palliative care visits*** for Active Clinical patients during the Report Period. Broken down by age groups: <18, 18-54, >55.

Logic Description

Age is calculated at the beginning of the Report Period.

Palliative care visit definition: POV V66.7.

Patient List Description

List of patients with a palliative care visit.

Key Logic Changes from CRS Version 9.0 Patch 1

None

Measure Source

None

Measure Past Performance and Long-term Targets

None

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-------------------------------------------------------------------------------

Palliative Care (con't)

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Total # of Patients
 w/At Least 1 Palliative
 Care Visit              15              0         +15          0         +15

A. Total # of Patients
 <18 w/At Least 1 Palliative
 Care Visit               0              0         +0           0         +0

B. Total # of Patients 18-54
 w/At Least 1 Palliative
 Care Visit              10              0         +10          0         +10

C. Total # of Patients 55+
 w/At Least 1 Palliative
 Care Visit               5              0         +5           0         +5

Total # of Palliative
 Care Visits             16              0         +16          0         +16

A. Total # of Palliative
 Care Visits-Pts
 <18                      0              0         +0           0         +0

B. Total # of Palliative
 Care Visits-Pts
 18-54                   10              0         +10          0         +10

C. Total # of Palliative
 Care Visits-Pts
 55+                      6              0         +6           0         +6
```

Figure 2-113: Sample Report, Palliative Care

```
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Palliative Care: List of patients with a palliative care visit.
PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT1,JOHN           000012 Community #1   M  57  AC          1 visit: 05/01/10
PATIENT2,ROBERT         000013 Community #1   M  59  AC          1 visit: 06/01/10
PATIENT3,JAMES          000014 Community #2   M  67  AC          1 visit: 05/31/10
PATIENT4,TONYA          000015 Community #3   F  78  AC          1 visit: 06/01/10
PATIENT5,RITA ANN       000016 Community #3   F  96  AC          2 visits: 06/01/10;
06/07/10
```

Figure 2-114: Sample Patient List, Palliative Care

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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