



**RESOURCE AND PATIENT MANAGEMENT SYSTEM**

**Clinical Reporting System (CRS)  
For FY 2006 Clinical Measures  
(BGP)**

**Administrator Manual**

**Version 6.0**  
November 2005

Office of Information Technology  
Albuquerque, New Mexico

## PREFACE

This manual contains the administrator manual for the CRS Clinical Reporting System version 6.0, which adds FY 2006 clinical performance measures to existing FY 2002 through FY 2005 measures.

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

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA measures include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System 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 (DHHS) 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.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures. Administrative and clinical users will be able to review individual or all measures at any time, and can:

- 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.

To produce reports with comparable data across every facility, the GPRA measure definition was "translated" into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in 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 denominators and numerators defined.

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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## **1.0 About This Manual**

This manual provides the performance measure logic for the CRS Clinical Reporting System version 6.0 (FY 2006 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the User Manual.

## 2.0 Performance Measure Logic

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

- Topic or measure description; for GPRA measures, the description is taken from 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 previous year, if any.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- 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 Indicator Logic Basics

#### 2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For Selected Measures reports for local use (User Manual, section 5.1.2), 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 indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. **In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population.**

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency IHS User Population definition (see below).

**Active Clinical** population for national GPRA reporting is defined as by the following criteria:

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. 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. See the User Manual, section 4.1 for additional information about setting up Community Taxonomies.
- Must be alive on the last day of the Report period.
- 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 listed above OR to one of the following additional medical clinics:

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

Two measures on the National GPRA report use a broader denominator definition: Diabetes Prevalence and Access to Dental Services use the GPRA User Population denominator.

**Active Clinical CHS Population** for national GPRA reporting is defined as:

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- 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.

**GPRA User Population** for national GPRA reporting is defined as:

- First four definitions from Active Clinical population above, and
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

**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 report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (User Manual, section 5.1.2). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Section 2.2 provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

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

- (*Same as national GPRA reporting*) Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- (*Same as national GPRA reporting*) Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See the User Manual, section 3.2.3.1 for details about medical clinics.
- (*Same as national GPRA reporting*) 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.6 for detailed instructions as to making these selections.)

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

- (*Same as national GPRA reporting*) Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- (*Same as national GPRA reporting*) Must have 2 CHS visits in the 3 years prior to the end of the Report Period.
- (*Same as national GPRA reporting*) 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.

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

- *(Same as national GPR reporting)* Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- *(Same as national GPR reporting)* Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- *(Same as national GPR reporting)* 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.6 for detailed instructions as to making these selections.)

### 2.1.2 Logic Example

The GPR measure example used above was Cancer Screening: Pap Smear Rates: During FY 2006, maintain 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 at the FY 2005 level.

For CRS, the GPR measure definition becomes:

- 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 indicator 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 indicator): patients with documented Pap smear or refusal in past three years.

For the programmer, the Pap smear indicator is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see the User Manual, section 3.2.3.1).
  - Exclude any patients with the name of “DEMO,PATIENT”.
  - 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 "2 medical clinics" definition OR for facilities with the CHS-Only site parameter set to "Yes", exclude any patients who do not have 2 CHS visits in the past 3 years.
2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current 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, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525 any time before the end of the Report period.
  4. For these patients (the denominator), check for a pap smear in the following order:
    - V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, OR
    - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients or V76.49 Pap Smear for Women w/o a Cervix, OR
    - V Procedures is checked for a procedure of 91.46, OR
    - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR
    - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR
    - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR
    - Refusals file is checked for Lab Test Pap Smear in the past year.

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

### 2.1.3 Age Ranges

For the purposes of CRS reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 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, allowing 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 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

Standard code sets are used to standardize data and mitigate variations in local terminologies for lab and other healthcare procedures, allowing for comparison and analysis. Logical Observations, Identifiers, Names, and Codes (LOINC) is a standard coding system originally initiated for Laboratory values. The system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.).

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; by the end of FY 2005, over 92 sites had converted to LOINC codes for their lab tests. CRS software began to incorporate LOINC codes into its logic for the new measures included in version 2.1. Beginning in CRS version 3.0, LOINC taxonomies have been included for all appropriate measures.

Sites interested in converting their lab tests to LOINC codes should contact the RPMS Lab User Support Team via the OIT Support Center; (888) 830-7280 (toll free) or (505) 248-4371 if in Albuquerque, NM or surrounding area or email support@ihs.gov.

See CRS 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

**Measure Description:** During FY 2006, 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.

**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 least one diagnosis 250.00-250.93 recorded in the V POV file) *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 diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in V POV file.

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** A list of all patients diagnosed with Diabetes, the date of the most recent DM diagnosis, and the DM diagnosis code.

SK	Sep 09, 2005	Page 1			
*** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 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.					
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.					
During FY 2006, 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.					
IHS Performance: FY 2004 - 10.%					
	REPORT PERIOD	% PREV YR PERIOD	% CHG from PREV YR %	BASE PERIOD	% CHG from BASE %
# User Pop	2,285	2,257		2,233	
# w/ any DM DX	229	10.0	216	9.6	+0.5
# w/ DM DX w/in past year	169	7.4	157	7.0	+0.4
# Male User Pop	1,077		1,049		1,048
# w/ any DM DX	93	8.6	91	8.7	-0.0
# w/DM DX w/in past year	70	6.5	69	6.6	-0.1
# Female User Pop	1,208		1,208		1,185
# w/ any DM DX	136	11.3	125	10.3	+0.9
# w/ DM DX w/in past year	99	8.2	88	7.3	+0.9

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

SK		Sep 09, 2005							Page 2
*** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Age Specific Diabetes Prevalence									
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	739	239	178	303	301	205	150	170	
# w/ DM DX ever	2	1	2	19	37	49	50	69	
% w/ DM DX ever	0.3	0.4	1.1	6.3	12.3	23.9	33.3	40.6	
# w/DM DX in past yr	1	1	1	15	22	35	44	50	
% w/DM DX in past yr	0.1	0.4	0.6	5.0	7.3	17.1	29.3	29.4	
PREVIOUS YEAR PERIOD									
Total # User Pop	750	224	162	317	300	192	145	167	
# w/ DM DX ever	2	0	4	22	35	47	40	66	
% w/ DM DX ever	0.3	0.0	2.5	6.9	11.7	24.5	27.6	39.5	
# w/DM DX in past yr	1	0	2	14	23	35	33	49	
% w/DM DX in past yr	0.1	0.0	1.2	4.4	7.7	18.2	22.8	29.3	
CHANGE FROM PREV YR %									
w/ DM DX ever	+0.0	+0.4	-1.3	-0.7	+0.6	-0.6	+5.7	+1.1	
w/DM DX in past yr	+0.0	+0.4	-0.7	+0.5	-0.4	-1.2	+6.6	+0.1	
BASELINE REPORT PERIOD									
Total # User Pop	782	222	172	308	288	172	134	155	
# w/ DM DX ever	1	0	7	18	38	32	37	55	
% w/ DM DX ever	0.1	0.0	4.1	5.8	13.2	18.6	27.6	35.5	
# w/DM DX in past yr	0	0	5	14	33	25	32	46	
% w/DM DX in past yr	0.0	0.0	2.9	4.5	11.5	14.5	23.9	29.7	
CHANGE FROM BASE YR %									
w/ DM DX ever	+0.1	+0.4	-2.9	+0.4	-0.9	+5.3	+5.7	+5.1	
w/DM DX in past yr	+0.1	+0.4	-2.3	+0.4	-4.1	+2.5	+5.5	-0.3	

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

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
SK                               Sep 09, 2005                               Page 1

***  FY06 Clinical Performance Measure Patient List  ***
      DEMO HOSPITAL
      Report Period: Jan 01, 2003 to Dec 31, 2003
      Entire Patient List

-----
Diabetes Prevalence: List of diabetic patients with most recent diagnosis
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

-----
PATIENT NAME          HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT,MARJORIE      000001  COMMUNITY #1  F  12  UP          01/20/99 250.01
PATIENT,GRACE         000002  COMMUNITY #1  F  14  UP          12/10/03 250.00
PATIENT,TSOSIE        000003  COMMUNITY #1  F  25  UP          08/19/99 250.00
PATIENT,LUCILLE       000004  COMMUNITY #1  F  26  UP          12/08/03 250.03
PATIENT,SELINA        000005  COMMUNITY #1  F  27  UP          07/01/03 250.00
PATIENT,BONNIE       000006  COMMUNITY #1  F  28  UP          12/19/01 250.00

```

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

## 2.2.2 Diabetes Comprehensive Care

**Measure Description:** Increase the proportion of diabetic patients who receive all appropriate assessments.

### **Denominator:**

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at 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 LDL completed during the Report Period, regardless of result.

Patients who have BOTH 1) positive urine protein test or any microalbuminuria test, regardless of result AND 2) an Estimated GFR during the Report Period.

Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

Patients with A1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam.

**Logic Description:** First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. **A1c definition:** Counts most recent A1c test during the Report period, defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. **BP definition:** Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. **LDL definition:** Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. **Nephropathy assessment definition:** CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character of result is "P", "p", "M", "m", "L", "l", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMINURIA TAX or DM AUDIT A/C RATIO taxonomy. **Qualified retinal evaluation\* is defined as:** (1) diabetic retinal exam or documented refusal or (2) other eye exam. Diabetic retinal exam defined as: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam or Refusal Exam 03. Other Eye Exam defined as: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or qualifying\* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014, 92015. \*Qualified retinal evaluation: The following methods are qualified for this measure:

- Dilated retinal examination by an optometrist or ophthalmologist
- 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel

**Key Logic Changes from CRS Version 5.1:**

1. Added characters to look for in positive urine protein and added DM AUDIT A/C RATIO taxonomy for microalbuminuria definition.
2. Removed CPT 92250 from the logic for Other Eye Exam in Retinopathy.

**Patient List Description:** List of diabetic patients with documented tests, if any.

**Measure Targets:** TBD

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*** IHS 2006 Clinical Performance Report ***								
DEMO HOSPITAL								
Report Period: Jan 01, 2003 to Dec 31, 2003								
Previous Year Period: Jan 01, 2002 to Dec 31, 2002								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Diabetes Comprehensive Care								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	154		148			113		
# w/Alc done								
w/ or w/o result	128	83.1	108	73.0	+10.1	95	84.1	-1.0
# w/ BPs documented	151	98.1	135	91.2	+6.8	106	93.8	+4.2
# w/ LDL done	61	39.6	1	0.7	+38.9	12	10.6	+29.0
# w/pos urine protein / any microalbuminuria	83	53.9	19	12.8	+41.1	0	0.0	+53.9
# w/Retinal Evaluation or refusal	87	56.5	91	61.5	-5.0	60	53.1	+3.4
# w/ All	24	15.6	0	0.0	+15.6	0	0.0	+15.6

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

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****								
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*** FY06 Clinical Performance Measure Patient List ***								
DEMO HOSPITAL								
Report Period: Jan 01, 2003 to Dec 31, 2003								
Entire Patient List								
-----								
Diabetes Comprehensive Care: List of Diabetic patients with documented tests, if any								
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic								
PREG=Pregnant Female; IMM=Active IMM Pkg Pt								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		
-----								
PATIENT,RACHEL	000021	COMMUNITY #1	F	89	AD	hgb: 03/13/03		
7.3;BPs: 155/66 UNC;POS/M: 11/14/03 1+;EYE: 03/13/03 CPT 92014								
PATIENT,MURPHY	000022	COMMUNITY #1	M	23	*all*AD	hgb: 12/23/03		
6.7;BPs: 141/74 UNC;LDL: 12/24/03 ;POS/M: 12/23/03 ;EYE: 12/23/03 C1: A2								
PATIENT,DERRICK	000023	COMMUNITY #1	M	26	AD	;BPs: 157/98 UNC		
PATIENT,HENRY	000024	COMMUNITY #1	M	31	AD	hgb: 12/08/03		
6.3;BPs: 124/73 CON;POS/M: 09/03/03 ;EYE: 03/11/03 CPT 92014								

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

### 2.2.3 Diabetes: Glycemic Control

**GPRA Measure Description:** During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5) does not increase above the FY 2005 level.

**GPRA Measure Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control (defined as A1c < 7) at the FY 2005 level.

**Denominators:**

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

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

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 2 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 5.

**Numerators:**

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

Very Poor Control. Patients with A1c equal to or greater than ( $\Rightarrow$ ) 12.

Poor Control. Patients with A1c greater than ( $>$ ) 9.5 or less than ( $<$ ) 12.

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

Fair Control. Patients with A1c equal to or greater than ( $\Rightarrow$ ) 8 and less than or equal to ( $\Leftarrow$ ) 9.5.

Good Control. Patients with A1c equal to or greater than ( $\Rightarrow$ ) 7 and less than ( $<$ ) 8.

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

Without Result. Patients with A1c documented but no value.

**Logic Description:** First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. Counts most recent A1c test during the Report Period. A1c defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

	<b>CPT Codes</b>	<b>LOINC Codes<sup>1</sup></b>	<b>Taxonomy</b>
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
A1c	83036	yes	DM AUDIT HGB A1C TAX

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of diabetic patients with denominator identified & most recent A1c value, if any.

**Measure Source:** IHS Diabetes Standards of Care.

**GPRA Measure Past Performance and Targets:**

**Hemoglobin A1c Documented:**

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:**

IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

**Ideal Glycemic Control:**

IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
IHS 2010 Goal	40.0%

<sup>1</sup> Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

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*** IHS 2006 Clinical Performance Report ***									
DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Glycemic Control (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report end date	207		205			156			
# w/Alc done w/ or w/o result	130	62.8	108	52.7	+10.1	96	61.5	+1.3	
# w/Alc =>12	7	3.4	4	2.0	+1.4	9	5.8	-2.4	
# w/Alc >9.5 and <12	30	14.5	18	8.8	+5.7	20	12.8	+1.7	
# w/Alc =>8 and =<9.5	25	12.1	25	12.2	-0.1	16	10.3	+1.8	
# w/Alc=>7 and <8	18	8.7	19	9.3	-0.6	9	5.8	+2.9	
# w/Alc <7	43	20.8	18	8.8	+12.0	26	16.7	+4.1	
# w/Alc w/o Result	7	3.4	24	11.7	-8.3	16	10.3	-6.9	
Active Diabetic Pts (GPRA)	154		148			113			
# w/Alc done w/ or w/o result	128	83.1	108	73.0	+10.1	95	84.1	-1.0	
# w/Alc > 9.5 (GPRA)	37	24.0	22	14.9	+9.2	29	25.7	-1.6	
# w/Alc =>12	7	4.5	4	2.7	+1.8	9	8.0	-3.4	
# w/Alc >9.5 and < 12	30	19.5	18	12.2	+7.3	20	17.7	+1.8	
# w/Alc =>8 and =<9.5	25	16.2	25	16.9	-0.7	15	13.3	+3.0	
# w/Alc=>7 and <8	18	11.7	19	12.8	-1.1	9	8.0	+3.7	
# w/Alc <7 (GPRA)	42	27.3	18	12.2	+15.1	26	23.0	+4.3	
# w/Alc w/o Result	6	3.9	24	16.2	-12.3	16	14.2	-10.3	
Active Adult Diabetic Patients	126		112			97			
# w/Alc done w/ or w/o result	117	92.9	100	89.3	+3.6	92	94.8	-2.0	
# w/Alc =>12	7	5.6	4	3.6	+2.0	9	9.3	-3.7	
# w/Alc >9.5 and <12	30	23.8	17	15.2	+8.6	20	20.6	+3.2	
# w/Alc =>8 and =<9.5	24	19.0	25	22.3	-3.3	15	15.5	+3.6	
# w/Alc =>7 and <8	18	14.3	19	17.0	-2.7	9	9.3	+5.0	
# w/Alc <7	34	27.0	15	13.4	+13.6	25	25.8	+1.2	
# w/Alc w/o Result	4	3.2	20	17.9	-14.7	14	14.4	-11.3	

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

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***  FY06 Clinical Performance Measure Patient List  ***
      DEMO HOSPITAL
      Report Period: Jan 01, 2003 to Dec 31, 2003
      Entire Patient List

-----
Diabetes: Glycemic Control: List of diabetic Patients with most recent
Alc value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT,RACHEL              000021  COMMUNITY #1  F  89  UP,AD,AAD    03/13/03  7.3
PATIENT,MURPHY              000022  COMMUNITY #1  M  23  UP,AD,AAD    12/23/03  6.7
PATIENT,DERRICK             000023  COMMUNITY #1  M  26  UP,AD
PATIENT,HENRY               000024  COMMUNITY #1  M  31  UP,AD,AAD    12/08/03  6.3
PATIENT,DALTON              000025  COMMUNITY #1  M  32  UP
PATIENT,LYMAN AARON         000026  COMMUNITY #1  M  33  UP,AD
PATIENT,STUART              000027  COMMUNITY #1  M  35  UP,AD,AAD    04/03/03  13.7

```

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

## 2.2.4 Diabetes: Blood Pressure Control

**GPRA Measure Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.

### **Denominators:**

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

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

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 2 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 5.

### **Numerators:**

Patients with Blood Pressure documented during the Report Period.

**GPRA Numerator:** 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 BP that is not controlled.

**Logic Description:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to 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 the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled..

CRS uses the following definition:

	<b>CPT Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX

**Key Logic Changes from CRS Version 5.1:** Changed mean BP calculation logic to use lowest BP value, defined as having the lowest systolic value, if a single visit has more than one BP.

**Patient List Description:** List of diabetic patients with denominator identified & mean BP, if any.

**Measure Source:** IHS Diabetes Standards of Care.

**GPRA Measure Past Performance and Targets for Blood Pressure Control:**

IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
IHS 2010 Goal	50%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
SK Sep 09, 2005 Page 11 *** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Diabetes: Blood Pressure Control (con't)								
User Pop w/ DM DX prior to report period	207		205		156			
# w/ BPs Documented	168	81.2	152	74.1	+7.0	117	75.0 +6.2	
# w/controlled BP < 130/80	65	31.4	58	28.3	+3.1	47	30.1 +1.3	
# w/Not controlled BP	103	49.8	94	45.9	+3.9	70	44.9 +4.9	
Active Diabetic Pts (GPRA)	154		148			113		
# w/ BPs Documented	151	98.1	135	91.2	+6.8	106	93.8 +4.2	
# w/Controlled BP < 130/80 (GPRA)	57	37.0	48	32.4	+4.6	40	35.4 +1.6	
# w/Not controlled BP	94	61.0	87	58.8	+2.3	66	58.4 +2.6	
Active Adult Diabetic Patients	126		112			97		
# w/ BPs Documented	125	99.2	109	97.3	+1.9	95	97.9 +1.3	
# w/Controlled BP < 130/80	47	37.3	38	33.9	+3.4	37	38.1 -0.8	
# w/Not controlled BP	78	61.9	71	63.4	-1.5	58	59.8 +2.1	

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

Diabetes: Blood Pressure Control: List of Diabetic Patients with mean BP, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,RACHEL	000021	COMMUNITY #1	F	89	UP,AD,AAD	155/66 UNC
PATIENT,MURPHY	000022	COMMUNITY #1	M	23	UP,AD,AAD	141/74 UNC
PATIENT,DERRICK	000023	COMMUNITY #1	M	26	UP,AD	157/98 UNC
PATIENT,HENRY	000024	COMMUNITY #1	M	31	UP,AD,AAD	124/73 CON
PATIENT,DALTON	000025	COMMUNITY #1	M	32	UP	163/89 UNC
PATIENT,LYMAN AARON	000026	COMMUNITY #1	M	33	UP,AD	131/85 UNC
PATIENT,STUART	000027	COMMUNITY #1	M	35	UP,AD,AAD	118/73 CON
PATIENT,EMERSON	000028	COMMUNITY #1	M	35	UP	unknown

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

## 2.2.5 Diabetes: Lipids Assessment

**GPRA Measure Description:** During FY 2006, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) over the FY 2005 level.

**Denominators:**

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

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

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 2 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 5.

**Numerators:**

Patients who have had either a LIPID PROFILE or an LDL, an HDL and Triglyceride (TG) (all three) during the Report Period.

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

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:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done during the Report Period.

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
Lipid Profile	80061	yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	yes	DM AUDIT HDL TAX
Triglyceride	84478	yes	DM AUDIT TRIGLYCERIDE TAX

**Key Logic Changes from CRS Version 5.1:** Changed GPRA Measure Description from maintain to increase.

**Patient List Description:** List of diabetic patients with denominator identified & documented LDL values. Lipid Profile (Panel) is indicated by “LP;” the date of most recent LDL tests is listed, with the value, if any.

**Measure Source:** IHS Diabetes Standards of Care.

**Measure Past Performance and Targets:**

IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
HP 2010 Goal	70%

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*** IHS 2006 Clinical Performance Report ***									
DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Lipids Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	207		205			156			
# w/Lipid Profile OR TG & HDL & LDL recorded	72	34.8	2	1.0	+33.8	41	26.3	+8.5	
# w/ LDL done	63	30.4	1	0.5	+29.9	12	7.7	+22.7	
# w/LDL <130	3	1.4	1	0.5	+1.0	9	5.8	-4.3	
A. # w/LDL =<100	1	0.5	0	0.0	+0.5	3	1.9	-1.4	
B. # w/LDL 101-129	2	1.0	1	0.5	+0.5	6	3.8	-2.9	
Active Diabetic Pts (GPRA)	154		148			113			
# w/Lipid Profile OR TG & HDL & LDL recorded	70	45.5	2	1.4	+44.1	40	35.4	+10.1	
# w/ LDL done (GPRA)	61	39.6	1	0.7	+38.9	12	10.6	+29.0	
# w/LDL <130	3	1.9	1	0.7	+1.3	9	8.0	-6.0	
A. # w/LDL =<100	1	0.6	0	0.0	+0.6	3	2.7	-2.0	
B. # w/LDL 101-129	2	1.3	1	0.7	+0.6	6	5.3	-4.0	
Active Adult Diabetic Patients	126		112			97			
# w/Lipid Profile OR TG & HDL & LDL recorded	61	48.4	2	1.8	+46.6	40	41.2	+7.2	
# w/ LDL done	52	41.3	1	0.9	+40.4	12	12.4	+28.9	
# w/LDL <130	2	1.6	1	0.9	+0.7	9	9.3	-7.7	
A. # w/LDL =<100	1	0.8	0	0.0	+0.8	3	3.1	-2.3	
B. # w/LDL 101-129	1	0.8	1	0.9	-0.1	6	6.2	-5.4	

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

Diabetes: Lipids Assessment: List of diabetic patients with documented LDL values  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, MARJORIE	000001	COMMUNITY #1	F	12	UP,AD	LP: 12/05/03 LOINC ;
PATIENT, GRACE	000002	COMMUNITY #1	F	14	UP,AD	
PATIENT, TSOSIE	000003	COMMUNITY #1	F	25	UP	TRI:07/15/03
HDL:07/15/03 LDL:07/15/03 ; LDL DONE: 07/15/03						
PATIENT, LUCILLE	000004	COMMUNITY #1	F	26	UP,AD	LDL DONE: 12/04/03
115						
PATIENT, SELINA	000005	COMMUNITY #1	F	27	UP,AD	
PATIENT, BONNIE	000006	COMMUNITY #1	F	28	UP	

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

## 2.2.6 Diabetes: Nephropathy Assessment

**GPRA Measure Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.

### **Denominators:**

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

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

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 2 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 5.

### **Numerators:**

**GPRA Numerator:** Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period.

Patients with Estimated GFR with result during the Report Period.

Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result during the Report Period.

**Logic Description:** First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. For microalbuminuria and positive urine protein, CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character of result is "P", "p", "M", "m", "L", "l", "S", or "s".
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Microalbuminuria	82043, 82044	Yes	DM AUDIT MICROALBUMINURIA TAX, DM AUDIT A/C RATIO
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX

#### Key Logic Changes from CRS Version 5.1:

1. Added characters (e.g. "M" and "s") to look for in positive urine protein.
2. Added DM AUDIT A/C RATIO taxonomy for microalbuminuria definition..

**Patient List Description:** List of patients with denominator identified, tests & values if any. Urine Protein is indicated by "U."

**Measure Source:** IHS Diabetes Standards of Care.

#### Measure Past Performance and Targets:

IHS FY 2004 Performance	42.0%
IHS FY 2003 Performance	37.5%
IHS FY 2002 Performance	35.0%
IHS 2010 Goal	70.0%

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Diabetes: Nephropathy Assessment (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop w/ DM DX prior to Report Period	207		205			156			
# w/pos urine protein or any microalbuminuria	84	40.6	22	10.7	+29.8	0	0.0	+40.6	
# w/est GFR with result	36	17.4	0	0.0	+17.4	0	0.0	+17.4	
# w/both urine protein/micro AND GFR	24	11.6	0	0.0	+11.6	0	0.0	+11.6	
Active Diabetic Pts (GPRA)	154		148			113			
# w/pos urine protein or any microalbuminuria (GPRA)	83	53.9	19	12.8	+41.1	0	0.0	+53.9	
# w/est GFR with result	36	23.4	0	0.0	+23.4	0	0.0	+23.4	
# w/both urine protein/micro AND GFR	24	15.6	0	0.0	+15.6	0	0.0	+15.6	
Active Adult Diabetic Patients	126		112			97			
# w/pos urine protein or any microalbuminuria	75	59.5	15	13.4	+46.1	0	0.0	+59.5	
# w/est GFR with result	30	23.8	0	0.0	+23.8	0	0.0	+23.8	
# w/both urine protein/micro AND GFR	20	15.9	0	0.0	+15.9	0	0.0	+15.9	

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

Diabetes: Nephropathy Assessment: List of patients with denominator identified, tests & values if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, KAYLIA	000010	COMMUNITY #2	F	29	UP	
PATIENT, ANNA	000011	COMMUNITY #2	F	47	UP,AD,AAD	12/10/03 A/C RATIO GFR
PATIENT, LAVERNE	000012	COMMUNITY #2	F	53	UP	
PATIENT, LAURA Y	000013	COMMUNITY #2	F	58	UP,AD,AAD	12/09/03 U 3+
PATIENT, FRANCES L	000014	COMMUNITY #2	F	70	UP	
PATIENT, LOU THILLA	000015	COMMUNITY #2	F	74	UP,AD,AAD	12/19/03 U 2+ GFR
PATIENT, VIRGIE	000016	COMMUNITY #2	F	74	UP,AD,AAD	06/15/03 U NEGATIVE
PATIENT, LEONA	000017	COMMUNITY #2	F	75	UP	08/08/03 U 2+
PATIENT, MAKAE LA	000018	COMMUNITY #2	F	77	UP,AD,AAD	12/18/03 U 3+ GFR

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

## 2.2.7 Diabetic Retinopathy

**GPR Measure Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at designated sites at the FY 2005 level and establish the baseline of patients with diagnosed diabetes who receive an annual retinal examination at all sites.

**NOTE:** The GPR measure reported at the national level for FY 2006 now includes both pilot sites and all sites, as noted in the description above.

### Denominators:

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

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

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 2 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 5.

### Numerators:

**GPR Numerator:** Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam.

A: Patients receiving diabetic retinal exam (or documented refusal) during the Report Period.

B: Patients receiving other eye exams during the Report Period.

**Logic Description:** DM AUDIT CREATININE TAX taxonomy is used for Active Adult Diabetic denominator.

CRS searches in the following order for:

Exam	CPT Codes	Other Codes
<b><i>Diabetic Retinal Exam</i></b>		
Diabetic retinal exam		<b>VExam: 03</b>
		<b>Clinic code: A2</b>
<b><i>Other Eye Exam</i></b>		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or qualifying* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel)		<b>Clinic codes: 17, 18, 64</b>
*Qualified retinal evaluation: The following methods are qualified for this measure: - Dilated retinal examination by an optometrist or ophthalmologist - 7 standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist - Any photographic method validated to ETDRS, i.e. JVN, Inoveon, EyeTel		
Non-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	<b>Provider codes: 24, 79, 08</b>
Refusal of a diabetic retinal exam		<b>Refusals Exam: 03</b>

**Key Logic Changes from CRS Version 5.1:** Removed CPT 92250 from Other Eye Exam definition.

**Patient List Description:** List of diabetic patients with denominator identified & eye exam status, if any.

**Measure Source:** IHS Diabetes Standards of Care.

**Measure Targets:**

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%
IHS 2010 Goal	70.0%

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Diabetic Retinopathy								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report period	207		205			156		
# w/Retinal Evaluation or refusal	89	43.0	95	46.3	-3.3	66	42.3	+0.7
A. # w/ DM Retinal exam or refusal	13	6.3	18	8.8	-2.5	26	16.7	-10.4
B. # w/Other Eye Exams	76	36.7	77	37.6	-0.8	40	25.6	+11.1
Active Diabetic Pts (GPRA)	154		148			113		
# w/Retinal Evaluation or refusal (GPRA)	87	56.5	91	61.5	-5.0	60	53.1	+3.4
A. # w/ DM Retinal exam or refusal	13	8.4	18	12.2	-3.7	25	22.1	-13.7
B. # w/Other Eye Exams	74	48.1	73	49.3	-1.3	35	31.0	+17.1
Active Adult Diabetic Patients	126		112			97		
# w/Retinal Evaluation or refusal	77	61.1	77	68.8	-7.6	56	57.7	+3.4
A. # w/ DM Retinal exam or refusal	13	10.3	17	15.2	-4.9	24	24.7	-14.4
B. # w/Other Eye Exams	64	50.8	60	53.6	-2.8	32	33.0	+17.8

Figure 2-14: Sample Report, Diabetic Retinopathy

Diabetic Retinopathy: List of diabetic patients eye exam status, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, JIMMIE	000100	COMMUNITY #2	M	68	UP,AD,AAD	06/25/03 CPT 92014
PATIENT, GEORGE	000101	COMMUNITY #2	M	70	UP	
PATIENT, JEFFREY	000102	COMMUNITY #2	M	72	UP,AD,AAD	
PATIENT, JEFFERSON	000103	COMMUNITY #2	M	78	UP,AD,AAD	05/20/03 CPT 92015
PATIENT, GARY	000104	COMMUNITY #2	M	80	UP,AD,AAD	
PATIENT, GEORGE A	000105	COMMUNITY #2	M	86	UP,AD,AAD	
PATIENT, PEARL	000001	COMMUNITY #3	F	25	UP,AD,AAD	
PATIENT, KESHAW LYNN	000002	COMMUNITY #3	F	27	UP,AD,AAD	
PATIENT, SHANOWA LYNN	000003	COMMUNITY #3	F	31	UP,AD,AAD	06/26/03 Diab Eye Ex
PATIENT, TYA D	000004	COMMUNITY #3	F	36	UP	
PATIENT, LORINDA MAE	000005	COMMUNITY #3	F	42	UP,AD,AAD	10/23/03 C1: A2

Figure 2-15: Sample Patient List, Diabetic Retinopathy

## 2.2.8 Diabetes: Access to Dental Services

**Measure Description:** During FY 2006, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2005 level.

### **Denominator:**

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

### **Numerators:**

Patients with documented dental visit during the Report period, including refusals in past year.

A: Patients with documented refusal.

**Logic Description:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

**Key Logic Changes from CRS Version 5.1:** Changed to non-GPRA measure.

**Patient List Description:** List of diabetic patients and documented dental visit or refusal, if any.

**Measure Past Performance and Targets:**

IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
HP 2010 Goal	75.0%

**Performance Improvement Tip:**

1. 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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Diabetes: Access to Dental Services

Denominator(s):  
 Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever

Numerator(s):  
 Patients with documented dental visit during the Report period, including refusals in past year.  
 A: Patients with documented refusal.

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

During FY 2006, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2005

IHS Performance: FY 2004 - 37.0%, FY 2003 - 36%; HP 2010 Goal: 75%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Diabetic Pts	154		148			113		
# w/dental visit in past yr	33	21.4	37	25.0	-3.6	21	18.6	+2.8
A. # Refusals w/ Dental Visits	2	6.1	0	0.0	+6.1	0	0.0	+6.1

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

Diabetes: Access to Dental Services: List of diabetic patients and documented dental visit or refusal, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, LAUREN	000200	COMMUNITY #1	F	45	AD	
PATIENT, BROOKE	000201	COMMUNITY #1	F	45	AD	
PATIENT, JERALDINE	000202	COMMUNITY #1	F	46	AD	01/01/03 DENTAL EXAM
PATIENT, NELTA	000203	COMMUNITY #1	F	46	AD	
PATIENT, CARLA A ADA 0150	000204	COMMUNITY #1	F	49	AD	01/15/03 CHS VISIT
PATIENT, RENA	000205	COMMUNITY #1	F	50	AD	
PATIENT, ROXANNE	000206	COMMUNITY #1	F	52	AD	
PATIENT, JANICE	000207	COMMUNITY #1	F	53	AD	11/14/03 ADA 0190

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 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.

**Denominator:**

**GPRA Denominator:** All patients in the User Population.

**Numerators:**

**GPRA Numerator:** Patients with documented dental visit during the Report period, including refusals in past year.

A: Patients with documented refusal.

**Logic Description:** For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients with documented dental visit or refusal and date.

**Measure Past Performance and Targets:**

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:**

1. 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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Access to Dental Services								
Denominator(s):								
GPRA Denominator: All patients in the User Population.								
Numerator(s):								
GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.								
A: Patients with documented refusal.								
For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.								
During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.								
IHS Performance: FY 2004 - 24.0%, FY 2003 - 25%; IHS 2010 Goal: 40%								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
# User Pop (GPRA)	2,285		2,257			2,233		
# w/dental visit in past yr (GPRA)	383	16.8	442	19.6	-2.8	448	20.1	-3.3
A. # Refusals w/ % of Total Dental Visits	2	0.5	0	0.0	+0.5	0	0.0	+0.5

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

Access to Dental Services: List of patients with documented dental visit or refusal and date.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, OSCAR W	000120	COMMUNITY #2	M	6	UP	01/21/03 ADA 0000
PATIENT, MORGAN	000121	COMMUNITY #2	M	6	UP	03/31/03 ADA 0000
PATIENT, DONALD D	000122	COMMUNITY #2	M	7	UP	12/04/03 ADA 0000
PATIENT, HUGH	000123	COMMUNITY #2	M	8	UP	06/23/03 ADA 0000
PATIENT, ADAM	000124	COMMUNITY #2	M	15	UP	06/12/03 ADA 0190

Figure 2-19: Sample Patient List, Access to Dental Services

### 2.3.2 Dental Sealants

**GPRA Measure Description:** During FY 2006, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.

**Denominator:** No denominator. This indicator is a total count only, not a percentage.

**GPRA Numerator:** The total number of dental sealants during the Report Period. Breakout by the following age groups: <12, 12-18, >18. 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 defined as V Dental ADA code 1351.

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients who received dental sealants during Report period.

#### Measure Past Performance and Targets:

IHS FY 2004 Performance	287,158 <sup>2</sup>
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

#### Performance Improvement Tip:

1. 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.

<sup>2</sup> Reported by the National Patient Information Reporting System (NPIRS).

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Dental Sealants					
Denominator(s):					
No denominator. This measure is a total count only, not a percentage.					
Numerator(s):					
GPRA Numerator: The total number of dental sealants during the Report Period.					
Age of the patient is calculated at the beginning of the Report Period.					
Sealants defined as V Dental ADA code 1351.					
During FY 2006, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.					
IHS Performance: FY 2004 - 287,158 (reported from NPIRS)					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented (GPRA)					
	145	469	-324	420	-275
# Dental Sealants documented pts <12 yrs					
	96	307	-211	241	-145
# Dental Sealants documented pts 12-18 yrs					
	48	146	-98	177	-129
# Dental Sealants documented pts >18 yrs					
	1	16	-15	2	-1

Figure 2-20: Sample Report, Dental Sealants

Dental Sealants: List of patients receiving sealants during Report period.							
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic							
PREG=Pregnant Female; IMM=Active IMM Pkg Pt							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	
-----							
PATIENT, BARBARA A	000222	COMMUNITY #1	F	4	UP	4	4 sealants
PATIENT, RUTH M	000223	COMMUNITY #1	F	4	UP	2	2 sealants
PATIENT, LISA LYNN	000224	COMMUNITY #1	F	5	UP	4	4 sealants
PATIENT, JO ANN	000225	COMMUNITY #1	F	6	UP	2	2 sealants
PATIENT, CARRIE ANN	000226	COMMUNITY #1	F	7	UP	4	4 sealants
PATIENT, IRENE	000227	COMMUNITY #1	F	7	UP	4	4 sealants
PATIENT, CLYDINE	000228	COMMUNITY #1	F	7	UP	5	5 sealants
PATIENT, VIDA	000229	COMMUNITY #1	F	8	UP	4	4 sealants
PATIENT, VERENA	000230	COMMUNITY #1	F	8	UP	4	4 sealants
PATIENT, JACQUELYN	000231	COMMUNITY #1	F	10	UP	1	1 sealants
PATIENT, VELMA ANN	000232	COMMUNITY #1	F	12	UP	5	5 sealants

Figure 2-21: Sample Patient List, Dental Sealants

### 2.3.3 Topical Fluoride

**GPRA Measure Description:** During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level.

**Denominator:** No denominator. This indicator is a total count only, not a percentage.

**Numerator:** The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

**GPRA Numerator:** The total number of patients with at least one topical fluoride treatment during the Report period.

**Logic Description:** Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; or 2) 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.

**Key Logic Changes from CRS Version 5.1:** Changed number of applications measure to non-GPRA measure.

**Patient List Description:** List of patients who received at least one topical fluoride application during Report period.

**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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Topical Fluoride					
Denominator(s): No denominator. This measure is a total count only, not a percentage.					
Numerator(s): GPRA Numerator: The total number of patients with at least one topical fluoride treatment during the Report Period. The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.					
Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; or 2) 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.					
During FY 2006, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2005 level.					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App (GPRA)	120	135	-15	60	+60
Total # of Topical Fluoride Applications	158	157	+1	63	+95

Figure 2-22: Sample Report, Topical Fluoride

Topical Fluoride: List of patients who received at least one topical fluoride application during Report period. UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic PREG=Pregnant Female; IMM=Active IMM Pkg Pt							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	
-----							
PATIENT, TYRA	000250	COMMUNITY #1	F	2	UP	1	1 topical flouride
PATIENT, LOUISE	000251	COMMUNITY #1	F	8	UP	1	1 topical flouride
PATIENT, JEANETTE	000252	COMMUNITY #1	F	12	UP	1	1 topical flouride
PATIENT, DARLENE ANN	000253	COMMUNITY #1	F	13	UP	1	1 topical flouride
PATIENT, LAUREL	000254	COMMUNITY #1	F	39	UP	1	1 topical flouride
PATIENT, HELENE	000255	COMMUNITY #1	F	49	UP	1	1 topical flouride
PATIENT, JESUS JR	000256	COMMUNITY #1	M	1	UP	3	3 topical flouride

Figure 2-23: Sample Patient List, Topical Fluoride

## 2.4 Immunization Measure Topics

### 2.4.1 Adult Immunizations: Influenza

**GPRA Measure Description:** In FY 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adults aged 65 years and older.

**Denominators:**

All Active Clinical patients ages 50 or older.

A: All Active Clinical patients ages 50-64.

**B: GPRA Denominator.** All Active Clinical patients ages 65 and older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 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:**

**GPRA Numerator:** Patients with Influenza vaccine documented during the Report Period, including refusals in past year.

Documented patient refusals (REF) or not medically indicated (NMI).

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Influenza vaccine is defined in the following ways:

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Influenza Vaccine	90655-90660, 90724	<p><b>Immunization (CVX) Code:</b> 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal</p> <p><b>POV:</b> V04.8, V04.81, V06.6</p> <p><b>ICD Procedure:</b> 99.52</p> <p><b>Refusals:</b> Immunization codes 15, 16, 88, 111</p>

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients  $\geq 50$  yrs or DM DX with Influenza code and date, if any.

**GPRA Measure Past Performance and Targets for Patients => 65:**

IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%
IHS FY 2002 Performance	51.4%
HP 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 PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
ages 50 or older	341		325			303			
Total # w/Flu vaccine documented	243	71.3	202	62.2	+9.1	170	56.1	+15.2	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
A. Active Clinical Patients									
ages 50-64	196		175			167			
Total # w/Flu vaccine documented	131	66.8	101	57.7	+9.1	77	46.1	+20.7	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. Active Clinical Patients									
65 and older (GPRA)	145		150			136			
Total # w/Flu vaccine documented (GPRA)	112	77.2	101	67.3	+9.9	93	68.4	+8.9	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Active Diabetic Pts									
	154		148			113			
Total # w/Flu vaccine documented	117	76.0	97	65.5	+10.4	74	65.5	+10.5	
A. # Refusals w/ % of Total IZ	1	0.9	0	0.0	+0.9	0	0.0	+0.9	
# User Population									
50 and older	416		400			362			
Total # w/Flu vaccine documented	268	64.4	215	53.8	+10.7	173	47.8	+16.6	
A. # of Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-24: Sample Report, Adult Immunizations: Influenza

Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with influenza code or refusal and date, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,FELICIA	000350	COMMUNITY #1	F	52	UP,AC	12/02/03 Imm 88
PATIENT,CHRISTINA	000351	COMMUNITY #1	F	52	UP,AC	10/08/03 V04.8
PATIENT,MARTHA C	000352	COMMUNITY #1	F	52	UP,AC	12/02/03 V04.81
PATIENT,SHANNON	000353	COMMUNITY #1	F	52	UP,AC	10/20/03 Imm 88
PATIENT,ROXANNE	000354	COMMUNITY #1	F	52	UP,AC,AD	10/02/03 Imm 88
PATIENT,CASSANDRA	000355	COMMUNITY #1	F	52	UP,AC	01/09/03 Imm 88
PATIENT,MARIAH	000356	COMMUNITY #1	F	52	UP,AC	11/18/03 Imm 88
PATIENT,CHENOA	000357	COMMUNITY #1	F	53	UP	12/09/03 Imm 88
PATIENT,HOPE	000358	COMMUNITY #1	F	53	UP	

Figure 2-25: Sample Patient List, Adult Immunization: Influenza

## 2.4.2 Adult Immunizations: Pneumovax

**GPRA Measure Description:** In FY 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.

### **Denominators:**

**GPRA Denominator:** Active Clinical patients ages 65 or older.

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

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

### **Numerators:**

**GPRA Numerator:** Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.

Documented patient refusals (REF) or **not medically indicated (NMI)**.

**Diabetic patients** with pneumovax documented in past 5 years, including refusals in past year.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

<b>Immunization</b>	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pneumococcal Vaccine	90669, 90732	<p><b>Immunization codes:</b> 33 – Pneumococcal Polysaccharide Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS</p> <p><b>POV:</b> V06.6; V03.89, V03.82</p> <p><b>V Procedure:</b> 99.55</p> <p><b>Refusals:</b> Immunization codes 33, 100, 109</p>

**Key Logic Changes from CRS Version 5.1:** Changed GPRA Measure Description from maintain to increase to 72.0%.

**Patient List Description:** List of patients =>65 yrs or DM DX w/ date of pneumovax, if any.

**GPRA Measure Past Performance and Targets:**

IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%
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).

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
SK Sep 09, 2005 Page 25 *** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Adult Immunizations: Pneumovax								
Active Clinical Pts ages 65 & older (GPRA)	145		150		136			
Total # w/Pneumovax documented (GPRA)	120	82.8	117	78.0	102	75.0	+7.8	
A. # Refusals w/ % of Total IZ	1	0.8	0	0.0	0	0.0	+0.8	
Active Diabetic Pts	154		148		113			
Total # w/Pneumovax documented	133	86.4	125	84.5	99	87.6	-1.2	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	
Total # w/Pneumovax documented in past 5 yrs	113	73.4	99	66.9	93	82.3	-8.9	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	
# User Population ages 65 & older	170		167		155			
Total # w/Pneumovax documented	128	75.3	122	73.1	106	68.4	+6.9	
A. # Refusals w/ % of Total IZ	1	0.8	0	0.0	0	0.0	+0.8	

Figure 2-26: Sample Report, Adult Immunization: Pneumovax

Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with pneumovax code or refusal and date, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ROBERTA 12/05/02 Imm 33	000322	COMMUNITY #1	F	67	UP,AC,AD	12/05/02 Imm 33
PATIENT, ELISSA 12/13/99 Imm 33	000323	COMMUNITY #1	F	67	UP,AC	12/13/99 Imm 33
PATIENT,MARSHA 08/25/00 V03.82	000324	COMMUNITY #1	F	67	UP,AC,AD	08/25/00 V03.82
PATIENT,SUZANNE	000325	COMMUNITY #1	F	67	UP,AC	
PATIENT,CARMELITA 11/12/03 Imm 33	000326	COMMUNITY #1	F	68	UP,AC	11/12/03 Imm 33

Figure 2-27: Sample Patient List, Adult Immunization: Pneumovax

### 2.4.3 Childhood Immunizations

**GPRA Measure Description:** During FY 2006, maintain baseline rates for recommended immunizations for American Indian/Alaska Native children 19-35 months compared to FY 2005.

**Denominators:**

**GPRA Denominator:** Active Clinical patients ages 19-35 months at end of Report period.

User Population patients ages 19-35 months.

Patients active in the Immunization Package who are 19-35 months at end of Report period. **NOTE: Only values for the Report Period will be reported for this denominator and its associated numerators.**

**Numerators:**

**GPRA 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), including refusals, contraindications, and evidence of disease.

Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.

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

Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

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

**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.

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1), including refusals, contraindications, and evidence of disease.

**Immunization Program Numerator:** Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease.

**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.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Therefore the age range will be adjusted to 7-23 months. 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: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and 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
- 3 doses of HIB
- 1 dose of Varicella

Except for the Immunization Program Numerators, 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 either 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.
- 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 a 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.

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	90698, 90700, 90721, 90723, 90749	<b>Immunization codes:</b> 20, 50, 106, 107, 110 <b>POV:</b> V06.1 <b>Refusals:</b> Immunization codes 20, 50, 106, 107, 110
DTP	90701, 90711, 90720	<b>Immunization codes:</b> 1, 22, 102 <b>POV:</b> V06.1, V06.2, V06.3 <b>V Procedure:</b> 99.39 <b>Refusals:</b> Immunization codes 1, 22, 102
Tdap	90715	<b>Immunization code:</b> 115 <b>Refusals:</b> Immunization code 115
DT (Diphtheria & Tetanus)	90702	<b>Immunization code:</b> 28 <b>POV:</b> V06.5 <b>Refusals:</b> Immunization code 28
Td (Tetanus & Diphtheria)	90718	<b>Immunization code:</b> 9 <b>POV:</b> V06.5 <b>Refusals:</b> Immunization code 9
Diphtheria	90719	<b>POV:</b> V03.5 <b>V Procedure:</b> 99.36 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V02.4, 032*
Tetanus	90703	<b>Immunization codes:</b> 35, 112 <b>POV:</b> V03.7 <b>V Procedure:</b> 99.38 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 037* <b>Refusals:</b> Immunization codes 35, 112
Pertussis		<b>Immunization code:</b> 11 <b>POV:</b> V03.6 <b>V Procedure:</b> 99.37 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 033* <b>Refusals:</b> Immunization code 11

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
OPV	90712	<b>Immunization codes:</b> 2, 89 <b>Contraindications:</b> POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 2, 89
IPV	90698, 90711, 90713, 90723	<b>Immunization codes:</b> 10, 89, 110 <b>POV:</b> V04.0, V06.3 <b>V Procedure:</b> 99.41 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V12.02, 045*, 138, 730.70-730.79 <b>Refusals:</b> Immunization codes 10, 89, 110
MMR	90707, 90710	<b>Immunization codes:</b> 3, 94 <b>POV:</b> V06.4 <b>V Procedure:</b> 99.48 <b>Contraindications:</b> POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 3, 94
M/R (Measles/Rubella)	90708	<b>Immunization code:</b> 4 <b>Refusals:</b> Immunization code 4
R/M (Rubella/Mumps)	90709	<b>Immunization code:</b> 38 <b>Refusals:</b> Immunization code 38
Measles	90705	<b>Immunization code:</b> 5 <b>POV:</b> V04.2 <b>V Procedure:</b> 99.45 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 055* <b>Refusals:</b> Immunization code 5
Mumps	90704	<b>Immunization code:</b> 7 <b>POV:</b> V04.6 <b>V Procedure:</b> 99.46 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 072* <b>Refusals:</b> Immunization code 7

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Rubella	90706	<b>Immunization code:</b> 6 <b>POV:</b> V04.3 <b>V Procedure:</b> 99.47 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 056*, 771.0 <b>Refusals:</b> Immunization code 6
HiB	90645-90648, 90698, 90720-90721, 90748	<b>Immunization codes:</b> 22, 46-49, 50, 51, 102 <b>POV:</b> V03.81 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2 <b>Refusals:</b> Immunization codes 22, 46-49, 50, 51, 102
Hepatitis B	90736, 90723, 90731, 90740, 90743-90748	<b>Immunization codes:</b> 8, 42-45, 51, 102, 104, 110 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 <b>Refusals:</b> Immunization codes 8, 42-45, 51, 102, 104, 110
Varicella	90710, 90716	<b>Immunization codes:</b> 21, 94 <b>POV:</b> V05.4 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 052*, 053* <b>Contraindications:</b> POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 21, 94

### Key Logic Changes from CRS Version 5.0 Patch 1:

1. Added new denominator for Active Immunization Package patients.
2. Deleted all of the 4:3:1 numerators.
3. Added Tdap (CPT 90715 and Immunization Code 115) to logic definition.
4. Added CVX 115 for Tdap definition and for refusal of Tdap.

**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:** The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 HIB;3 HEP;Varicella. A value of “;;;;” in the Numerator column means the patient didn’t meet the requirements for any of the immunizations. Another example is “;;MMR;;vari,” which means the patient did not have 4 Dtap/ Dtp, 3 IPV/OPV, 3 HIB and 3 HEP.

#### **GPRM Measure Past Performance and Targets:**

IHS FY 2004 Performance (baseline rate for children age 19-35 months)	72.0% <sup>3</sup>
IHS FY 2004 Performance (rate for children age 3-27 months)	81.0% <sup>4</sup>
IHS FY 2003 Performance (rate for children age 3-27 months)	80.0% <sup>5</sup>
IHS FY 2002 Performance (rate for children age 3-27 months)	80.0% <sup>6</sup>
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**
2. Providers should document refusals; write “Refused” in appropriate vaccine Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

<sup>3</sup> Reported by the Immunization Program from the quarterly immunization reports.

<sup>4</sup> ibid

<sup>5</sup> ibid

<sup>6</sup> ibid

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
SK Sep 09, 2005 Page 32 *** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
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Childhood Immunizations (con't)								
Active Clinical Pts 19-35 months (GPRA)	52		45		45			
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal (GPRA)	43	82.7	31	68.9	+13.8	30	66.7 +16.0	
A. Refusals w/ % of Total all IZ	2	4.7	0	0.0	+4.7	0	0.0 +4.7	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0 +0.0	
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	45	86.5	32	71.1	+15.4	32	71.1 +15.4	
A. # Refusals w/ % of Total DTaP	1	2.2	0	0.0	+2.2	0	0.0 +2.2	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0 +0.0	
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	48	92.3	38	84.4	+7.9	34	75.6 +16.8	
A. # Refusals w/ % of Total Polio	2	4.2	0	0.0	+4.2	0	0.0 +4.2	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	1	2.1	0	0.0	+2.1	0	0.0 +2.1	
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	49	94.2	41	91.1	+3.1	43	95.6 -1.3	
A. # Refusals w/ % of Total MMR	1	2.0	0	0.0	+2.0	0	0.0 +2.0	
B. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0 +0.0	

Figure 2-28: Sample Report, Childhood Immunizations

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.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,AMBER OPV;MMR;3 HIB;3 HEP;vari	000400	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,HILARY OPV;MMR;3 HIB;3 HEP;vari	000401	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,DELORSE OPV;MMR;3 HIB;3 HEP;vari	000402	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,CONNIE R OPV;MMR;3 HIB;3 HEP;vari	000403	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,ALISON	000404	COMMUNITY #1	F	1	UP	ref Dtap or DT;;;;
PATIENT,ALICE LEE OPV;MMR;3 HIB;3 HEP;vari	000405	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,GRACE OPV;MMR;3 HIB;3 HEP;vari	000406	COMMUNITY #1	F	1	UP;AC	4 Dtap/Dtp;3
PATIENT,HELEN	000407	COMMUNITY #1	F	1	UP	; ;NMI MMR; ;NMI var
PATIENT,GENEE OPV;MMR;3 HIB;3 HEP;vari	000408	COMMUNITY #1	F	1	UP;IMM	4 Dtap/Dtp;3
PATIENT,SHIRLEY OPV;MMR;3 HIB;3 HEP;vari	000409	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,BETSY OPV;MMR;3 HIB;3 HEP;vari	000410	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT,LETA OPV;MMR;3 HIB;3 HEP;	000411	COMMUNITY #1	F	1	UP;AC;IMM	4 Dtap/Dtp;ref

Figure 2-29: Sample Patient List, Childhood Immunizations

## 2.5 Cancer Related Measure Topics

### 2.5.1 Cancer Screening: Pap Smear Rates

**GPRA Measure Description:** During FY 2006, maintain 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 at the FY 2005 level.

**Denominator(s):**

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

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

**Numerators:**

**GPRA Numerator:** Patients with a Pap smear documented in the past 3 years, including refusals in past year.

A: Patients with documented refusal in past year.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Hysterectomy	51925, 56308, 58150, 58152, 58200-58294, 58550-58554, 58951, 58953-58954, 59135, 59525	<b>V Procedure:</b> 68.4-68.8		
Pap Smear	88141-88167, 88174-88175, Q0091	<b>Vlab:</b> PAP SMEAR <b>POV:</b> V76.2-Screen Mal Neop-Cervix V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN Exam V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic) V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-hysterectomy Patients V76.49 Pap Smear for Women w/o a Cervix <b>V Procedure:</b> 91.46 <b>Women's Health Tracking:</b> procedure called Pap Smear	yes	BGP GPRA PAP SMEAR
Refusal		<b>Refusals:</b> Lab Test Value Pap Smear		

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of female patients 21-64 w/denominator identified and documented test/refusal, if any

**Measure Past Performance and Targets:**

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).

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Cancer Screening: Pap Smear Rates									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical 21-64 years (GPRA)	448		435			434			
# w/Pap Smear recorded w/in 3 years (GPRA)	278	62.1	274	63.0	-0.9	289	66.6	-4.5	
A. # Refusals w/ % of Total Pap	1	0.4	0	0.0	+0.4	0	0.0	+0.4	
# Female User Pop 21-64 years	594		594			578			
# w/Pap Smear recorded w/in 3 years	284	47.8	280	47.1	+0.7	293	50.7	-2.9	
A. # Refusals w/ % of Total Pap	2	0.7	0	0.0	+0.7	0	0.0	+0.7	

Figure 2-30: Sample Report, Cancer Screening: Pap Smear Rates

Cancer Screening: Pap Smear Rates: List of women 21-64 with documented test/refusal, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,RENEE	000390	COMMUNITY #1	F	21	UP,AC	06/14/02 88164
PATIENT,ANN	000391	COMMUNITY #1	F	21	UP,AC	02/06/01 88164
PATIENT,LINDA	000392	COMMUNITY #1	F	21	UP,AC	07/26/02 V76.49
PATIENT,MARY	000393	COMMUNITY #1	F	21	UP	
PATIENT,LEIGH	000394	COMMUNITY #1	F	21	UP,AC	
PATIENT,SADIE	000395	COMMUNITY #1	F	21	UP	
PATIENT,MARLENE	000396	COMMUNITY #1	F	21	UP,AC	03/15/03 ref
PATIENT,RUTH B	000397	COMMUNITY #1	F	21	UP,AC	05/16/03 V76.2
PATIENT,TERRY	000398	COMMUNITY #1	F	21	UP,AC	

Figure 2-31: Sample Patient List, Cancer Screening: Pap Smear Rates

## 2.5.2 Cancer Screening: Mammogram Rates

**GPRA Measure Description:** During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.

### Denominators:

**GPRA Denominator:** Female Active Clinical patients ages 52 through 64 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.

### Numerators:

**GPRA Numerator:** All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.

A: Patients with documented refusal in past year.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Bilateral Mastectomy	19180.50 <b>OR</b> 19180 w/modifier 09950, 19200.50 <b>OR</b> 19200 w/modifier 09950, 19220.50 <b>OR</b> 19220 w/modifier 09950, 19240.50 <b>OR</b> 19240 w/modifier 09950 (.50 and 09950 indicate bilateral)	<b>V Procedure:</b> 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	<b>Vrad or VCPT:</b> 76090–76092, G0206, G0204, G0202	<b>POV:</b> V76.11, V76.12 <b>V Procedure:</b> 87.36-87.37 <b>Women’s Health:</b> Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal	<b>Vrad Mammogram for CPT:</b> 76090–76092, G0206, G0204, G0202	

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of female patients 52-64 w/ denominator identified and mammogram/refusal, if any.

**Measure Past Performance and Targets:**

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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Cancer Screening: Mammogram Rates (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Female Active Clinical 52-64 (GPRA)	85		79			74			
# w/Mammogram recorded w/in 2 years (GPRA)	48	56.5	41	51.9	+4.6	32	43.2	+13.2	
A. # Refusals w/ % of Total Mammograms	1	2.1	0	0.0	+2.1	0	0.0	+2.1	
# User Pop Women 52-64 years	105		103			90			
# w/Mammogram recorded w/in 2 years	48	45.7	41	39.8	+5.9	32	35.6	+10.2	
A. # Refusals w/ % of total Mammograms	1	2.1	0	0.0	+2.1	0	0.0	+2.1	

Figure 2-32: Sample Report, Cancer Screening: Mammogram Rates

Cancer Screening: Mammogram Rates: List of women 52-64 with mammogram/refusal, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, ANASTASIA	000200	COMMUNITY #1	F	52	UP;AC	04/01/03 ref
PATIENT, KIMBERLYN	000201	COMMUNITY #1	F	52	UP;AC	
PATIENT, FELICIA	000202	COMMUNITY #1	F	52	UP;AC	01/22/03 G0204
PATIENT, MARTHA C	000203	COMMUNITY #1	F	52	UP;AC	12/02/03 CPT
PATIENT, SHANNON LEI	000204	COMMUNITY #1	F	52	UP;AC	
PATIENT, ROXANNE	000205	COMMUNITY #1	F	52	UP;AC	
PATIENT, CASSANDRA	000206	COMMUNITY #1	F	52	UP;AC	12/04/03 G0202
PATIENT, MARIAH	000207	COMMUNITY #1	F	52	UP;AC	03/04/03 V76.12
PATIENT, CHENOA	000208	COMMUNITY #1	F	53	UP	
PATIENT, HOPE	000209	COMMUNITY #1	F	53	UP	
PATIENT, JEANNE	000210	COMMUNITY #1	F	53	UP;AC	09/03/02 G0202
PATIENT, JANICE	000211	COMMUNITY #1	F	53	UP;AC	05/22/02 G0204

Figure 2-33: Sample Patient List, Cancer Screening: Mammogram Rates

### 2.5.3 Colorectal Cancer Screening

**GPRA Measure Description:** During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.

**Denominators:**

**GPRA Denominator:** Active Clinical patients ages 51-80 without any documented diagnosis of colorectal cancer, broken out by gender.

All User Population patients ages 51-80 without any documented diagnosis of colorectal cancer, broken out by gender.

**Numerators:**

**GPRA Numerator:** Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test in the past 2 years; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or a documented refusal of any test in the past year.

A: Patients with documented refusal in the past year.

B: Patients with Fecal Occult Blood test (FOBT) in the past 2 years.

Patients with Rectal Exam in the past 2 years, including refusals in past year.

**Logic Description:** Age is calculated at the beginning of the Report period.

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Colorectal Cancer		<b>POV:</b> 153.*, 154.0, 154.1, 197.5, V10.05		
Fecal Occult Blood lab test (FOBT)	82270, 82274, G0107, 89205		yes	BGP GPRA FOB TESTS
Rectal Exam		<b>POV:</b> V76.41 Screening for Rectal <b>V Procedure:</b> 48.24-29, 89.34 Rectal Exam <b>V Exam:</b> 14		
Flexible Sigmoidoscopy	45330-45345, G0104	<b>V Procedure:</b> 45.24, 45.42		
Double contrast barium enema	VCPT or Vrad: 74270-74280, G0106, G0120			

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121	<b>POV:</b> V76.51 Colon screening		
Refusals	82270, 82274, G0107, 89205 Vrad: 45330-45345, G0104, 74270-74280, G0106, G0120, 44388-44394, 44397, 45355, 45378-45387, 45325, G0105, G0121	<b>V Exam:</b> 14		V Lab Fecal Occult Blood Test

**Key Logic Changes from CRS Version 5.1:** Changed to GPRA measure.

**Patient List Definition:** List of patients 51-80 and CRC screening test/date or refusal, if any.

**Performance Improvement Tips:**

1. 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).

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Colorectal Cancer Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
51-80 (GPRA)	296		283			261			
# w/ CRC screening (GPRA)									
A. # Refusals w/ % of Total CRC	54	18.2	64	22.6	-4.4	71	27.2	-9.0	
B. # w/FOB test in past 2 years	9	3.0	29	10.2	-7.2	49	18.8	-15.7	
# w/ rectal exam in past 2 yrs or refusal past year	62	20.9	58	20.5	+0.5	67	25.7	-4.7	
Male Active Clinical									
51-80	129		121			111			
# w/ CRC screening									
A. # Refusals w/ % of Total CRC	23	17.8	19	15.7	+2.1	16	14.4	+3.4	
B. # w/FOB test in past 2 years	1	0.8	4	3.3	-2.5	3	2.7	-1.9	
# w/ rectal exam in past 2 yrs or refusal past year	2	1.6	5	4.1	-2.6	4	3.6	-2.1	
Female Active Clinical									
51-80	167		162			150			
# w/ CRC screening									
A. # Refusals w/ % of Total CRC	31	18.6	45	27.8	-9.2	55	36.7	-18.1	
B. # w/FOB test in past 2 years	8	4.8	25	15.4	-10.6	46	30.7	-25.9	
# w/ rectal exam in past 2 yrs or refusal past year	60	35.9	53	32.7	+3.2	63	42.0	-6.1	

Figure 2-34: Sample Report, Colorectal Cancer Screening

Colorectal Cancer Screening: List of patients 51-80 with CRC screening/refusal, or rectal exam/refusal, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, CODY EXAM: 04/01/03	000550	COMMUNITY #1	M	70	UP	REFUSED RECTAL
PATIENT, RICHARD	000551	COMMUNITY #1	M	74	UP, AC	RAD BE: 11/08/00
PATIENT, AARON JAY V76.51: 03/05/03	000552	COMMUNITY #1	M	74	UP, AC	COLO DX
PATIENT, EDDIE	000553	COMMUNITY #1	M	76	UP, AC	RECTAL EXAM: 04/19/02
PATIENT, TERENCE	000554	COMMUNITY #1	M	76	UP	
PATIENT, SCOTT	000555	COMMUNITY #1	M	77	UP, AC	RAD BE: 02/25/00
PATIENT, LEANDRA MAE G0107: 12/11/02 RECTAL EXAM: 12/11/02	000002	COMMUNITY #2	F	53	UP, AC	FOB CPT

Figure 2-35: Sample Patient List, Colorectal Cancer Screening

## 2.5.4 Tobacco Use and Exposure Assessment

**GPRA Measure Description:** During FY 2006, rates of screening for tobacco use will be maintained at FY 2005 rates.

### **Denominators:**

Active Clinical patients ages 5 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.

Pregnant female patients.

All User Population patients ages 5 and older.

### **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. Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.\*-648.\*, 651.\*-676.\*) during the past 20 months, with one diagnosis occurring during

the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 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:

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		<b>V POV:</b> V22.0-V23.9, 640.*-648.*, 651.*-676.*
Miscarriage (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	<b>V POV:</b> 630, 631, 632, 633*, 634*
Abortion (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>V POV:</b> 635*, 636* 637*
Screened (timeframe for pregnant patients is past 20 months)		<b>V POV or current Active Problem List:</b> 305.1, V15.82 <b>Patient Education codes:</b> containing “TO-” or “-TO” or “-SHS” <b>Dental code:</b> 1320
Tobacco users and Current Smokers (timeframe for pregnant patients is past 20 months)		<b>V POV or current Active Problem List:</b> 305.1, V15.82 <b>Dental code:</b> 1320

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

<b>Health Factor</b>	<b>Numerator</b>
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened
Cessation-Smoker	Screened
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 5.1:** Changed to non-GPRA measure.

**Patient List Definition:** List of patients with no documented tobacco screening.

**Measure Past Performance and Targets:**

IHS FY 2004 Performance (Screening)	27.0%
IHS 2010 target for annual tobacco screening	100.0%

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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	1,399		1,382			1,384			
# w/Tobacco Screening	37	2.6	24	1.7	+0.9	21	1.5	+1.1	
# Tobacco Users w/ % of Total Screened	16	43.2	7	29.2	+14.1	12	57.1	-13.9	
A. # Smokers w/ % of Total Tobacco Users	15	93.8	7	100.0	-6.3	12	100.0	-6.3	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	6.3	0	0.0	+6.3	0	0.0	+6.3	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	2.7	0	0.0	+2.7	0	0.0	+2.7	
# Male Active Clinical ages => 5	597		591			593			
# w/Tobacco Screening	19	3.2	13	2.2	+1.0	12	2.0	+1.2	
# Tobacco Users w/ % of Total Screened	10	52.6	3	23.1	+29.6	8	66.7	-14.0	
A. # Smokers w/ % of Total Tobacco Users	9	90.0	3	100.0	-10.0	8	100.0	-10.0	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	10.0	0	0.0	+10.0	0	0.0	+10.0	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	5.3	0	0.0	+5.3	0	0.0	+5.3	
# Female Active Clinical ages => 5	802		791			791			
# w/Tobacco Screening	18	2.2	11	1.4	+0.9	9	1.1	+1.1	
# Tobacco Users w/ % of Total Screened	6	33.3	4	36.4	-3.0	4	44.4	-11.1	
A. # Smokers w/ % of Total Tobacco Users	6	100.0	4	100.0	+0.0	4	100.0	+0.0	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-36: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

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	288	125	162	399	280	145
# Tobacco Screening	0	0	5	12	13	7
% w/Tobacco Screening	0.0	0.0	3.1	3.0	4.6	4.8
# Tobacco Users	0	0	3	8	3	2
% Tobacco Users w/ % of Total Screened	0.0	0.0	60.0	66.7	23.1	28.6
# Smokers	0	0	2	8	3	2
% Smokers w/ % of Total Tobacco Users	0.0	0.0	66.7	100.0	100.0	100.0
# Smokeless	0	0	1	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	33.3	0.0	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	8.3	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	311	115	154	394	258	150
# Tobacco Screening	0	0	2	5	9	8
% w/Tobacco Screening	0.0	0.0	1.3	1.3	3.5	5.3
# Tobacco Users	0	0	2	4	1	0
% Tobacco Users w/ % of Total Screened	0.0	0.0	100.0	80.0	11.1	0.0
# Smokers	0	0	2	4	1	0
% Smokers w/ % of Total Tobacco Users	0.0	0.0	100.0	100.0	100.0	0.0
# Smokeless	0	0	0	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	+0.0	+0.0	+1.8	+1.7	+1.2	-0.5
Tobacco Users	+0.0	+0.0	-40.0	-13.3	+12.0	+28.6
Smokers	+0.0	+0.0	-33.3	+0.0	+0.0	+100.0
Smokeless	+0.0	+0.0	+33.3	+0.0	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	+8.3	+0.0	+0.0

Figure 2-37: Sample Age Breakdown Report, Tobacco Use Assessment

Tobacco Use and Exposure Assessment: List of patients 5 and older with no documented tobacco screening  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,CHESTER	002000	COMMUNITY #1	M	34	UP,AC	
PATIENT,JUAN	002001	COMMUNITY #1	M	34	UP	
PATIENT,BEN	002002	COMMUNITY #1	M	34	UP	
PATIENT,STUART	002003	COMMUNITY #1	M	35	UP,AC	
PATIENT,HARRY B	002004	COMMUNITY #1	M	35	UP	
PATIENT,EMERSON	002005	COMMUNITY #1	M	35	UP,AC	
PATIENT,EUGENE JAY	002006	COMMUNITY #1	M	35	UP	
PATIENT,ROGER	002007	COMMUNITY #1	M	35	UP,AC	
PATIENT,ANDREW	002008	COMMUNITY #1	M	35	UP	

Figure 2-38: Sample Patient List, Tobacco Use Assessment

## 2.5.5 Tobacco Cessation

**GPRA Measure Description:** During FY 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.

### **Denominators:**

**GPRA Denominator:** Active Clinical patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups.

User Population patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups.

### **Numerators:**

**GPRA Numerator:** Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year.

Patients identified during the Report Period as quit tobacco use.

**Logic Description:** CRS uses the following codes:

	ICD and Other Codes
Tobacco Users	<p><b>Tobacco Health Factors (looks at the last documented health factor):</b> Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Cessation-Smoker and Smokeless</p> <p><b>V POV or current Active Problem List:</b> 305.1, 305.10-305.12 (old codes),V15.82</p> <p><b>Dental code:</b> 1320</p>

	ICD and Other Codes
Tobacco Cessation Counseling	<p><b>Patient education codes containing:</b> "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke)</p> <p><b>Dental code:</b> 1320</p> <p><b>Clinic code:</b> 94 (tobacco cessation clinic)</p> <p><b>Refusals:</b> Patient education codes containing: "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke)</p>
Quit Tobacco User	<p><b>V POV or current Active Problem List:</b> 305.13 (tobacco use in remission)</p> <p><b>Health Factors</b> documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.</p>

**Key Logic Changes from CRS Version 5.1:**

1. Changed to GPRA measure.
2. Combined counseling and medications counseling numerators.
3. Added breakdowns by gender.
4. Added breakdowns by age groups <12, 12-17, and 18+.
5. Revised denominator logic to include patients with health factors of Cessation-Smoker, Cessation-Smokeless or both.
6. Revised quit tobacco use numerator by removing health factors of Cessation-Smoker, Cessation-Smokeless, or both.
7. Added refusals in counseling numerator.

**Patient List Description:** List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.

**Measure Target:**

HP 2010 target for increasing smoking cessation attempts for adult smokers	75.0%
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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Tobacco Cessation (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Tobacco Users (GPRA)	45		42			31			
# w/tobacco cessation counseling or refusal (GPRA)	5	11.1	0	0.0	+11.1	0	0.0	+11.1	
# who quit	1	2.2	0	0.0	+2.2	0	0.0	+2.2	
Male Active Clinical Tobacco Users	24		23			16			
# w/tobacco cessation counseling or refusal (GPRA)	2	8.3	0	0.0	+8.3	0	0.0	+8.3	
# who quit	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Tobacco Users	21		19			15			
# w/tobacco cessation counseling or refusal (GPRA)	3	14.3	0	0.0	+14.3	0	0.0	+14.3	
# who quit	1	4.8	0	0.0	+4.8	0	0.0	+4.8	
User Pop Tobacco Users	54		53			35			
# w/tobacco cessation counseling or refusal	5	9.3	0	0.0	+9.3	0	0.0	+9.3	
# who quit	1	1.9	0	0.0	+1.9	0	0.0	+1.9	

Figure 2-39: Sample Report, Tobacco Cessation

Tobacco Cessation: List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ARLINDA	003001	COMMUNITY #1	F	20	UP	
PATIENT,MARLENE	003002	COMMUNITY #1	F	21	UP;AC	PT ED: 12/08/03 TO-M
PATIENT,NORA	003003	COMMUNITY #1	F	25	UP;AC	PT ED: 06/23/03 TO-LA
PATIENT,SELINA	003004	COMMUNITY #1	F	27	UP;AC	
PATIENT,DONNA	003005	COMMUNITY #1	F	28	UP;AC	
PATIENT,BLANCHE	003006	COMMUNITY #1	F	29	UP;AC	
PATIENT,ERIN	003007	COMMUNITY #1	F	29	UP;AC	
PATIENT,GERALDINE	003008	COMMUNITY #1	F	30	UP;AC	
PATIENT,LUCINDA SMOKER 03/16/03	003009	COMMUNITY #1	F	32	UP;AC	;QUIT: PREVIOUS

Figure 2-40: Sample Patient List Tobacco Cessation

## 2.6 Behavioral Health Related Indicator Topics

### 2.6.1 Alcohol Screening (FAS Prevention)

**GPRA Measure Description:** During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44.

**Denominators:**

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

Female User Population patients ages 15 to 44.

**Numerators:**

**GPRA Numerator:** GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.

A: Patients with exam code, Alcohol health factor or screening diagnosis during the Report Period.

B: Patients with alcohol-related diagnoses during the Report Period

C: Patients with alcohol-related patient education or counseling during the Report Period.

D: Patients with documented refusal in past year.

**Logic Description:** Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A) Alcohol Screening Exam or Refusal, any Alcohol Health Factor, or Screening Diagnosis; B) Diagnosis in POV, Current PCC or BHS Problem List; C) Patient education.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Alcohol Screening		<b>PCC Exam Code: 35</b> <b>Any Alcohol Health Factor</b> <b>V POV:</b> V11.3 (history of alcoholism), V79.1 (screening for alcoholism) <b>BHS Problem Code:</b> 29.1 (Screening for Alcoholism) <b>Refusals:</b> PCC Exam Code 35, in the past year
Alcohol Diagnosis		<b>V POV, Current PCC or BHS Problem List:</b> 303.*, 305.0*, 291.*, 357.5* <b>BHS POV:</b> 10, 27, 29
Alcohol Education		<b>Patient Education codes:</b> containing “AOD-” or “-AOD” (Alcohol and Other Drugs) or old codes containing “CD-” or “-CD” (Chemical Dependency)

**Alcohol Health Factors:** The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following 4 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 on PCC:

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 5.1:**

1. Added PCC exam code 35 for screening numerator, including refusals.

2. Added refusals to screening numerator and added sub-numerator for refusals.
3. Changed GPRA Measure Description from maintain to increase.

**Patient List Description:** List of female patients with no documented alcohol screening.

**Measure Past Performance and Targets:** No HP2010 indicator for Alcohol screening.

IHS FY 2004 Performance	7.0%
IHS 2010 Target	25.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
SK Sep 09, 2005 Page 58 *** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Alcohol Screening (FAS Prevention)								
Female Active Clinical ages 15-44 (GPRA)								
390		372			366			
# w/any alcohol screening (GPRA)								
15	3.8	11	3.0	+0.9	11	3.0	+0.8	
A. # w/exam/alcohol HF/screen DX								
4	1.0	0	0.0	+1.0	1	0.3	+0.8	
B. # w/alcohol related diagnosis								
8	2.1	11	3.0	-0.9	10	2.7	-0.7	
C. # w/alcohol related patient education								
2	0.5	0	0.0	+0.5	0	0.0	+0.5	
D. # w/refusal in past year								
1	0.3	0	0.0	+0.3	0	0.0	+0.3	
Female User Population ages 15-44								
532		531			519			
# w/any alcohol screening								
16	3.0	11	2.1	+0.9	13	2.5	+0.5	
A. # w/exam/alcohol HF/screen DX screening								
4	0.8	0	0.0	+0.8	1	0.2	+0.6	
B. # w/alcohol related diagnosis								
9	1.7	11	2.1	-0.4	12	2.3	-0.6	
C. # w/alcohol related patient education								
2	0.4	0	0.0	+0.4	0	0.0	+0.4	
D. # w/refusal in past year								
1	0.2	0	0.0	+0.2	0	0.0	+0.2	

Figure 2-41: Sample Report, Alcohol Screening (FAS Prevention)

Alcohol Screening (FAS Prevention): List of female patients with no documented screening or refusal.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,CHRISTINA	007001	COMMUNITY #1	F	15	UP;AC	
PATIENT,EDITH	007002	COMMUNITY #1	F	15	UP;AC	
PATIENT,ELOUISE	007003	COMMUNITY #1	F	15	UP;AC	
PATIENT,LYLA	007004	COMMUNITY #1	F	15	UP;AC	
PATIENT,SHEILA	007005	COMMUNITY #1	F	15	UP;	
PATIENT,TAYLOR	007006	COMMUNITY #1	F	15	UP;AC	
PATIENT,DARLENE	007007	COMMUNITY #1	F	15	UP;AC	
PATIENT,STEPHANIE	007008	COMMUNITY #1	F	15	UP;	
PATIENT,ALISON	007009	COMMUNITY #1	F	15	UP;AC	

Figure 2-42: Sample Patient List, Alcohol Screening (FAS Prevention)

## 2.6.2 Intimate Partner (Domestic) Violence Screening

**GPRA Measure Description:** During FY 2006, increase the screening rate for domestic violence in female patients ages 15 through 40.

### **Denominators:**

Female Active Clinical patients ages 13 and older.

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

Female User Population patients ages 13 and older.

### **Numerators:**

**GPRA Numerator:** Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year.

A: Patients with documented IPV/DV exam.

B: Patients with IPV/DV related diagnoses.

C: Patients provided with education or counseling about Domestic Violence

D: 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.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
IPV/DV Screening		<b>V Exam:</b> Code 34 <b>BHS Exam:</b> IPV/DV
IPV/DV Diagnosis		<b>V POV or current Problem List:</b> 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49 <b>BHS POV:</b> 43.*, 44.*
IPV/DV Education		<b>Patient education codes:</b> containing “DV-” or “-DV” (Domestic Violence)
IPV/DV Counseling		<b>V POV:</b> V61.11
Refusals		<b>V Exam:</b> Code 34 BHS IPV/DV exam Patient education codes containing “DV-” or “-DV”

**Key Logic Changes from CRS Version 5.1:** Changed GPRA Measure Description from maintain to increase.

**Patient List Description:** List of patients not screened and without documented refusal.

**Measure Past Performance and Targets:** No HP2010 indicator for Intimate Partner Violence screening.

IHS FY 2004 Performance	4.0%
IHS Target FY 2010	25.0%

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DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Intimate Partner (Domestic) Violence Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Female Active									
Clinical ages									
13 and older	682		656			622			
# w/IPV/DV screening									
or refusal	17	2.5	8	1.2	+1.3	9	1.4	+1.0	
A. # w/ documented									
IPV/DV exam	1	0.1	0	0.0	+0.1	0	0.0	+0.1	
B. # w/ IPV/DV related									
diagnosis	11	1.6	8	1.2	+0.4	9	1.4	+0.2	
C. # provided DV									
education	2	0.3	0	0.0	+0.3	0	0.0	+0.3	
D. # w/ documented									
refusal	3	0.4	0	0.0	+0.4	0	0.0	+0.4	
# Female Active Clinical									
ages 15-40									
(GPRA)	342		321			322			
# w/IPV/DV screening									
or refusal (GPRA)	13	3.8	4	1.2	+2.6	5	1.6	+2.2	
A. # w/ documented									
IPV/DV exam	1	0.3	0	0.0	+0.3	0	0.0	+0.3	
B. # w/ IPV/DV related									
diagnosis	7	2.0	4	1.2	+0.8	5	1.6	+0.5	
C. # provided DV									
education	2	0.6	0	0.0	+0.6	0	0.0	+0.6	
D. # w/ documented									
refusal	3	0.9	0	0.0	+0.9	0	0.0	+0.9	
# Female User Pop									
13 and older	896		885			837			
# w/IPV/DV screening									
or refusal	17	1.9	8	0.9	+1.0	10	1.2	+0.7	
A. # w/ documented									
IPV/DV exam	1	0.1	0	0.0	+0.1	0	0.0	+0.1	
B. # w/ IPV/DV related									
diagnosis	11	1.2	8	0.9	+0.3	10	1.2	+0.0	
C. # provided DV									
education	2	0.2	0	0.0	+0.2	0	0.0	+0.2	
D. # w/ documented									
refusal	3	0.3	0	0.0	+0.3	0	0.0	+0.3	

Figure 2-43: Sample Report, Intimate Partner (Domestic) Violence Screening

Intimate Partner (Domestic) Violence Screening: List of patients not screened.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,LINDA	005990	COMMUNITY #1	F	15	UP;AC	
PATIENT,ANNIE	005991	COMMUNITY #1	F	15	UP;AC	
PATIENT,SHAUNON L	005992	COMMUNITY #1	F	15	UP;	
PATIENT,NALA	005993	COMMUNITY #1	F	15	UP;AC	
PATIENT,PEGGY L	005994	COMMUNITY #1	F	15	UP;AC	
PATIENT,MELANIE	005995	COMMUNITY #1	F	15	UP;AC	
PATIENT,ALYSON	005996	COMMUNITY #1	F	15	UP;	
PATIENT,JEAN F	005997	COMMUNITY #1	F	16	UP;	

Figure 2-44: Sample Patient List, Intimate Partner (Domestic) Violence Screening

### 2.6.3 Depression Screening

**GPRA Measure Description:** During FY 2006, establish a baseline rate of annual screening for depression in adults ages 18 and over.

#### **Denominators:**

**GPRA Denominator:** Active Clinical patients ages 18 and older. Broken down by gender.

A. Active Clinical patients ages 65 and older.

User Population patients ages 18 and older.

A. User Population patients ages 65 and older.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report period, AND at least 2 visits during the Report period, AND 2 DM-related visits ever. Broken down by gender.

All patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits during the Report period. Broken down by gender.

#### **Numerators:**

**GPRA Numerator:** Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

A: Patients screened for depression during the Report period.

B: Patients with a diagnosis of a mood disorder during the Report period.

C: Patients with documented refusal in past year.

**Logic Description:** Age is calculated at beginning of the Report period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Diabetes		<b>V POV:</b> 250.00-250.93
Ischemic Heart Disease		<b>V POV:</b> 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening		<b>V Exam:</b> Exam Code 36 <b>V POV:</b> V79.0 <b>BHS Problem Code:</b> 14.1 (Screening for Depression)
Mood Disorders		<b>At least 2 visits in PCC or BHS for:</b> 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. <b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 <b>BHS POV:</b> 14, 15
Refusals		<b>V Exam:</b> Exam Code 36, in past year

**Key Logic Changes from CRS Version 5.1:**

1. Renamed from Depression/Anxiety Screening.
2. Changed to GPRA measure.
3. Removed all logic for anxiety screening/diagnoses.
4. Changed age range for Active Clinical and User Pop denominators from 40+ to 18+.
5. Removed all patient education codes for screening.
6. Added new Exam Code 36 for screening.
7. Revised diagnosis and POV codes for depression diagnosis to be those for mood disorder diagnosis.
8. Included refusals in numerator and created separate sub-numerator for refusals.

**Patient List Description:** List of patients not screened for depression/diagnosed with mood disorder.

**Measure Target: IHS 2010 Target: 20.0%**

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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Depression Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts => 18 (GPRA)	986		956			913			
# w/ Depression screening, DX or refusal (GPRA)	43	4.4	28	2.9	+1.4	21	2.3	+2.1	
A. # screened for depression	6	0.6	0	0.0	+0.6	0	0.0	+0.6	
B. # w/mood disorder DX	36	3.7	28	2.9	+0.7	21	2.3	+1.4	
C. # w/refusal in past year	1	0.1	0	0.0	+0.1	0	0.0	+0.1	
Male Active Clinical Pts =>18	399		382			362			
# w/ Depression screening, DX or refusal	7	1.8	4	1.0	+0.7	2	0.6	+1.2	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	6	1.5	4	1.0	+0.5	2	0.6	+1.0	
C. # w/refusal in past year	1	0.3	0	0.0	+0.3	0	0.0	+0.3	
Female Active Clinical Pts =>18	587		574			551			
# w/ Depression screening, DX or refusal	36	6.1	24	4.2	+2.0	19	3.4	+2.7	
A. # screened for depression	6	1.0	0	0.0	+1.0	0	0.0	+1.0	
B. # w/Mood Disorder DX	30	5.1	24	4.2	+0.9	19	3.4	+1.7	
C. # w/refusal in past year	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-45: Sample Report, Depression Screening

Depression Screening: List of patients not screened for depression/diagnosed with mood disorder.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, JOSEPH	007700	COMMUNITY #1	M	18	UP;AC	
PATIENT, OTIS	007701	COMMUNITY #1	M	20	UP;AC	
PATIENT, GEORGE	007702	COMMUNITY #1	M	21	UP	
PATIENT, GARCIA	007703	COMMUNITY #1	M	33	UP;AC	
PATIENT, MICHAEL	007704	COMMUNITY #1	M	38	UP;AC;AD	
PATIENT, ARNUM	007705	COMMUNITY #1	M	40	UP	
PATIENT, SEAN	007706	COMMUNITY #1	M	46	UP;AC;AD	

Figure 2-46: Sample Patient List, Depression Screening

## 2.6.4 Antidepressant Medication Management (New Topic)

**Measure Description:** For FY 2006, establish the baseline rate for patients with new depression diagnosis who are receiving appropriate treatment medication.

### **Denominators:**

As of the 120th day of the Report period, Active Clinical patients 18 years 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 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 (6 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: 1) one visit in any setting with major depression DX (see list of codes below) as primary POV, 2) two outpatient visits occurring on different dates of service with secondary POV of major depression, or 3) an inpatient visit with secondary POV of major depression.

For example, if Report period is July 1, 2005 - June 30, 2006, patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.

Major depression 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 (4 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 list of medications below) within 90 days (3 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, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or 2B) 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, AND 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 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=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30  
Rx covers patient through 12/1/2004
- 2nd RX: 12/15/2004, # Days Prescribed=30

- Gap #1 = (12/15/2004-12/1/2004) = 14 days  
 Rx covers patient through 1/14/2005
- 3rd RX: 1/10/2005, # Days Prescribed=30  
 No gap days.  
 Rx covers patient through 2/13/2005
  - Index Rx Date 11/1/2004 + 114 days = 2/23/2005
  - Patient's 84th treatment day occurs on 2/7/2005, which is  $\leq$  2/23/2005 AND # gap days of 14 is less than 30.

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30  
 Rx covers patient through 12/1/2004
- 2nd Rx: 12/15/2004, # Days Prescribed=30  
 Gap #1 = (12/15/2004-12/1/2004) = 14 days  
 Rx covers patient through 1/14/2005
- 3rd Rx: 2/01/2005, # Days Prescribed=30  
 Gap #2 = (2/01/2005-1/14/2005) = 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=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

**Antidepressant medications** defined with medication taxonomy BGP ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.)

**Measure Source:** HEDIS, HP 2010 18-9b.

**Measure Target:** HP 2010 Target: 50.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
SK Sep 09, 2005 Page 72 *** IHS 2006 Clinical Performance Report *** DEMO HOSPITAL Report Period: Jan 01, 2003 to Dec 31, 2003 Previous Year Period: Jan 01, 2002 to Dec 31, 2002 Baseline Period: Jan 01, 2000 to Dec 31, 2000							
-----							
Antidepressant Medication Management							
Active Clinical Pts =>18 w/new depression DX and antidepressant meds							
15		8			14		
# w/3 outpt mental health visits within 12 weeks							
3	20.0	3	37.5	-17.5	7	50.0	-30.0
# w/12 week treatment meds							
7	46.7	4	50.0	-3.3	6	42.9	+3.8
# w/180 day treatment meds							
4	26.7	2	25.0	+1.7	4	28.6	-1.9
User Pop Pts =>18 w/new depression DX and antidepressant meds							
15		8			14		
# w/3 outpt mental health visits within 12 weeks							
3	20.0	3	37.5	-17.5	7	50.0	-30.0
# w/12 week treatment meds							
7	46.7	4	50.0	-3.3	6	42.9	+3.8
# w/180 day treatment meds							
4	26.7	2	25.0	+1.7	4	28.6	-1.9

Figure 2-47: Sample Report, Antidepressant Medication Management

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.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, JUANITA	002567	COMMUNITY #1	F	20	UP,AC IESD: 10/22/02	NOT OPC; APT; NOT CONPT: 10/22/02(20); 01/31/03(90); DAYS=110; GAP=121
PATIENT, LYNN	002568	COMMUNITY #1	F	28	UP,AC IESD: 03/14/03	NOT OPC; NOT APT: 03/18/03(23); 04/10/03(60); DAYS=83; GAP=31; NOT CONPT: 03/18/03(23); 04/10/03(60); DAYS=83; GAP=148
PATIENT, JEAN	002569	COMMUNITY #1	F	34	UP,AC IESD: 10/24/02	NOT OPC; NOT APT: 10/21/02(3); 10/24/02(10); 11/27/02(26); 11/27/02(26); 12/23/02(30); 12/23/02(30); DAYS=125; GAP=45; NOT CONPT: 10/21/02(3); 10/24/02(10); 11/27/02(26); 11/27/02(26); 12/23/02(30); 12/23/02(30); DAYS=125; GAP=162
PATIENT, SARAH	002570	COMMUNITY #1	F	44	UP,AC IESD: 06/24/02	NOT OPC; APT; NOT CONPT: 06/24/02(30); 07/22/02(100); DAYS=130; GAP=101
PATIENT, DORY	002571	COMMUNITY #1	F	49	UP,AC IESD: 09/19/02	OPC; APT; CONPT

Figure 2-48: Sample Patient List, Antidepressant Medication Management

## 2.7 Cardiovascular Disease Related Measure Topics

### 2.7.1 Obesity Assessment

**Measure Description:** During FY 2006, each Area will increase the number of patients for whom BMI data can be measured by 5%.

**Denominators:**

Active Clinical patients ages 2 through 74. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

All User Population patients ages 2 through 74.

**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 BMI tables.

B: For those with a BMI calculated, those considered obese using BMI and standard BMI 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. 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 5 years, not required to be on the same day. For over 50, height and weight within last 2 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 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 5.1:**

1. Change to non-GPRA measure.
2. Added refusals to BMI calculated numerator and added separate refusal numerator.

**Patient List Description:** List of patients for whom BMI could NOT be calculated.

**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.

**Measure Past Performance:**

IHS FY 2004 Performance	60.0%
-------------------------	-------

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*** IHS 2006 Clinical Performance Report ***									
DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
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	1,452		1,439			1,455			
# w/BMI calculated	214	14.7	222	15.4	-0.7	257	17.7	-2.9	
A. # Overweight w/ % of Total BMI	53	24.8	75	33.8	-9.0	56	21.8	+3.0	
B. # Obese w/ % of Total BMI	75	35.0	86	38.7	-3.7	91	35.4	-0.4	
C. # Overweight/Obese w/ % of Total BMI	128	59.8	161	72.5	-12.7	147	57.2	+2.6	
D. # w/refusal in past year w/ % of Total BMI	3	1.4	0	0.0	+1.4	0	0.0	+1.4	
Male Active Clinical Pts 2-74	631		624			636			
# w/BMI calculated	97	15.4	92	14.7	+0.6	106	16.7	-1.3	
A. # Overweight w/ % of Total BMI	26	26.8	34	37.0	-10.2	23	21.7	+5.1	
B. # Obese w/ % of Total BMI	25	25.8	28	30.4	-4.7	29	27.4	-1.6	
C. #Overweight/Obese w/ % of Total BMI	51	52.6	62	67.4	-14.8	52	49.1	+3.5	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Pts 2-74	821		815			819			
# w/BMI calculated	117	14.3	130	16.0	-1.7	151	18.4	-4.2	
A. # Overweight w/ % of Total BMI	27	23.1	41	31.5	-8.5	33	21.9	+1.2	
B. # Obese w/ % of Total BMI	50	42.7	58	44.6	-1.9	62	41.1	+1.7	
C. #Overweight/Obese w/ % of Total BMI	77	65.8	99	76.2	-10.3	95	62.9	+2.9	
D. # w/refusal in past year w/ % of Total BMI	3	2.6	0	0.0	+2.6	0	0.0	+2.6	

Figure 2-49: 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	147	181	254	108	195	204	156	207
# w/ BMI calculated	38	31	45	16	25	21	19	19
% w/BMI calculated	25.9	17.1	17.7	14.8	12.8	10.3	12.2	9.2
# Overweight	5	3	8	5	8	6	9	9
% Overweight w/ % Total BMI	13.2	9.7	17.8	31.3	32.0	28.6	47.4	47.4
# Obese	7	5	14	6	14	13	9	7
% Obese w/ % of Total BMI	18.4	16.1	31.1	37.5	56.0	61.9	47.4	36.8
# Overweight or Obese	12	8	22	11	22	19	18	16
% Overweight or Obese w/ % Total BMI	31.6	25.8	48.9	68.8	88.0	90.5	94.7	84.2
# w/refusal in past yr	0	0	1	2	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	2.2	12.5	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	157	198	247	101	200	194	145	197
# w/ BMI calculated	47	17	43	19	24	28	21	23
% w/BMI calculated	29.9	8.6	17.4	18.8	12.0	14.4	14.5	11.7
# Overweight	15	5	16	9	6	12	6	6
% Overweight w/ % Total BMI	31.9	29.4	37.2	47.4	25.0	42.9	28.6	26.1
# Obese	14	3	10	7	15	14	12	11
% Obese w/ % of Total BMI	29.8	17.6	23.3	36.8	62.5	50.0	57.1	47.8
# Overweight or Obese	29	8	26	16	21	26	18	17
% Overweight or Obese w/ % Total BMI	61.7	47.1	60.5	84.2	87.5	92.9	85.7	73.9
# w/refusal in past yr	0	0	0	0	0	0	0	0
% 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	-4.1	+8.5	+0.3	-4.0	+0.8	-4.1	-2.3	-2.5
Overweight	-18.8	-19.7	-19.4	-16.1	+7.0	-14.3	+18.8	+21.3
Obese	-11.4	-1.5	+7.9	+0.7	-6.5	+11.9	-9.8	-11.0
Overweight or Obese	-30.1	-21.3	-11.6	-15.5	+0.5	-2.4	+9.0	+10.3
w/refusal in past yr	+0.0	+0.0	+2.2	+12.5	+0.0	+0.0	+0.0	+0.0

Figure 2-50: Sample Report, Age Breakout, Obesity Assessment

Obesity Assessment: List of patients for whom BMI could NOT be calculated.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,DOROTHY	000800	COMMUNITY #1	F	2	UP;AC	
PATIENT,TANYA J	000801	COMMUNITY #1	F	2	UP;AC	
PATIENT,PAULINDA	000802	COMMUNITY #1	F	2	UP;AC	
PATIENT,ANNA	000803	COMMUNITY #1	F	2	UP	
PATIENT,JACQUELINE C	000804	COMMUNITY #1	F	2	UP;AC	
PATIENT,DAWN	000805	COMMUNITY #1	F	2	UP;AC	

Figure 2-51: Sample Patient List, Obesity Assessment

## 2.7.2 Childhood Weight Control

**GPRA Measure Description:** During FY 2006, establish the baseline proportion of children ages 2-5 years, with a BMI of 95% or higher.

### Denominator:

**GPRA Denominator:** Active Clinical patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

### Numerators:

Patients with BMI 85-94%.

**GPRA Numerator:** Patients with a BMI 95% and up.

Patients with a BMI =>85%.

**Logic Description:** All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 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 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 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 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 At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

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 At-risk for Overweight or Overweight.

**BMI STANDARD REFERENCE DATA**

<b>LOW-HIGH AGES</b>	<b>SEX</b>	<b>BMI &gt;= (RISK – OVERWT)</b>	<b>BMI &gt;= (OVERWT)</b>	<b>DATA CHECK LIMIT BMI&gt;</b>	<b>DATA CHECK LIMIT BMI &lt;</b>
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 5.1:**

1. Changed to GPRA measure.
2. Added breakdown by gender.

**Patient List Description:** List of patients ages 2-5, with current BMI, if any.

**Measure Target:** IHS 2010 Goal: Reduce by 10%

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DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Childhood Weight Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
2-5 w/BMI									
(GPRA)									
	35		40			42			
# w/BMI 85-94%	3	8.6	10	25.0	-16.4	3	7.1	+1.4	
# w/BMI =>95%									
(GPRA)									
# w/BMI =>85%	6	17.1	12	30.0	-12.9	5	11.9	+5.2	
# w/BMI =>85%	9	25.7	22	55.0	-29.3	8	19.0	+6.7	
Active Clinical Pts									
Age 2									
	6		7			7			
# w/BMI 85-94%	1	16.7	1	14.3	+2.4	1	14.3	+2.4	
# w/BMI =>95%	0	0.0	2	28.6	-28.6	0	0.0	+0.0	
# w/BMI =>85%	1	16.7	3	42.9	-26.2	1	14.3	+2.4	
Active Clinical Pts									
Age 3									
	4		7			15			
# w/BMI 85-94%	0	0.0	1	14.3	-14.3	1	6.7	-6.7	
# w/BMI =>95%	1	25.0	2	28.6	-3.6	2	13.3	+11.7	
# w/BMI =>85%	1	25.0	3	42.9	-17.9	3	20.0	+5.0	
Active Clinical Pts									
Age 4									
	20		22			16			
# w/BMI 85-94%	1	5.0	6	27.3	-22.3	1	6.3	-1.3	
# w/BMI =>95%	5	25.0	6	27.3	-2.3	2	12.5	+12.5	
# w/BMI =>85%	6	30.0	12	54.5	-24.5	3	18.8	+11.3	
Active Clinical Pts									
Age 5									
	5		4			4			
# w/BMI 85-94%	1	20.0	2	50.0	-30.0	0	0.0	+20.0	
# w/BMI =>95%	0	0.0	2	50.0	-50.0	1	25.0	-25.0	
# w/BMI =>85%	1	20.0	4	100.0	-80.0	1	25.0	-5.0	
Male Active Clinical									
Pts Age 2									
	1		5			3			
# w/BMI 85-94%	0	0.0	1	20.0	-20.0	1	33.3	-33.3	
# w/BMI =>95%	0	0.0	2	40.0	-40.0	0	0.0	+0.0	
# w/BMI =>85%	0	0.0	3	60.0	-60.0	1	33.3	-33.3	

Figure 2-52: Sample Report, Childhood Weight Control

Childhood Weight Control: List of patients ages 2-5, with current BMI.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,SUMMER LYNN BMI: 3	004500	COMMUNITY #1	F	2	AC	15.48:07/08/03 Age at
PATIENT,ELLEN MAURICE BMI: 2	004501	COMMUNITY #1	F	2	AC	17.31:01/09/03 Age at
PATIENT,JENNY BMI: 2	004502	COMMUNITY #1	F	2	AC	17.16:01/28/03 Age at
PATIENT,EVA BMI: 4	004503	COMMUNITY #1	F	3	AC	15.13:10/06/03 Age at
PATIENT,MARY T BMI: 3	004504	COMMUNITY #1	F	3	AC	16.47:03/12/03 Age at
PATIENT,DARLENE BMI: 5	004505	COMMUNITY #1	F	4	AC	16.02:11/28/03 Age at

Figure 2-53: Sample Patient List, Childhood Weight Control

### 2.7.3 Nutrition and Exercise Education for At Risk Patients

**Measure Description:** Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

**Denominators:**

Active Clinical patients ages 6 and older considered overweight (including obese). Breakdown by gender.

A: Obese patients only. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010.

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 2 visits in the past year, AND 2 diabetes-related visits ever.

**Numerators:** Patients provided with medical nutrition counseling 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. Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 25. Obese: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 30. For ages 18 and under, definition 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 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

CRS uses the following codes to define the numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Medical nutrition counseling	97802-97804, G0270, G0271	<b>Provider codes:</b> 07, 29, 97, 99 <b>Clinic codes:</b> 67 (dietary) or 36 (WIC)
Nutrition education		<b>V POV:</b> V65.3 dietary surveillance and counseling <b>Patient education codes:</b> ending “-N” (nutrition), “-MNT” (medical nutrition therapy), (or old code “-DT” (diet)).
Exercise education		<b>V POV:</b> V65.41 exercise counseling <b>Patient education codes:</b> ending “-EX” (exercise).
Related exercise and nutrition counseling		<b>Patient education codes:</b> ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity).

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** A list of at risk patients with education, if any.

**Measure Targets for Diabetic Education:**

HP 1997 data	42.0%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75.0%

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DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Nutrition and Exercise Education for At Risk Patient (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Overweight Active Clinical patients =>6	116		132			138			
# w/medical nutrition counseling	22	19.0	18	13.6	+5.3	29	21.0	-2.0	
# specific nutrition education provided	29	25.0	19	14.4	+10.6	47	34.1	-9.1	
# w/exercise educ	5	4.3	6	4.5	-0.2	16	11.6	-7.3	
# w/ other exec or nutrition educ	2	1.7	1	0.8	+1.0	1	0.7	+1.0	
# Male Overweight Active Clinical pts =>6	45		44			46			
# w/medical nutrition counseling	9	20.0	4	9.1	+10.9	10	21.7	-1.7	
# specific nutrition education provided	11	24.4	4	9.1	+15.4	16	34.8	-10.3	
# w/exercise educ	1	2.2	1	2.3	-0.1	6	13.0	-10.8	
# w/ other exec or nutrition educ	0	0.0	0	0.0	+0.0	1	2.2	-2.2	
# Female Overweight Active Clinical pts =>6	71		88			92			
# w/medical nutrition counseling	13	18.3	14	15.9	+2.4	19	20.7	-2.3	
# specific nutrition education provided	18	25.4	15	17.0	+8.3	31	33.7	-8.3	
# w/exercise educ	4	5.6	5	5.7	-0.0	10	10.9	-5.2	
# w/ other exec or nutrition educ	2	2.8	1	1.1	+1.7	0	0.0	+2.8	
A. # Obese Active Clinical patients =>6	68		72			87			
# w/medical nutrition counseling	11	16.2	13	18.1	-1.9	21	24.1	-8.0	
# specific nutrition education provided	16	23.5	14	19.4	+4.1	35	40.2	-16.7	
# w/exercise educ	4	5.9	4	5.6	+0.3	12	13.8	-7.9	
# w/ other exec or nutrition educ	2	2.9	1	1.4	+1.6	1	1.1	+1.8	

Figure 2-54: 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					
	Age Distribution				
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
# Obese Active Clinical	5	14	25	19	5
# Med Nutr Educ	0	0	6	4	1
% w/Med Nutr Educ	0.0	0.0	24.0	21.1	20.0
# w/spec nutr educ	0	1	6	8	1
% w/spec nutr ed	0.0	7.1	24.0	42.1	20.0
# w/exercise educ	0	0	0	4	0
% w/exercise ed	0.0	0.0	0.0	21.1	0.0
# w/other educ	0	0	1	1	0
% w/other educ	0.0	0.0	4.0	5.3	0.0

Figure 2-55: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patients: List of at risk patients, with education if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,LANA	008225	COMMUNITY #1	F	10	OW;	10/28/03 WL-MNT SN;
PATIENT,GRACE	008226	COMMUNITY #1	F	14	AD;	06/25/03 DM-DT
SN;06/25/03 DM-EX EX;						
PATIENT,RENAE	008227	COMMUNITY #1	F	15	OW;	
PATIENT,JENNIFER	008228	COMMUNITY #1	F	17	OW;OB	
PATIENT,ESTHER	008229	COMMUNITY #1	F	18	OW;OB	
PATIENT,JOYCE	008230	COMMUNITY #1	F	20	OW;OB	
PATIENT,PRICILLA	008231	COMMUNITY #1	F	25	OW;	
PATIENT,NORA	008232	COMMUNITY #1	F	25	OW;OB	06/23/03 TO-LA OTH
PATIENT,LUCILLE	008233	COMMUNITY #1	F	26	AD;	
PATIENT,SELINA	008234	COMMUNITY #1	F	27	OW;AD;OB	01/08/03 Prv:
29;03/11/03 V65.3 SN;						

Figure 2-56: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

### 2.7.4 Cardiovascular Disease and Cholesterol Screening

**GPRA Measure Description:** During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.

**Denominators:**

**GPRA Denominator:** Active Clinical patients ages 23 and older, broken down by gender.

User Population patients ages 23 and older, broken down by gender.

Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

**Numerators:**

**GPRA Numerator:** Patients with documented blood cholesterol screening any time in the past 5 years.

Patients with high total cholesterol levels, defined as equal to or greater than ( $\Rightarrow$ ) 240.

Patients with LDL completed in the past 5 years, regardless of result.

Patients with LDL  $\leq$  100.

Patients with LDL 101-130.

Patients with LDL 131-160.

Patients with LDL  $>$  160

**Logic Description:** Age is calculated at the beginning of the Report period. Counts all Y instances reported, regardless of the results of the measurement.

CRS uses the following codes to define the IHD numerator.

	CPT Codes	ICD and Other Codes
Ischemic Heart Disease		<b>V POV:</b> 410.0-412.*, 414.0-414.9, 428.*, 429.2

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465		yes	DM AUDIT CHOLESTEROL TAX

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients with cholesterol or LDL value if any.

**Measure Targets:**

HP 1998 baseline	67.0%
HP 2010 target for adults who have had blood cholesterol checked (12.15)	80.0%
HP 2010 target for adults with high cholesterol	17.0%

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*** IHS 2006 Clinical Performance Report ***									
DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Cardiovascular Disease and Cholesterol Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
=> 23									
(GPRA)	861		838			814			
# w/Cholesterol screen									
w/in 5 yrs									
(GPRA)	124	14.4	113	13.5	+0.9	79	9.7	+4.7	
# w/ High Chol									
=> 240	11	1.3	8	1.0	+0.3	7	0.9	+0.4	
# w/LDL done									
in past 5 yrs	127	14.8	39	4.7	+10.1	43	5.3	+9.5	
# w/LDL =<100	8	0.9	6	0.7	+0.2	7	0.9	+0.1	
# w/LDL 101-130	21	2.4	21	2.5	-0.1	20	2.5	-0.0	
# w/LDL 131-160	8	0.9	8	1.0	-0.0	9	1.1	-0.2	
# w/LDL >160	2	0.2	1	0.1	+0.1	2	0.2	-0.0	
Male Active Clinical Pts =>23									
	342		329			313			
# w/Cholesterol screen									
w/in 5 yrs	44	12.9	41	12.5	+0.4	32	10.2	+2.6	
# w/ High Chol									
=> 240	3	0.9	3	0.9	-0.0	3	1.0	-0.1	
# w/LDL done									
in past 5 yrs	59	17.3	19	5.8	+11.5	21	6.7	+10.5	
# w/LDL =<100	3	0.9	2	0.6	+0.3	3	1.0	-0.1	
# w/LDL 101-130	10	2.9	10	3.0	-0.1	9	2.9	+0.0	
# w/LDL 131-160	5	1.5	5	1.5	-0.1	6	1.9	-0.5	
# w/LDL >160	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Pts =>23									
	519		509			501			
# w/Cholesterol screen									
w/in 5 yrs	80	15.4	72	14.1	+1.3	47	9.4	+6.0	
# w/ High Chol									
=> 240	8	1.5	5	1.0	+0.6	4	0.8	+0.7	
# w/LDL done									
in past 5 yrs	68	13.1	20	3.9	+9.2	22	4.4	+8.7	
# w/LDL =<100	5	1.0	4	0.8	+0.2	4	0.8	+0.2	
# w/LDL 101-130	11	2.1	11	2.2	-0.0	11	2.2	-0.1	
# w/LDL 131-160	3	0.6	3	0.6	-0.0	3	0.6	-0.0	
# w/LDL >160	2	0.4	1	0.2	+0.2	2	0.4	-0.0	

Figure 2-57: Sample Report, CVD and Cholesterol Screening

Cardiovascular Disease and Cholesterol Screening: List of patients with cholesterol or LDL value, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, MARY	007755	COMMUNITY #1	F	25	UP;AC	;LDL 07/15/03
PATIENT, SHEILA	007756	COMMUNITY #1	F	25	UP	
PATIENT, RACHEL	007757	COMMUNITY #1	F	26	UP;AC	
PATIENT, MARLENE	007758	COMMUNITY #1	F	26	UP;AC	CHOL 11/13/02 172
PATIENT, NATESHA	007759	COMMUNITY #1	F	26	UP;AC	;LDL 04/30/03
PATIENT, LUCILLE	007760	COMMUNITY #1	F	26	UP;AC	;LDL 12/04/03 115

Figure 2-58: Sample Patient List, CVD and Cholesterol Screening

## 2.7.5 Cardiovascular Disease and Blood Pressure Control

**Measure Description:** For FY 2006, increase the proportion of patients ages 18 and older whose blood pressure has been assessed in past two years and establish the baseline rate for individuals with known ischemic heart disease and appropriate BP assessment.

### **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 Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

### **Numerators:**

Patients with Blood Pressure value documented at least twice in prior two years.

Patients with normal Blood Pressure (BP), defined as < 120/80.

Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100.

Patients with Stage 2 Hypertension BP, defined as => 160/100.

**Logic Description:** Age of the patient is calculated at beginning of the Report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits in the past two years. 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 the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define the IHD numerator.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Ischemic Heart Disease		<b>V POV:</b> 410.0-412.*, 414.0-414.9, 428.*, 429.2

**Key Logic Changes from CRS Version 5.1:**

1. Revised method for calculation of mean BP to use last 3 non-ER BPs so it is consistent with how BP is calculated in other measures, like diabetes.
2. Revised logic for calculating mean BP to use lowest BP value if visit has more than 1 BP value.

**Patient List Description:** List of Patients => 20 w/ denominator identified & mean BP, if any.

**Measure Targets:**

IHS 2010 target for blood pressure assessed	95.0%
HP 2010 target for adults with high blood pressure (140/90)	16.0%

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DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Cardiovascular Disease and Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
ages 20 and older	932		903			867			
# w/ BPs									
documented	784	84.1	759	84.1	+0.1	689	79.5	+4.7	
# w/Normal BP	144	15.5	147	16.3	-0.8	168	19.4	-3.9	
# w/PRE HTN I BP	185	19.8	165	18.3	+1.6	163	18.8	+1.0	
# w/PRE HTN II BP	252	27.0	244	27.0	+0.0	185	21.3	+5.7	
# w/Stage 1									
HTN BP	185	19.8	177	19.6	+0.2	151	17.4	+2.4	
# w/Stage 2									
HTN BP	18	1.9	26	2.9	-0.9	22	2.5	-0.6	
Male Active Clinical Patients									
ages 20 and older	373		358			335			
# w/ BPs									
documented	307	82.3	295	82.4	-0.1	250	74.6	+7.7	
# w/Normal BP	27	7.2	33	9.2	-2.0	36	10.7	-3.5	
# w/PRE HTN I BP	53	14.2	44	12.3	+1.9	49	14.6	-0.4	
# w/PRE HTN II BP	117	31.4	113	31.6	-0.2	77	23.0	+8.4	
# w/Stage 1									
HTN BP	100	26.8	93	26.0	+0.8	82	24.5	+2.3	
# w/Stage 2									
HTN BP	10	2.7	12	3.4	-0.7	6	1.8	+0.9	
Female Active Clinical Patients									
ages 20 and older	559		545			532			
# w/ BPs									
documented	477	85.3	464	85.1	+0.2	439	82.5	+2.8	
# w/Normal BP	117	20.9	114	20.9	+0.0	132	24.8	-3.9	
# w/PRE HTN I BP	132	23.6	121	22.2	+1.4	114	21.4	+2.2	
# w/PRE HTN II BP	135	24.2	131	24.0	+0.1	108	20.3	+3.8	
# w/Stage 1									
HTN BP	85	15.2	84	15.4	-0.2	69	13.0	+2.2	
# w/Stage 2									
HTN BP	8	1.4	14	2.6	-1.1	16	3.0	-1.6	

Figure 2-59: Sample Report, CVD and Blood Pressure Control

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20  
w/ denominator identified & mean BP, if any.  
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, EMERALD JEAN	010001	COMMUNITY #1	F	20	UP;AC;	134/69 PRE STG II
PATIENT, JEN	010002	COMMUNITY #1	F	20	UP;AC;	112/65 NORMAL
PATIENT, CHRISTINE	010003	COMMUNITY #1	F	20	UP;AC;	112/57 NORMAL
PATIENT, PAMELA	010004	COMMUNITY #1	F	20	UP;AC;	117/71 NORMAL
PATIENT, LACEY GRAHAM	010005	COMMUNITY #1	F	20	UP;AC;	122/66 PRE STG 1
PATIENT, REAGAN	010006	COMMUNITY #1	F	20	UP;	unknown
PATIENT, TAMARA	010007	COMMUNITY #1	F	20	UP;AC;	125/68 PRE STG 1

Figure 2-60: Sample Patient List, CVD and Blood Pressure Control

## 2.7.6 Controlling High Blood Pressure

**Measure Description:** Increase the percentage of enrolled members 46–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90) during the measurement year.

### Denominator:

Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender.

### Numerators:

Number of patients with Blood Pressure value documented during the Report period.

Patients with normal BP, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.

Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 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.

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.

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.

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.

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 the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define end-stage renal disease (ESRD) and hypertension.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
ESRD	90921, 90925	<b>V POV: 585</b>
Hypertension		<b>V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period: 401.*</b>

**Key Logic Changes from CRS Version 5.1:**

1. Revised method for calculation of mean BP to use last 3 non-ER BPs so it is consistent with how BP is calculated in other measures, like diabetes.
2. Revised logic for calculating mean BP to use lowest BP value if visit has more than one BP value.
3. Changed ESRD diagnosis code definition from 585 to 585.1-585.9.

**Patient List Description:** List of patients with hypertension and BP value if any.

**Measure Targets:**

IHS 2010 target for blood pressure assessed	95.0%
HP 2010 target for adults with high blood pressure (140/90)	16.0%

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DEMO HOSPITAL									
Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
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									
46-85 w/HTN dx	151		135			118			
# w/ BPs									
documented	148	98.0	134	99.3	-1.2	114	96.6	+1.4	
# w/Normal BP	12	7.9	9	6.7	+1.3	6	5.1	+2.9	
# w/Pre HTN I BP	28	18.5	13	9.6	+8.9	15	12.7	+5.8	
# w/Pre HTN II BP	42	27.8	49	36.3	-8.5	30	25.4	+2.4	
# w/Stage 1									
HTN BP	59	39.1	52	38.5	+0.6	50	42.4	-3.3	
# w/Stage 2									
HTN BP	7	4.6	11	8.1	-3.5	13	11.0	-6.4	
Male Active Clinical Pts									
46-85 w/HTN	78		66			57			
# w/ BPs									
documented	75	96.2	66	100.0	-3.8	55	96.5	-0.3	
# w/Normal BP	4	5.1	4	6.1	-0.9	2	3.5	+1.6	
# w/Pre HTN I BP	13	16.7	4	6.1	+10.6	5	8.8	+7.9	
# w/Pre HTN II BP	23	29.5	30	45.5	-16.0	17	29.8	-0.3	
# w/Stage 1									
HTN BP	32	41.0	23	34.8	+6.2	29	50.9	-9.9	
# w/Stage 2									
HTN BP	3	3.8	5	7.6	-3.7	2	3.5	+0.3	
Female Active Clinical Pts									
46-85 w/HTN	73		69			61			
# w/ BPs									
documented	73	100.0	68	98.6	+1.4	59	96.7	+3.3	
# w/Normal BP	8	11.0	5	7.2	+3.7	4	6.6	+4.4	
# w/Pre HTN I BP	15	20.5	9	13.0	+7.5	10	16.4	+4.2	
# w/Pre HTN II BP	19	26.0	19	27.5	-1.5	13	21.3	+4.7	
# w/Stage 1									
HTN BP	27	37.0	29	42.0	-5.0	21	34.4	+2.6	
# w/Stage 2									
HTN BP	4	5.5	6	8.7	-3.2	11	18.0	-12.6	

Figure 2-61: Sample Report, Controlling High Blood Pressure

Controlling High Blood Pressure: List of patients with hypertension and BP value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, THOMAS	002500	COMMUNITY #1	M	68	HTN PT	158/81 STG 1 HTN
PATIENT, WILLIAM	002501	COMMUNITY #1	M	69	HTN PT	129/75 PRE STG 1
PATIENT, ZACH	002502	COMMUNITY #1	M	70	HTN PT	133/71 PRE STG II
PATIENT, ADRIAN	002503	COMMUNITY #1	M	72	HTN PT	147/78 STG 1 HTN
PATIENT, LARRY CARL	002504	COMMUNITY #1	M	73	HTN PT	157/86 STG 1 HTN

Figure 2-62: Sample Patient List, Controlling High Blood Pressure

## 2.7.7 Comprehensive CVD-Related Assessment

**Proposed GPRA Measure Description:** Proposed GPRA FY 2007: During FY 2007, establish the baseline proportion of at risk patients who have a comprehensive assessment for all CVD-related risk factors.

### **Denominators:**

Active Clinical patients ages 46 and older who are not diabetic (no diagnosis ever).

User Population patients ages 46 and older who are not diabetic (no diagnosis ever).

Active Diabetic patients ages 46 and older, defined as all Active Clinical patients diagnosed with diabetes prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever.

Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period. Broken down by gender.

### **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, including refusals in the past year.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.

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.

Patients with ALL assessments above.

**Logic Description:** Age of the patient is calculated at beginning of the Report period. Definition for patients without diabetes is no diabetes diagnosis ever (POV 250.00-250.93). Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.\*, 414.0-414.9, 428.\* or 429.2 recorded in the V POV file). For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period. For BMI, CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 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 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	83721		yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening		<p><b>Any health factor for category Tobacco (see table on next page)</b></p> <p><b>V POV or current Active Problem List:</b> 305.1, V15.82</p> <p><b>Patient education codes:</b> containing “TO-” or “-TO” or “-SHS”</p> <p><b>Dental code:</b> 1320</p>		
Medical Nutrition Counseling	97802-97804, G0270, G0271	<p><b>Provider codes:</b> 07, 29, 97, 99</p> <p><b>Clinic codes:</b> 67 (dietary) or 36 (WIC)</p>		
Nutrition Education		<p><b>V POV:</b> V65.3 dietary surveillance and counseling</p> <p><b>Patient education codes:</b> ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)).</p>		
Exercise Education		<p><b>V POV:</b> V65.41 exercise counseling</p> <p><b>Patient education codes:</b> ending “-EX” (exercise).</p>		
Related Exercise and Nutrition Counseling		<p><b>Patient education codes:</b> ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity).</p>		
Depression Screening		<p><b>V Exam:</b> Exam Code 36</p> <p><b>V POV:</b> V79.0</p> <p><b>BHS Problem Code:</b> 14.1 (Screening for Depression)</p> <p><b>Refusals:</b> Exam Code 36</p>		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		<p><b>At least 2 visits in PCC or BHS for:</b> 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.</p> <p><b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311</p> <p><b>BHS POV:</b> 14, 15</p>		

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 5.0 Patch 1:**

1. Revised logic text to indicate BP documented means having 2 non-ER BPs during the Report Period. Removed text regarding how mean BP is calculated, since no BP value is used for this numerator.
2. Changed logic for depression screening to match new logic in the Depression Screening indicator.
3. Added refusals for BMI logic.

**Patient List Description:** List of patients with assessments received, if any.

**Measure Targets: IHS 2010 Goals:**

- BP Assessed: 95%
- LDL Assessed: 85%
- Tobacco Assessed: 50%
- BMI Measured: 45%
- Lifestyle Counseling: 75%
- Depression Screen: 20%
- All Assessments: 15%

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Comprehensive CVD-Related Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts =>46									
w/no DM dx	257		254			251			
# w/ BPs documented									
w/in 2 yrs	224	87.2	221	87.0	+0.2	200	79.7	+7.5	
# w/LDL done									
w/in 5 yrs	26	10.1	1	0.4	+9.7	2	0.8	+9.3	
# w/Tobacco Screening									
w/in 1 yr	4	1.6	0	0.0	+1.6	3	1.2	+0.4	
# w/BMI calculated									
or refusal	11	4.3	18	7.1	-2.8	16	6.4	-2.1	
# w/ lifestyle									
educ w/in 1 yr	12	4.7	12	4.7	-0.1	27	10.8	-6.1	
# w/ Depression screening,									
DX, or refusal	16	6.2	13	5.1	+1.1	10	4.0	+2.2	
# w/ ALL	1	0.4	0	0.0	+0.4	0	0.0	+0.4	
User Pop Pts =>46									
w/no DM dx	338		337			320			
# w/ BPs documented									
w/in 2 yrs	230	68.0	227	67.4	+0.7	203	63.4	+4.6	
# w/LDL done									
w/in 5 yrs	26	7.7	1	0.3	+7.4	2	0.6	+7.1	
# w/Tobacco Screening									
w/in 1 yr	4	1.2	0	0.0	+1.2	4	1.3	-0.1	
# w/BMI calculated									
or refusal	12	3.6	18	5.3	-1.8	16	5.0	-1.4	
# w/ lifestyle									
educ w/in 1 yr	12	3.6	12	3.6	-0.0	28	8.8	-5.2	
# w/ Depression screening,									
DX, or refusal	16	4.7	13	3.9	+0.9	10	3.1	+1.6	
# w/ ALL	1	0.3	0	0.0	+0.3	0	0.0	+0.3	

Figure 2-63: Sample Report, Comprehensive CVD-Related Assessment

Comprehensive CVD-Related Assessment: List of patients with assessments received, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,LYNN	004575	COMMUNITY #1	F	46	UP;	
PATIENT,DANIELLE LYN	004576	COMMUNITY #1	F	46	UP;AC;	BP: 164/89 STG 2 HTN
LDL: 07/09/99						
PATIENT,ALICE	004577	COMMUNITY #1	F	46	UP;AC;	BP: 138/89 PRE STG II
PATIENT,JERALDINE	004578	COMMUNITY #1	F	46	AD;	BP: 140/85 STG 1 HTN
LDL: 07/21/03 BMI: 44.4						
PATIENT,BERNICE	004579	COMMUNITY #1	F	46	UP;AC;	BP: 122/65 PRE STG 1
PATIENT,LEILA	004580	COMMUNITY #1	F	46	UP;	
PATIENT,NADINE	004581	COMMUNITY #1	F	46	AD;	BP: 175/97 STG 2 HTN
LDL: 11/12/03 BMI: 33.6 LIFE: 08/26/03:DM-N SN						

Figure 2-64: Sample Patient List: Comprehensive CVD-Related Assessment

## 2.7.8 Beta-Blocker Treatment After a Heart Attack

**Measure Description:** For FY 2006, improve the rate of patients receiving beta-blocker treatment after AMI.

### **Denominators:**

Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender.

User Population patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy. Broken down by gender.

### **Numerator:**

Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).

**Logic Description:** Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as 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:**

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma – 2 diagnoses (POV) of 493\* on different

visit dates; B) Hypotension – 1 diagnosis of 458\*; C) Heart block >1 degree – 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; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.

3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) “beta block\*” entry in ART (Patient Allergies File); or C) “beta block\*”, “bblock\*” or “b block\*” contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.
4. Patients readmitted for any diagnosis within seven days of discharge.

To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either 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).

Beta-blocker medication codes defined with medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.

**Key Logic Changes from CRS Version 5.1:** Added breakdowns by gender both denominators.

**Patient List Description:** List of patients with AMI, with beta-blocker prescription, if any.

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Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Beta-Blocker Treatment After a Heart Attack									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ hospitalized for AMI									
	3		0			0			
# w/beta-blocker Rx	2	66.7	0	0.0	+66.7	0	0.0	+66.7	
Male Active Clinical Pts 35+ hospitalized for AMI									
	0		0			0			
# w/beta-blocker Rx	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Pts 35+ hospitalized for AMI									
	3		0			0			
# w/beta-blocker Rx	2	66.7	0	0.0	+66.7	0	0.0	+66.7	
User Pop Pts 35+ hospitalized for AMI									
	3		0			0			
# w/beta-blocker Rx	2	66.7	0	0.0	+66.7	0	0.0	+66.7	
Male User Pop Pts 35+ hospitalized for AMI									
	0		0			0			
# w/beta-blocker Rx	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female User Pop Pts 35+ hospitalized for AMI									
	3		0			0			
# w/beta-blocker Rx	2	66.7	0	0.0	+66.7	0	0.0	+66.7	

Figure 2-65: Sample Report, Beta-Blocker Treatment After a Heart Attack

Beta-Blocker Treatment After a Heart Attack: List of patients with AMI, with beta-blocker prescription, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, JANICE	095001	COMMUNITY #1	F	53	UP;AC	
PATIENT, MARCIE 50MG TAB UD	095002	COMMUNITY #1	F	57	UP;AC	06/10/03 METOPROLOL
PATIENT, ROBERTA 25MG TAB**	095003	COMMUNITY #1	F	63	UP;AC	02/01/03 ATENOLOL

Total # of Patients on list: 3

Figure 2-66: Sample Patient List: Beta-Blocker Treatment After a Heart Attack

## 2.7.9 Persistence of Beta-Blocker Treatment After a Heart Attack

**Measure Description:** For FY 2006, improve the rate of patients receiving persistent beta-blocker treatment after AMI.

### **Denominators:**

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 and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

User Population patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

### **Numerator:**

Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.

**Logic Description:** Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.\*0 or 410.\*1, which may be diagnosed at inpatient or outpatient visit. Inpatient visit defined as Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. 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:**

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge/visit date: A) Asthma – 2 diagnoses (POV) of 493\* on different visit dates; B) Hypotension – 1 diagnosis of 458\*; C) Heart block >1

degree – 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; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496

3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) “beta block\*” entry in ART (Patient Allergies File); or C) “beta block\*”, “bblock\*” or “b block\*” contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

To be included in the numerator, patients must have a beta-blocker days’ supply  $\geq 135$  days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker 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.

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 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  $\geq 31$ , 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:  
 $(60 - (\text{Discharge Date} - \text{Prior Rx Date})) = 60 - (2/15/2004 - 1/15/2004) = 60 - 31 = 29$
- 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 medication codes defined with medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.

**Key Logic Changes from CRS Version 5.1:** Added breakdowns by gender to both denominators.

**Patient List Description:** List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.

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Persistence of Beta-Blocker Treatment After a Heart Attack (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 35+ w/ AMI DX	5		3			1		
# w/180 day beta-blocker treatment	2	40.0	3	100.0	-60.0	1	100.0	-60.0
Male Active Clinical Pts 35+ w/ AMI DX	3		1			1		
# w/180 day beta-blocker treatment	1	33.3	1	100.0	-66.7	1	100.0	-66.7
Female Active Clinical Pts 35+ w/ AMI DX	2		2			0		
# w/180 day beta-blocker treatment	1	50.0	2	100.0	-50.0	0	0.0	+50.0
User Pop Pts 35+ w/ AMI DX	6		3			1		
# w/180-day beta-blocker treatment	2	33.3	3	100.0	-66.7	1	100.0	-66.7
Male User Pop Pts 35+ w/ AMI DX	3		1			1		
# w/180-day beta-blocker treatment	1	33.3	1	100.0	-66.7	1	100.0	-66.7
Female User Pop Pts 35+ w/ AMI DX	3		2			0		
# w/180-day beta-blocker treatment	1	33.3	2	100.0	-66.7	0	0.0	+33.3

Figure 2-67: Sample Report, Persistence of Beta-Blocker Treatment After a Heart Attack

Persistence of Beta-Blocker Treatment After a Heart Attack: List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ANGELA	000825	COMMUNITY #1	F	40	UP	
PATIENT,MARIA	000826	COMMUNITY #1	F	57	UP;AC	YES, beta blocker
>135 06/10/03(90);09/15/03(90) total days beta blocker: 180						
PATIENT,ROBERTA	000827	COMMUNITY #1	F	63	UP;AC	
PATIENT,TRENTONT	000828	COMMUNITY #1	M	68	UP;AC	
PATIENT,JACOB	000829	COMMUNITY #1	M	72	UP;AC	YES, beta blocker
>135 10/01/02(60);02/01/03(20);09/01/02(60) total days beta blocker: 140						
PATIENT,CHARLES	000015	COMMUNITY #2	M	59	UP;AC	

Total # of Patients on list: 6

Figure 2-68: Sample Patient List: Persistence of Beta-Blocker Treatment After a Heart Attack

## 2.7.10 Cholesterol Management After Acute CVD Event

**Measure Description:** For FY 2006, improve the rate for patients with LDL test after acute CVD event.

### **Denominators:**

Active Clinical patients ages 18 to 75 diagnosed within the year prior to the beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.

User Population patients ages 18 to 75 diagnosed within the year prior to the beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.

### **Numerators:**

Patients with LDL completed 60-365 days after diagnosis, regardless of result.

Patients with LDL <=100, completed 60-365 days after diagnosis.

Patients with LDL 101-130, completed 60-365 days after diagnosis.

Patients with LDL >130, completed 60-365 days after diagnosis.

**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 numerators.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		<b>V POV:</b> 410.*0, 410.*1		
PTCA	33140, 92980-92982, 92984, 92995, 92996	<b>V Procedure:</b> 36.01, 36.02, 36.05, 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536	<b>V Procedure:</b> 36.1*, 36.2		
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients with AMI, CABG, or PTCA w/LDL value, if any.

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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Cholesterol Management After Acute Cardiovascular Event (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical pts 18-75 with dx of AMI, CABG, or PTCA									
	7		1			1			
# w/LDL done	3	42.9	0	0.0	+42.9	0	0.0	+42.9	
# w/LDL <=100	1	14.3	0	0.0	+14.3	0	0.0	+14.3	
# w/LDL 101-130	1	14.3	0	0.0	+14.3	0	0.0	+14.3	
# w/LDL >130	1	14.3	0	0.0	+14.3	0	0.0	+14.3	
Male Active Clinical pts 18-75 with DX AMI, CABG or PTCA									
	6		1			1			
# w/LDL done	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/LDL <=100	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/LDL 101-130	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/LDL >130	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
Female Active Clinical pts 18-75 with DX AMI, CABG or PTCA									
	1		0			0			
# w/LDL done	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/LDL <=100	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/LDL 101-130	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/LDL >130	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
User Pop pts 18-75 with dx of AMI, CABG, or PTCA									
	8		1			1			
# w/LDL done	3	37.5	0	0.0	+37.5	0	0.0	+37.5	
# w/LDL <=100	1	12.5	0	0.0	+12.5	0	0.0	+12.5	
# w/LDL 101-130	1	12.5	0	0.0	+12.5	0	0.0	+12.5	
# w/LDL >130	1	12.5	0	0.0	+12.5	0	0.0	+12.5	

Figure 2-69: Sample Report, Cholesterol Management After Acute Cardiovascular Event

Cholesterol Management After Acute Cardiovascular Event: List of patients with AMI, CABG, or PTCA w/LDL value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ALICIA	006522	COMMUNITY #1	F	32	UP;AMI DX	
PATIENT,ALYSHA	006523	COMMUNITY #1	F	75	UP;AC;PTCA PROC	
PATIENT,PATRICK	006524	COMMUNITY #1	M	18	UP;AC;CABG PROC	LDL 12/31/03 100
PATIENT,DEWAYNE	006525	COMMUNITY #1	M	61	UP;AC;AMI DX	LDL 06/10/03 120
PATIENT,JEREMY	006526	COMMUNITY #1	M	72	UP;AC;AMI DX	
PATIENT,STEPHEN	000010	COMMUNITY #2	M	61	UP;AC;AMI DX	
PATIENT,CHARLES	000708	COMMUNITY #3	M	59	UP;AC;AMI DX	
PATIENT,ADAM	000709	COMMUNITY #3	M	69	UP;AC;AMI DX	

Total # of Patients on list: 8

Figure 2-70: Sample Patient List: Cholesterol Management After Acute Cardiovascular Event

## 2.8 STD-Related Measure Topics

### 2.8.1 Prenatal HIV Testing and Education

**GPRA Measure Description:** In FY 2006, increase the proportion of pregnant female patients screened for HIV.

**Denominator:**

**GPRA Denominator:** All pregnant female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

**Numerators:**

Patients who received counseling and/or patient education about HIV in the past 20 months.

**GPRA Numerator:** Patients who received HIV test during the past 20 months, including refusals in past 20 months.

A: Number of documented refusals in past 20 months.

**Logic Description:** Pregnancy is defined as at least two visits during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. 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.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		<b>V POV:</b> V22.0-V23.9, 640.*-648.*, 651.*-676.*		
Miscarriage (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	<b>V POV:</b> 630, 631, 632, 633*, 634*		
Abortion (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>V POV:</b> 635*, 636*, 637*		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV diagnosis		<b>V POV or Problem List:</b> 042.0-044.9, V08, 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391	<b>Refusal:</b> Lab Test HIV	yes	BGP GPRA HIV TESTS TAX
HIV Counseling		<b>V POV:</b> V65.44 HIV Counseling <b>Patient education codes:</b> containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71		
Refusal of HIV test in past 20 months				Lab Test HIV

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of pregnant patients without documented HIV test or refusal in past 20 months.

**Measure Targets:**

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS 2010 Goal	95.0%

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-----								
Prenatal HIV Testing (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Pregnant Female Pts								
w/no HIV								
(GPRA)	44		50			54		
# w/HIV								
education	3	6.8	1	2.0	+4.8	0	0.0	+6.8
# w/HIV test								
(GPRA)	29	65.9	5	10.0	+55.9	5	9.3	+56.6
A. # refusals w/								
% of total tests	2	6.9	0	0.0	+6.9	0	0.0	+6.9

Figure 2-71: Sample Report, Prenatal HIV Testing

Prenatal HIV Testing: List of pregnant patients without documented HIV test or refusal in past 20 months.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,EMMA	000555	COMMUNITY #1	F	20	PREG	EDUC: 07/31/03 PN-HIV
PATIENT,MAYA	000556	COMMUNITY #1	F	22	PREG	
PATIENT,JANET MARIA	000557	COMMUNITY #1	F	24	PREG	
PATIENT,ALEXA	000558	COMMUNITY #1	F	26	PREG	

Figure 2-72: Sample Patient List, Prenatal HIV Testing

### 2.8.2 HIV Quality of Care

**Measure Description:** Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines. [Based on HP 2010 developmental indicator 13-13a Viral Load Testing.]

**Denominator:**

All patients ages 13 and older with at least 2 direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including 1 HIV diagnosis in last 6 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 tests.

**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		042.0-044.9; V08; 795.71		
CD4	86361		yes	BGP GPRA CD4 TESTS TAX
HIV Viral Load	87536, 87539		yes	BGP GPRA HIV VIRAL LOAD TESTS TAX

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** For confidentiality reasons, no patient lists can be produced for this indicator.

**Measure Targets:**

HP2010 target for viral load testing (13-13a)	Developmental
HP2010 baseline for CD4 testing	Nearly 100%

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Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
HIV Quality of Care								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Pts >13 w/HIV Dx	1		1			1		
# w/CD4 only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/viral load only	1	100.0	1	100.0	+0.0	0	0.0	+100.0
# w/both	0	0.0	0	0.0	+0.0	0	0.0	+0.0
TOTAL # w/ any tests	1	100.0	1	100.0	+0.0	0	0.0	+100.0

Figure 2-73: Sample Report HIV Quality of Care

**NOTE:** No Patient List is available for this measure.

### 2.8.3 Chlamydia Screening

**Measure Description:** Increase the proportion of female patients ages 16 through 25 who have annual Chlamydia screening.

**Denominators:**

Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

Female User Population patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

**Numerator:**

Patients tested for Chlamydia during the Report Period.

**Logic Description.** Age is calculated at beginning of Report period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	87110, 87270, 87320, 87490-92, 87810	<b>V POV:</b> V73.88, V73.98	yes	BGP GPRA CHLAMYDIA TESTS TAX

**Key Logic Changes from CRS Version 5.1: None**

**Patient List Description:** List of patients with no documented screening.

**Measure Targets:** TBD

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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Chlamydia Testing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical									
16-25	130		129			123			
# w/Chlamydia Screen	38	29.2	15	11.6	+17.6	30	24.4	+4.8	
A. Female Active Clinical									
16-20	70		67			52			
# w/Chlamydia Screen	21	30.0	7	10.4	+19.6	9	17.3	+12.7	
B. Female Active Clinical									
21-25	60		62			71			
# w/Chlamydia Screen	17	28.3	8	12.9	+15.4	21	29.6	-1.2	

Figure 2-74: Sample Report Chlamydia Testing

Chlamydia Testing: List of patients with no documented screening.									
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PREG=Pregnant Female; IMM=Active IMM Pkg Pt									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR			
-----									
PATIENT,ROSE MARIE	176500	COMMUNITY #3	F	17	UP;				
PATIENT,NAGLEE	176501	COMMUNITY #3	F	18	UP;AC				
PATIENT,LUCILLE	176502	COMMUNITY #3	F	20	UP;				
PATIENT,FEMALE	176503	COMMUNITY #3	F	21	UP;AC				
PATIENT,ARLENE	176504	COMMUNITY #3	F	24	UP;AC				
PATIENT,LORRAINE	355555	COMMUNITY #4	F	21	UP;AC				
PATIENT,LAURA MAE	400050	COMMUNITY #5	F	16	UP;AC				
PATIENT,BARBARA M	400051	COMMUNITY #5	F	17	UP;AC				
PATIENT,JUNE	400052	COMMUNITY #5	F	18	UP;AC				
PATIENT,BRENDA MARIE	400053	COMMUNITY #5	F	19	UP;AC				

Figure 2-75: Sample Patient List, Chlamydia Testing

## 2.9 Other Clinical Measures Topics

### 2.9.1 Osteoporosis Management

**Measure Description:** For FY 2006, identify the rate of testing and/or treatment for osteoporosis after fracture.

**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.

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 who ALSO had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.

**Osteoporosis treatment and testing is defined as:** 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.

**Fracture codes:** 1) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485; 2) POVs: 733.1, 805\*-806\*, 807.0-807.3, 808\*-815\*, 818\*-825\*, 827\*, 828\*; 3) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.

**BMD Test codes:** 1) CPT: 76070, 76071, 76075, 76076, 76078, 76499, 76977, 76999, 78350, 78351; 2) V Procedure 88.98.

Treatment medication codes defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are Alendronate, Risedronate, Calcitonin, Raloxifene, Estrogen, and Teriparatide.)

**Patient List Description:** List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

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Report Period: Jan 01, 2003 to Dec 31, 2003								
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Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
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		10			11		
# w/osteoporosis treatment								
or testing	1	12.5	3	30.0	-17.5	1	9.1	+3.4
Female User Pop Pts								
67 and older								
w/fracture	9		11			11		
# w/osteoporosis treatment								
or testing	2	22.2	4	36.4	-14.1	1	9.1	+13.1

Figure 2-76: Sample Report Osteoporosis Management

Osteoporosis Management: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ALWENA	012005	COMMUNITY #1	F	68	UP,ACFracture: DX: 733.13 on 06/18/03	
PATIENT,SYBIL	012006	COMMUNITY #1	F	69	UP,ACFracture: DX: 824.2 on 04/30/03	
PATIENT,ELIZABETH	012007	COMMUNITY #1	F	78	UP,ACFracture: DX: 820.8 on 05/03/03	
PATIENT,KATIE	012008	COMMUNITY #1	F	80	UP,ACFracture: DX: 820.8 on 10/23/03	
PATIENT,LINDSAY	012009	COMMUNITY #1	F	81	UP,ACFracture: DX: 820.8 on 10/02/02	
PATIENT,ELIZABETH	012010	COMMUNITY #1	F	86	UPFracture: DX: 805.9 on 04/23/03	osteo med: 04/23/03
PATIENT,HEATHER J	012011	COMMUNITY #1	F	88	UP,ACFracture: DX: 813.01 on 10/06/02	osteo med: 11/01/02
PATIENT,AMENDA	012012	COMMUNITY #2	F	77	UP,ACFracture: DX: 733.13 on 03/23/03	
PATIENT,CORRINA	012013	COMMUNITY #2	F	81	UP,ACFracture: DX: 807.3 on 10/17/03	
Total # of Patients on list: 9						

Figure 2-77: Sample Patient List, Osteoporosis Management

## 2.9.2 Osteoporosis Screening in Women (New Topic)

**Measure Description:** For FY 2006, identify the rate of testing and/or treatment for osteoporosis after fracture. For FY 2005, establish the baseline rate for patients treated or tested for osteoporosis after a fracture.

### **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 2 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.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Osteoporosis Screening	76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)	<b>ICD Procedure:</b> 88.98 (Quantitative CT) <b>Refusals:</b> CPT or V Radiology 76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)

**Patient List Description:** List of female patients ages 65 and older with osteoporosis screening, if any.

**Measure Targets:**

IHS 2010 Goal	20.0%
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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Osteoporosis Screening in Women									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical Pts =>65	49		55			58			
# w/osteoporosis screening in past 2 years	8	16.3	2	3.6	+12.7	0	0.0	+16.3	
A. # Refusals w/ % of Total Screening	2	25.0	0	0.0	+25.0	0	0.0	+25.0	
Female User Pop Pts =>65	61		63			68			
# w/osteoporosis screening in past 2 years	8	13.1	2	3.2	+9.9	0	0.0	+13.1	
A. # Refusals w/ % of Total Screening	2	25.0	0	0.0	+25.0	0	0.0	+25.0	

Figure 2-78: Sample Report, Osteoporosis Screening in Women

Osteoporosis Screening in Women: List of female patients ages 65 and older with osteoporosis screening, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,VICTORIA	003369	COMMUNITY #1	F	65	UP;AC	76075 08/26/03
PATIENT,ROSEY	003370	COMMUNITY #1	F	66	UP;AC	76076 01/05/02
PATIENT,ANN	003371	COMMUNITY #1	F	66	UP;AC	
PATIENT,REGINA	003372	COMMUNITY #1	F	67	UP;AC	
PATIENT,EMMA	003373	COMMUNITY #1	F	67	UP;AC	
PATIENT,MARIE	003374	COMMUNITY #1	F	67	UP;AC	
PATIENT,SUSAN	003375	COMMUNITY #1	F	67	UP;AC	

Figure 2-79: Sample Patient List, Osteoporosis Screening in Women

### 2.9.3 Asthma

**Measure Description:** Reduce percentage of asthmatic patients who are hospitalized for asthma. [Based on HP 2010 indicator 24-2.]

**Denominators:**

All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

**Numerators:**

Patients who have had two asthma-related visits during the Report Period or categorized in ARS as persistent.

Patients from the first numerator who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period.

**Logic Description:** Age is calculated at beginning of Report period. Asthma visits are defined as diagnosis (POV) 493.\*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. Hospitalizations defined as service category H with primary admission diagnosis 493.\*.

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of patients diagnosed with asthma and any asthma-related hospitalizations.

**Measure Targets:**

<b>HP1998 baseline for hospitalizations for asthma:</b>	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
<b>HP2010 target for hospitalizations for asthma:</b>	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

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Report Period: Jan 01, 2003 to Dec 31, 2003									
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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Asthma									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Total Active Clinical Patients	1,599		1,590			1,604			
# w/asthma	39	2.4	43	2.7	-0.3	47	2.9	-0.5	
under 5	9	23.1	9	20.9	+2.1	11	23.4	-0.3	
5-64	28	71.8	27	62.8	+9.0	28	59.6	+12.2	
65 and older	2	5.1	7	16.3	-11.2	8	17.0	-11.9	
# w/asthma hospitalization	2	5.1	1	2.3	+2.8	1	2.1	+3.0	
under 5	1	50.0	0	0.0	+50.0	1	100.0	-50.0	
5-64	1	50.0	1	100.0	-50.0	0	0.0	+50.0	
65 and older	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-80: Sample Report, Asthma

Asthma: List of patients diagnosed with asthma and any asthma-related hospitalizations.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,VIOLET	259205	COMMUNITY #1	F	0	AC	11/17/03 493.92
PATIENT,DEDE	250373	COMMUNITY #1	F	1	AC	05/25/03 493.92 H
PATIENT,CHARITY	256733	COMMUNITY #1	F	1	AC	03/13/03 493.90
PATIENT,SAMANTHA	258583	COMMUNITY #1	F	1	AC	11/13/03 493.92
PATIENT,DAWN	248836	COMMUNITY #1	F	2	AC	08/19/03 493.90
PATIENT,PRISCILLA	206382	COMMUNITY #1	F	10	AC	03/04/03 493.90

Figure 2-81: Sample Patient List, Asthma

## 2.9.4 Asthma Quality of Care

**Measure Description:** For FY 2006, report the rate for patients with persistent asthma who have received primary asthma therapy medication.

### Denominators:

Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups.

User Population patients ages 5-56 with persistent asthma in the year prior to the Report period without a documented history of emphysema and chronic obstructive pulmonary disease (COPD).

### Numerator:

Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.

**Logic Description:** Age of the patient is calculated at the beginning of the Report period. Emphysema defined as 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) define as any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 496, 506.\*.

Persistent asthma defined as any of the following within the year prior to the beginning of 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), or
4. At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then **MUST** also meet criteria in 1-3 above or have at least one visit with POV 493.\* within the year prior to the beginning of the Report period.

A dispensing event is 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.

To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.

Primary asthma therapy medication codes defined with medication taxonomy BGP PRIMARY ASTHMA MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)

**Key Logic Changes from CRS Version 5.1:** None

**Patient List Description:** List of asthmatic patients with primary asthma therapy medications, if any.

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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Asthma Quality of Care									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 5-56 w/persistent asthma	12		11			20			
# w/asthma control medication	6	50.0	3	27.3	+22.7	8	40.0	+10.0	
A. Active Clinical ages 5-9	3		2			2			
# w/asthma control medication	1	33.3	0	0.0	+33.3	0	0.0	+33.3	
B. Active Clinical ages 10-17	4		3			5			
# w/asthma control medication	1	25.0	1	33.3	-8.3	1	20.0	+5.0	
C. Active Clinical ages 18-56	5		6			13			
# w/asthma control medication	4	80.0	2	33.3	+46.7	7	53.8	+26.2	
User Pop Pts 5-56 w/persistent asthma	14		12			24			
# w/asthma control medication	6	42.9	3	25.0	+17.9	8	33.3	+9.5	
A. User Pop ages 5-9	4		2			3			
# w/asthma control medication	1	25.0	0	0.0	+25.0	0	0.0	+25.0	
B. User Pop ages 10-17	5		4			6			
# w/asthma control medication	1	20.0	1	25.0	-5.0	1	16.7	+3.3	
C. User Pop ages 18-56	5		6			15			
# w/asthma control medication	4	80.0	2	33.3	+46.7	7	46.7	+33.3	

Figure 2-82: Sample Report, Asthma Quality of Care

Asthma Quality of Care: List of asthmatic patients with primary asthma therapy medications, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,REGINA	002700	COMMUNITY #1	F	5	UP;AC DX ON HOSP/OR	ERMONTelukAST 10MG TAB 03/15/03
PATIENT,SUSIE	002701	COMMUNITY #1	F	11	UP;AC DX ON HOSP/OR	ER
PATIENT,NANCY	002702	COMMUNITY #1	F	15	UP;AC DX ON HOSP/OR	ERTRIAMCINOLONE INHALER 01/24/03
PATIENT,MARION	002703	COMMUNITY #1	F	35	UP;AC DX ON HOSP/OR	ERTRIAMCINOLONE INHALER 02/05/03

Figure 2-83: Sample Patient List, Asthma Quality of Care

## 2.9.5 Chronic Kidney Disease Assessment

**Measure Description:** During FY 2006, report the rate of patients who are assessed for chronic kidney disease.

### 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.

**Logic Description:** Age is calculated at 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
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 5.1:** None

**Patient List Description:** List of patients with Creatinine test, with GFR and value, if any.

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Report Period: Jan 01, 2003 to Dec 31, 2003									
Previous Year Period: Jan 01, 2002 to Dec 31, 2002									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Chronic Kidney Disease Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts									
=> 18 with Serum									
Creatinine test	405		293			37			
# w/Est GFR	92	22.7	0	0.0	+22.7	0	0.0	+22.7	
# w/GFR <60	13	3.2	0	0.0	+3.2	0	0.0	+3.2	
User Pop Pts									
=>18 with Serum									
Creatinine	429		318			37			
# w/ Est GFR	97	22.6	0	0.0	+22.6	0	0.0	+22.6	
# w/GFR <60	13	3.0	0	0.0	+3.0	0	0.0	+3.0	

Figure 2-84: Sample Report, Chronic Kidney Disease Assessment

Chronic Kidney Disease Assessment: List of patients with Creatinine test, with GFR and value, if any.								
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic								
PREG=Pregnant Female; IMM=Active IMM Pkg Pt								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		
-----								
PATIENT, JANET	000901	COMMUNITY #1	F	18	UP;AC			
PATIENT, BERTHA	000902	COMMUNITY #1	F	18	UP;AC			
PATIENT, CHARLOTTE	000903	COMMUNITY #1	F	19	UP;AC			
PATIENT, JEAN	000904	COMMUNITY #1	F	20	UP;AC			
PATIENT, JOYCE	000905	COMMUNITY #1	F	20	UP;AC	GFR: 12/16/03	214	
PATIENT, LORETTA	000906	COMMUNITY #1	F	20	UP;AC			
PATIENT, JUANITA	000907	COMMUNITY #1	F	20	UP;AC			
PATIENT, ERLINDA	000908	COMMUNITY #1	F	21	UP;	GFR: 11/20/03	111	
PATIENT, LEIGH	000909	COMMUNITY #1	F	21	UP;AC	GFR: 12/19/03	133	

Figure 2-85: Sample Patient List, Chronic Kidney Disease Assessment

### 2.9.6 Prediabetes/Metabolic Syndrome (New Topic)

**Measure Description:** Increase the proportion of patients with metabolic syndrome who receive all appropriate assessments.

**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 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 positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during 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 counseling, 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.

Patients with all screenings.

**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. Any three or more of the following 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  $\Rightarrow$ 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: 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 5 years, not required to be on the same day. For over 50, height and weight within last 2 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: 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).

Hypertension: Diagnosis of (POV or problem list) 401.\* occurring prior to the Report period, and at least one hypertension POV during the Report period.

Urine Protein/Microalbuminuria: CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character of result is "P", "p", "M", "m", "L", "l", "S", or "s".
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride	84478		yes	DM AUDIT TRIGLYCERIDE TAX
HDL	83718		yes	DM AUDIT HDL TAX
Fasting Glucose		<b>V POV:</b> 790.21	yes	DM AUDIT FASTING GLUCOSE TAX
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX
Micro-albuminuria	82043, 82044		yes	DM AUDIT MICRO-ALBUMINURIA TAX, DM AUDIT A/C RATIO
Urine Protein			yes	DM AUDIT URINE PROTEIN TAX
Tobacco Screening		<p><b>Any health factor for category Tobacco</b></p> <p><b>V POV or current Active Problem List:</b> 305.1, V15.82</p> <p><b>Patient education codes:</b> containing "TO-" or "-TO" or "-SHS"</p> <p><b>Dental code:</b> 1320</p>		
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	<p><b>Provider codes:</b> 07, 29, 97, 99</p> <p><b>Clinic codes:</b> 67 (dietary) or 36 (WIC)</p>		
Lifestyle Counseling - Nutrition Education		<p><b>V POV:</b> V65.3 dietary surveillance and counseling</p> <p><b>Patient education codes:</b> ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)).</p>		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Exercise Education		<b>V POV:</b> V65.41 exercise counseling <b>Patient education codes:</b> ending “-EX” (exercise).		
Lifestyle Counseling - Related Exercise and Nutrition Counseling		<b>Patient education codes:</b> ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity).		
Depression Screening		<b>V Exam:</b> Exam Code 36 <b>V POV:</b> V79.0 <b>BHS Problem Code:</b> 14.1 (Screening for Depression) <b>Refusals:</b> Exam Code 36		
Mood Disorders		<b>At least 2 visits in PCC or BHS for:</b> 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. <b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 <b>BHS POV:</b> 14, 15		

**Patient List Description:** List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.

**Measure Targets:** Others TBD

IHS 2010 target for patients with BP assessed	95.0%
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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
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	6		1			0			
# w/BP documented	5	83.3	1	100.0	-16.7	0	0.0	+83.3	
# w/LDL done	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/ fasting glucose	4	66.7	0	0.0	+66.7	0	0.0	+66.7	
# w/ pos urine protein/any microalbuminuria	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/Tobacco Screening w/in 1 yr	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/BMI calculated or refusal	4	66.7	1	100.0	-33.3	0	0.0	+66.7	
# w/lifestyle adaptation counseling	3	50.0	1	100.0	-50.0	0	0.0	+50.0	
# w/Depression screening, DX, or refusal	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/ All screenings	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
User Pop Pts =>18									
w/PreDiabetes/ Met Syn	6		1			0			
# w/BP documented	5	83.3	1	100.0	-16.7	0	0.0	+83.3	
# w/LDL done	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/ fasting glucose	4	66.7	0	0.0	+66.7	0	0.0	+66.7	
# w/ pos urine protein/any microalbuminuria	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/Tobacco Screening w/in 1 yr	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/BMI calculated or refusal	4	66.7	1	100.0	-33.3	0	0.0	+66.7	
# w/lifestyle adaptation counseling	3	50.0	1	100.0	-50.0	0	0.0	+50.0	
# w/Depression screening, DX, or refusal	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/ All screenings	1	16.7	0	0.0	+16.7	0	0.0	+16.7	

Figure 2-86: Sample Report, Prediabetes/Metabolic Syndrome

Prediabetes/Metabolic Syndrome: List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,JEAN	005875	COMMUNITY #1	F	20	UP;AC 277.7 on 05/03/03;	
09/18/03*ALL* 2 BPs;LDL: 11/27/03 137;FG: 11/07/03;POS/M: 09/18/03 ;TOB SCR: 09/20/03;BMI: ref HT 11/27/03 WT 11/27/03;LIFE: 11/07/03;G0270 MN; DEP SCR:09/18/03						
PATIENT,MARY	005876	COMMUNITY #1	F	31	UP;AC TRIG=150; BP=131/79; FAST	
GLUC=107 2 BPs;FG: 08/15/03;POS/M: 08/22/03 SMALL;BMI: 28.47;LIFE: 04/08/03;Prv: 29						
PATIENT,LORI	005877	COMMUNITY #1	F	32	UP;AC BMI=51.65; TRIG=150;	
HDL=49;BMI: 51.65						
PATIENT,LUCINDA	005878	COMMUNITY #1	F	80	UP;AC HDL=49; HTN DX: 10/08/03;	
BP=138/71; WC=36 2 BPs;FG: 12/05/03						
PATIENT,JOHN	005879	COMMUNITY #1	M	23	UP;AC HTN DX: 07/28/03; FAST	
GLUC=125; WC=41 2 BPs;FG: 07/29/03;LIFE: 07/29/03;V65.41 EX						
PATIENT,SARA	000250	COMMUNITY #2	F	32	UP;AC BMI=41.29; TRIG=210; HTN	
DX: 09/19/03; BP=143/88 2 BPs;POS/M: 09/19/03 medium;BMI: 41.29						
Total # of Patients on list: 6						

Figure 2-87: Sample Patient List, Prediabetes/Metabolic Syndrome

## 2.9.7 Medications Education

**Measure Description:** Increase the proportion of patients taking medications who are receiving patient education about their medications. This indicator contributes to the IHS national Patient Safety initiative.

### **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.



Medications Education: List of patients receiving medications with med education, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT, ALFRED	004400	COMMUNITY #1	M	65	UP;AC	
PATIENT, CARLOS	004001	COMMUNITY #1	M	65	UP;AC	
PATIENT, JOHNNY	004002	COMMUNITY #1	M	66	UP;AC	
PATIENT, JERALD	004003	COMMUNITY #1	M	66	UP;AC	
PATIENT, DAN	004004	COMMUNITY #1	M	66	UP;AC	
PATIENT, DEON	004005	COMMUNITY #1	M	67	UP;AC	02/05/03 HTN-M

Figure 2-89: Sample Patient List, Medications Education

## 2.9.8 Public Health Nursing

**Measure Description:** During FY 2006, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2005 workload levels.

### **PATIENT-RELATED MEASURES:**

**Denominator:** All User Population patients.

**Numerators:** Patients served by PHNs in any setting.

Patients served by a PHN driver/interpreter in any setting.

Patients served by PHNs in Home setting.

Patients served by a PHN/driver/interpreter in Home setting.

### **VISIT-RELATED MEASURES:**

#### **Denominators:**

Number of visits by PHNs in any setting, including Home, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

A: Number of PHN driver/interpreter (provider code 91) visits).

Number of visits by PHNs in Home setting, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

A: Number of PHN driver/interpreter (provider code 91) visits).

**Numerators:** 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 5.0 Patch 1:** Changed to non-GPRA measure.

**Patient List Description:** List of patients with PHN visits documented.

**Measure Past Performance and Targets:**

	<b>All PHN visits</b>	<b>PHN Home visits</b>
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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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Public Health Nursing (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
All User Population patients	2,285		2,257			2,233			
# served by PHNs in any Setting	406	17.8	455	20.2	-2.4	491	22.0	-4.2	
# served by PHN drivers/interpreter - in any Setting	67	2.9	163	7.2	-4.3	81	3.6	-0.7	
# served by PHNs in a Home Setting	215	9.4	220	9.7	-0.3	206	9.2	+0.2	
# served by PHN drivers/interpreters in Home Setting	67	2.9	54	2.4	+0.5	79	3.5	-0.6	
Total # PHN Visits - Any Setting	1,366		1,707		-341	1,358		+8	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days - 12 months	114		186		-72	109		+5	
C. Ages 1-64 years	794		968		-174	709		+85	
D. Ages 65+	458		553		-95	540		-82	
E. Driver/Interpreter visits - any setting	238		329		-91	209		+29	
Total # PHN Visits - Home Setting	808		997		-189	787		+21	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days- 12 months	76		117		-41	104		-28	
C. Ages 1-64 years	379		461		-82	334		+45	
D. Ages 65+	353		419		-66	349		+4	
E. Driver/interpreter visits - Home Setting	237		215		+22	204		+33	

Figure 2-90: Sample Report, 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.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT,ADRIENNE driver all; 0 driver home	008911	COMMUNITY #1	F	11	UP	4 all PHN; 0 home; 0
PATIENT,VIRGINIA driver all; 0 driver home	008912	COMMUNITY #1	F	12	UP	2 all PHN; 0 home; 0
PATIENT,MARJORIE driver all; 0 driver home	008913	COMMUNITY #1	F	12	UP	2 all PHN; 0 home; 0
PATIENT,CARMELITA driver all; 0 driver home	008914	COMMUNITY #1	F	13	UP	1 all PHN; 0 home; 0
PATIENT,SALLY driver all; 0 driver home	008915	COMMUNITY #1	F	13	UP	2 all PHN; 0 home; 0

Figure 2-91: Sample Patient List, Public Health Nursing

### 3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

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