



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS) For FY 2008 Clinical Measures (BGP)

Administrator Manual

Version 8.0
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Office of Information Technology (OIT)
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Albuquerque, New Mexico

PREFACE

This manual contains the administrator manual for the CRS Clinical Reporting System version 8.0, which adds FY 2008 clinical performance measures to existing FY 2002 through FY 2007 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 8.0 (FY 2008 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 performance measure.
- Report example.
- Patient list example.

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

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more 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 the Selected Measures reports for local use (User Manual, section 5.8), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

2.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for *most* GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it 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 in the previous table *or* to one of the following additional medical clinics:

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

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 two CHS visits in the three years prior to the end of the Report Period.
- Must be alive on the last day of the Report Period.
- 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
- 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 5.8). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Users have additional options to define the denominators as explained below.

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

- (*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 section 2.1.1.1 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 5.8 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 two CHS visits in the three 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 A User 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 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 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 5.8 for detailed instructions as to making these selections.)

2.1.2 Logic Example

The GPRA measure example used above was Cancer Screening: Pap Smear Rates: During FY 2008, 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 rate of TBD.

For CRS, the GPRA 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 performance measure has determined based on current medical guidelines that “eligible” women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the performance measure): patients with documented Pap smear or refusal the past year.

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

1. Begin with the Active Clinical population definition (see the User Manual, section 3.2.3).
 - a) Exclude any patients with the name of “DEMO,PATIENT”.
 - b) Exclude any patients with a date of death in the Patient Registration file.
 - c) Exclude any patients who do not have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
 - d) Exclude any patients whose Community of Residence is not included in the site’s defined GPRA Community Taxonomy for this report.

- e) 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 two CHS visits in the past three years.
2. From these patients, identify the subset that are female and that are at least age 21 on the first day of the Current Report Period and less than 65 on the last 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 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, or 59135, or V POV 618.5 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*
 - 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...*
 - Purpose of Visit file (V POV) is checked for a Diagnosis of V67.01 Follow-up Vaginal Pap Smear, V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix, or 795.06 Pap smear of cervix with cytologic evidence of malignancy, *or...*
 - V Procedures is checked for a procedure of 91.46, *or...*
 - V CPT is checked for the following CPT codes: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, 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...*
 - 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

Unless otherwise noted, 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; CRS software began to incorporate LOINC codes into its logic for the new measures included in version 2.1. Effective with 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

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

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

List of diabetic patients with most recent diagnosis.

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Diabetes Prevalence								
Denominator(s):								
All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.								
Numerator(s):								
Anyone diagnosed with Diabetes at any time before the end of the Report period.								
Anyone diagnosed with Diabetes during the Report Period.								
Logic:								
Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.								
Performance Measure Description:								
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.								
Past Performance and/or Target:								
IHS Performance: FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%								
Source:								
HP 2010 5-2, 5-3								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,778		2,353			2,337		
# w/ any DM DX	228	8.2	216	9.2	-1.0	196	8.4	-0.2
# w/ DM DX w/in past year	129	4.6	124	5.3	-0.6	99	4.2	+0.4
# Male User Pop	1,303		1,099			1,106		
# w/ any DM DX	94	7.2	88	8.0	-0.8	71	6.4	+0.8
# w/DM DX w/in past year	62	4.8	64	5.8	-1.1	47	4.2	+0.5
# Female User Pop	1,475		1,254			1,231		
# w/ any DM DX	134	9.1	128	10.2	-1.1	125	10.2	-1.1
# w/ DM DX w/in past year	67	4.5	60	4.8	-0.2	52	4.2	+0.3

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

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
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	704	233	251	389	366	375	243	217
# w/ DM DX ever	1	3	5	33	45	59	40	42
% w/ DM DX ever	0.1	1.3	2.0	8.5	12.3	15.7	16.5	19.4
# w/DM DX in past yr	0	2	0	9	29	39	25	25
% w/DM DX in past yr	0.0	0.9	0.0	2.3	7.9	10.4	10.3	11.5
PREVIOUS YEAR PERIOD								
Total # User Pop	703	223	235	340	291	251	166	144
# w/ DM DX ever	3	3	8	32	43	49	39	39
% w/ DM DX ever	0.4	1.3	3.4	9.4	14.8	19.5	23.5	27.1
# w/DM DX in past yr	1	2	2	9	23	30	29	28
% w/DM DX in past yr	0.1	0.9	0.9	2.6	7.9	12.0	17.5	19.4
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.4	-0.9	-2.5	-3.8	-7.0	-7.7
w/DM DX in past yr	-0.1	-0.0	-0.9	-0.3	+0.0	-1.6	-7.2	-7.9
BASELINE REPORT PERIOD								
Total # User Pop	787	207	216	329	291	227	138	142
# w/ DM DX ever	2	4	12	21	38	46	29	44
% w/ DM DX ever	0.3	1.9	5.6	6.4	13.1	20.3	21.0	31.0
# w/DM DX in past yr	2	1	3	7	18	21	19	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	13.8	19.7
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.6	-3.6	+2.1	-0.8	-4.5	-4.6	-11.6
w/DM DX in past yr	-0.3	+0.4	-1.4	+0.2	+1.7	+1.1	-3.5	-8.2

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

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
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*** IHS 2008 Clinical Performance Measure Patient List ***
      DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2008 to Dec 31, 2008
      Entire Patient List

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

Diabetes Prevalence: List of diabetic patients with most recent diagnosis
PATIENT NAME          HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP          10/28/08 250.00
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP          10/21/06 250.00
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP          12/12/04 250.80
PATIENT4,WINONA      000004  COMMUNITY #1  F  53  UP          04/21/00 250.80
PATIENT5,NADINE      000005  COMMUNITY #1  F  61  UP          12/01/08 250.00
PATIENT6,RUTH        000006  COMMUNITY #1  F  64  UP          08/09/07 250.00

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

2.2.2 Diabetes Comprehensive Care

Denominator

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

Numerators

Patients with hemoglobin A1c documented during the Report Period, regardless of result.

Patients with Blood Pressure documented during the Report Period.

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

Patients with LDL completed during the Report Period, regardless of result.

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

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

Patients with diabetic foot exam during the Report Period, or a documented refusal of a diabetic foot exam.

Patients with comprehensive diabetes care (documented A1c *and* Blood Pressure *and* LDL *and* Nephropathy Assessment *and* Retinal exam *and* diabetic foot exam).

Logic Description

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

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

BP documented definition: Having a minimum of two Blood Pressures documented on non-ER visits during the Report Period.

Controlled BP definition: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of the last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

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

Nephropathy assessment definition: (1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, *and* (2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (*Note:* Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); *or* (3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

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

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

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

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

Diabetic foot exam definition: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), 4) CPT 2028F, or 5) documented refusal of foot exam (Exam Code 28).

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD.
2. Added CPT codes to the LDL definition to match the HEDIS LDL definition and added code to LDL LOINC taxonomy.
3. Added CPT II code to foot exam definition.
4. Added CPT codes 83037, 3046F, and 3047F to A1c definitions.
5. Added CPT II codes for blood pressure.
6. Removed LOINC code from A1c taxonomy to match HEDIS.
7. Added codes to Estimated GFR LOINC taxonomy.

8. Added codes to Quantitative Urine Protein Assessment LOINC taxonomy.

Patient List Description

List of diabetic patients with documented tests, if any.

Measure Long-term Targets

BP Assessed: IHS 2010 Goal: 95%, Foot Exam: HP 2010 Goal: 91%

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

Diabetes Comprehensive Care									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Diabetic Pts	109		95			87			
# w/A1c done									
w/ or w/o result	79	72.5	70	73.7	-1.2	52	59.8	+12.7	
# w/ BPs documented	101	92.7	78	82.1	+10.6	74	85.1	+7.6	
# w/Controlled BP									
<130/80	23	21.1	20	21.1	+0.0	13	14.9	+6.2	
# w/ LDL done	70	64.2	46	48.4	+15.8	23	26.4	+37.8	
# w/ est GFR & quant									
UP assmt or									
w/ESRD	43	39.4	6	6.3	+33.1	5	5.7	+33.7	
# w/Retinal Evaluation									
or refusal	54	49.5	39	41.1	+8.5	44	50.6	-1.0	
# w/Diabetic Foot Exam									
or refusal	20	18.3	18	18.9	-0.6	16	18.4	-0.0	
# w/Comp Diabetes									
Care	8	7.3	0	0.0	+7.3	0	0.0	+7.3	

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

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*** IHS 2008 Clinical Performance Measure Patient List ***
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      Entire Patient List

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

Diabetes Comprehensive Care: List of Diabetic patients with documented
tests, if any
PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F  45  AD                A1c: 10/28/08
6.6;BPs: 133/82 UNC;LDL: 10/28/08 119;EYE: 01/07/08 C1: 18
PATIENT2,TARA              000002  COMMUNITY #1  F  51  AD                A1c: 12/30/08
12.4;BPs: 201/87 UNC;LDL: 12/30/08 86
PATIENT3,BOBBIE           000003  COMMUNITY #1  F  52  AD                A1c: 09/09/08
6.5;BPs: 138/66 UNC;GFR: 09/09/08 & QUANT UP: QUANT URINE PROTEIN-03/31/08;EYE:
07/30/08 C1: 18;FOOT EXAM: 01/07/08 C1: 65

```

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

2.2.3 Diabetes: Glycemic Control

GPRA Measure Description, Poor Glycemic Control

TBD

GPRA Measure Description, Ideal Glycemic Control

TBD

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 two visits during the Report Period, *and* two DM-related visits ever.

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

Numerators

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

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

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

Good Control: Patients with A1c equal to or greater than (=>) 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

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

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

	CPT Codes	LOINC Codes ¹	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Hemoglobin A1c	83036, 83037, 3046F, or 3047F	Yes	DM AUDIT HGB A1C TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT codes 83037, 3046F, and 3047F to A1c definition.
2. Removed LOINC code from A1c taxonomy to match HEDIS.
3. Added code to Creatinine LOINC taxonomy.

Patient List Description

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

Measure Source

IHS Diabetes Standards of Care

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

Measure Past Performance and Long-term Targets**Hemoglobin A1c Documented**

Performance	Percent
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	79.0%
IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
<i>HP 2010 Goal</i>	<i>50.0%</i>

Poor Glycemic Control

Performance	Percent
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

Ideal Glycemic Control

Performance	Percent
IHS FY 2007 Performance	31.0%
IHS FY 2006 Performance	31.0%
IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
<i>IHS 2010 Goal</i>	<i>40.0%</i>

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Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: Glycemic Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report end date	203		192			179			
# w/A1c done w/ or w/o result	82	40.4	72	37.5	+2.9	53	29.6	+10.8	
# w/A1c =>12	3	1.5	1	0.5	+1.0	3	1.7	-0.2	
# w/A1c >9.5 and <12	14	6.9	3	1.6	+5.3	8	4.5	+2.4	
# w/A1c =>8 and =<9.5	13	6.4	19	9.9	-3.5	10	5.6	+0.8	
# w/A1c=>7 and <8	11	5.4	17	8.9	-3.4	7	3.9	+1.5	
# w/A1c <7	35	17.2	32	16.7	+0.6	23	12.8	+4.4	
# w/A1c w/o Result	6	3.0	0	0.0	+3.0	2	1.1	+1.8	
Active Diabetic Pts (GPRA)	109		95			87			
# w/A1c done w/ or w/o result	79	72.5	70	73.7	-1.2	52	59.8	+12.7	
# w/A1c > 9.5 (GPRA)	17	15.6	4	4.2	+11.4	11	12.6	+3.0	
# w/A1c =>12	3	2.8	1	1.1	+1.7	3	3.4	-0.7	
# w/A1c >9.5 and < 12	14	12.8	3	3.2	+9.7	8	9.2	+3.6	
# w/A1c =>8 and =<9.5	13	11.9	19	20.0	-8.1	10	11.5	+0.4	
# w/A1c=>7 and <8	11	10.1	17	17.9	-7.8	7	8.0	+2.0	
# w/A1c <7 (GPRA)	32	29.4	30	31.6	-2.2	22	25.3	+4.1	
# w/A1c w/o Result	6	5.5	0	0.0	+5.5	2	2.3	+3.2	

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

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*** IHS 2008 Clinical Performance Measure Patient List ***
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      Entire Patient List

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

Diabetes: Glycemic Control: List of diabetic Patients with most recent
Alc value, if any

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORA             000001  COMMUNITY #1  F  45  UP,AD,AAD    10/28/08  6.6
PATIENT2,TARA               000002  COMMUNITY #1  F  51  UP,AD,AAD    12/30/08  12.4
PATIENT3,BOBBIE            000003  COMMUNITY #1  F  52  UP,AD,AAD    09/09/08  6.5
PATIENT4,WINONA             000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE             000005  COMMUNITY #1  F  61  UP,AD,AAD    12/01/08  6.5
PATIENT6,RUTH               000006  COMMUNITY #1  F  64  UP

```

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

2.2.4 Diabetes: Blood Pressure Control

GPRO Measure Description

TBD

Denominators

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

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

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

Numerators

Patients with Blood Pressure documented during the Report Period.

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

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

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

CRS uses the following definition:

	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
BP Documented and Not Controlled BP	3077F or 3080F during report period (or calculated mean BP as described above)		

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT II codes for blood pressure.
2. Added code to Creatinine LOINC taxonomy.

Patient List Description

List of diabetic patients with BP value, if any.

Measure Source

IHS Diabetes Standards of Care.

Measure Past Performance and Long-term Targets for Blood Pressure Control

Performance	Percent
IHS FY 2007 Performance	39.0%
IHS FY 2006 Performance	37.0%
IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
<i>IHS 2010 Goal</i>	<i>50.0%</i>

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	203		192			179			
# w/ BPs Documented	108	53.2	88	45.8	+7.4	84	46.9	+6.3	
# w/controlled BP < 130/80	25	12.3	24	12.5	-0.2	18	10.1	+2.3	
# w/Not controlled BP	83	40.9	64	33.3	+7.6	66	36.9	+4.0	
Active Diabetic Pts (GPRA)	109		95			87			
# w/ BPs Documented	101	92.7	78	82.1	+10.6	74	85.1	+7.6	
# w/Controlled BP < 130/80 (GPRA)	23	21.1	20	21.1	+0.0	13	14.9	+6.2	
# w/Not controlled BP	78	71.6	58	61.1	+10.5	61	70.1	+1.4	
Active Adult Diabetic Patients	79		71			63			
# w/ BPs Documented	72	91.1	61	85.9	+5.2	56	88.9	+2.3	
# w/Controlled BP < 130/80	18	22.8	14	19.7	+3.1	8	12.7	+10.1	
# w/Not controlled BP	54	68.4	47	66.2	+2.2	48	76.2	-7.8	

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

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*** IHS 2008 Clinical Performance Measure Patient List ***
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-----
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

Diabetes: Blood Pressure Control: List of Diabetic Patients with mean BP,
if any

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F  45  UP,AD,AAD   133/82 UNC
PATIENT2,TARA              000002  COMMUNITY #1  F  51  UP,AD,AAD   04/21/08 CPT 3080F
DIASTOLIC BP >=90 UNC
PATIENT3,BOBBIE           000003  COMMUNITY #1  F  52  UP,AD,AAD   138/66 UNC
PATIENT4,WINONA            000004  COMMUNITY #1  F  53  UP          unknown
PATIENT5,NADINE            000005  COMMUNITY #1  F  61  UP,AD,AAD   159/86 UNC
PATIENT6,RUTH              000006  COMMUNITY #1  F  64  UP          139/74 UNC

```

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

2.2.5 Diabetes: LDL Assessment

GPRA Measure Description

TBD

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 two visits during the Report Period, *and* two DM-related visits ever.

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

Numerators

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

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

LDL definition: Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result.

CRS uses the following to define the tests:

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

Key Logic Changes from CRS Version 7.0 Patch 2

1. Renamed topic from Diabetes: Lipids Assessment to Diabetes: LDL Assessment.
2. Deleted the numerator for patients with a lipid profile or an LDL+HDL+TG.
3. Added CPT codes to the LDL definition.
4. Added code to LDL LOINC taxonomy.
5. Added code to Creatinine LOINC taxonomy.

Patient List Description

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

Measure Source

IHS Diabetes Standards of Care.

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	61.0%
IHS FY 2006 Performance	60.0%
IHS FY 2005 Performance	53.0%
IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
<i>HP 2010 Goal</i>	<i>70.0%</i>

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Diabetes: LDL Assessment (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to Current period	203		192			179		
# w/ LDL done	75	36.9	48	25.0	+11.9	23	12.8	+24.1
# w/LDL <130	57	28.1	40	20.8	+7.2	15	8.4	+19.7
A. # w/LDL =<100	37	18.2	32	16.7	+1.6	8	4.5	+13.8
B. # w/LDL 101-129	17	8.4	8	4.2	+4.2	7	3.9	+4.5
Active Diabetic Pts (GPRA)	109		95			87		
# w/ LDL done (GPRA)	70	64.2	46	48.4	+15.8	23	26.4	+37.8
# w/LDL <130	53	48.6	38	40.0	+8.6	15	17.2	+31.4
A. # w/LDL =<100	35	32.1	31	32.6	-0.5	8	9.2	+22.9
B. # w/LDL 101-129	15	13.8	7	7.4	+6.4	7	8.0	+5.7
Active Adult Diabetic Patients	79		71			63		
# w/ LDL done	56	70.9	43	60.6	+10.3	21	33.3	+37.6
# w/LDL <130	42	53.2	35	49.3	+3.9	13	20.6	+32.5
A. # w/LDL =<100	27	34.2	27	38.0	-3.9	8	12.7	+21.5
B. # w/LDL 101-129	13	16.5	8	11.3	+5.2	5	7.9	+8.5

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

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*** IHS 2008 Clinical Performance Measure Patient List ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2008 to Dec 31, 2008
      Entire Patient List

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

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

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F  45  UP,AD,AAD  LDL DONE: 10/28/08
119
PATIENT2,TARA              000002  COMMUNITY #1  F  51  UP,AD,AAD  LDL DONE: 12/30/08 86
PATIENT3,BOBBIE           000003  COMMUNITY #1  F  52  UP,AD,AAD
PATIENT4,WINONA            000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE            000005  COMMUNITY #1  F  61  UP,AD,AAD  LDL DONE: 02/06/08
CPT 3048F LDL<100
PATIENT6,RUTH              000006  COMMUNITY #1  F  64  UP          LDL DONE: 05/21/08
107

```

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

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description

TBD

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 two visits during the Report Period, *and* two DM-related visits ever.

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

Numerator

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

Logic Description

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

Nephropathy assessment definition:

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

CRS uses the following to define the tests/diagnoses:

Test	CPT & ICD-9 Diagnosis and Procedure Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	CPT: 82042-82043, 84156	Yes	BGP QUANT URINE PROTEIN TAX Note: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect <i>quantitative</i> test values
End Stage Renal Disease	V CPT: 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339 V POV: 585.5, 585.6, V42.0, V45.1, or V56.* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.		

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD.
2. Added code to Creatinine LOINC taxonomy.
3. Added codes to Estimated GFR LOINC taxonomy.
4. Added codes to Quantitative Urine Protein Assessment LOINC taxonomy.

Patient List Description

List of diabetic patients with nephropathy assessment, if any.

Measure Source

IHS Diabetes Standards of Care.

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	40.0%
IHS FY 2006 Performance (measure definition was different from current definition)	55.0%
IHS FY 2005 Performance (measure definition was different from current definition)	47.0%
IHS FY 2004 Performance (measure definition was different from current definition)	42.0%
IHS FY 2003 Performance (measure definition was different from current definition)	37.5%
IHS FY 2002 Performance (measure definition was different from current definition)	35.0%
<i>IHS 2010 Goal</i>	<i>70.0%</i>

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 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2008 to Dec 31, 2008
 Previous Year Period: Jan 01, 2007 to Dec 31, 2007
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes: Nephropathy Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to Report Period	203		192			179		
# w/ est GFR & quant UP assmt or w/ESRD	45	22.2	11	5.7	+16.4	7	3.9	+18.3
Active Diabetic Pts (GPRA)	109		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	43	39.4	6	6.3	+33.1	5	5.7	+33.7
Active Adult Diabetic Patients	79		71			63		
# w/ est GFR & quant UP assmt or w/ESRD	35	44.3	2	2.8	+41.5	3	4.8	+39.54

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

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 *** IHS 2008 Clinical Performance Measure Patient List ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2008 to Dec 31, 2008
 Entire Patient List

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

Diabetes: Nephropathy Assessment: List of patients with denominator identified, tests & values if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	UP,AD,AAD	
PATIENT2,TARA	000002	COMMUNITY #1	F	51	UP,AD,AAD	
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	UP,AD,AAD	;GFR: 09/09/08 & QUANT UP: QUANT URINE PROTEIN-03/31/08
PATIENT4,WINONA	000004	COMMUNITY #1	F	53	UP	
PATIENT5,NADINE	000005	COMMUNITY #1	F	61	UP,AD,AAD	ESRD: ESRD 36145-01/30/08
PATIENT6,RUTH	000006	COMMUNITY #1	F	64	UP	
PATIENT7,DANIELLE	000007	COMMUNITY #1	F	79	UP	ESRD: ESRD V45.1-12/08/01

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

2.2.7 Diabetic Retinopathy

GPRA Measure Description

TBD

Denominators

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

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

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

Numerators

GPRA 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 during the Report Period.
- B. Patients who refused a diabetic retinal exam during the Report Period.
- C. Patients receiving other eye exams during the Report Period.

Logic Description

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

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

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

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

- Dilated retinal evaluation by an optometrist or ophthalmologist
- Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

CRS searches in the following order for:

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

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Removed CPT 92015 from Other Eye Exam definition
2. Added separate numerator for refusals and removed refusals from the diabetic retinal exam numerator.
3. Added CPTs and an ICD9 procedure code to the Diabetic Retinal Exam definition.
4. Added CPTs and procedure code to the Other Eye Exam definition.
5. Deleted CPT 92287 from Other Eye Exam definition.
6. Added code to Creatinine LOINC taxonomy.

Patient List Description

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

Measure Source

IHS Diabetes Standards of Care.

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	49.0% (National rate)
IHS FY 2006 Performance	49.0% (National Rate) 52.0% (Designated Sites Rate)
IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%
IHS FY 2002 Performance	49.0%
IHS 2010 Goal	70.0%

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Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

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	203		192			179			
# w/Retinal Evaluation or refusal	65	32.0	46	24.0	+8.1	54	30.2	+1.9	
A. # w/ DM Retinal exam	5	2.5	5	2.6	-0.1	6	3.4	-0.9	
B. # w/ Refusal	2	1.0	0	0.0	+1.0	0	0.0	+1.0	
C. # w/Other Eye Exams	58	28.6	41	21.4	+7.2	48	26.8	+1.8	
Active Diabetic Pts (GPRA)	109		95			87			
# w/Retinal Evaluation or refusal (GPRA)	54	49.5	39	41.1	+8.5	44	50.6	-1.0	
A. # w/ DM Retinal exam	5	4.6	5	5.3	-0.7	6	6.9	-2.3	
B. # w/ Refusal	2	1.8	0	0.0	+1.8	0	0.0	+1.8	
C. # w/Other Eye Exams	47	43.1	34	35.8	+7.3	38	43.7	-0.6	
Active Adult Diabetic Patients	79		71			63			
# w/Retinal Evaluation or refusal	41	51.9	32	45.1	+6.8	39	61.9	-10.0	
A. # w/ DM Retinal exam	4	5.1	4	5.6	-0.6	6	9.5	-4.5	
B. # w/ Refusal	2	2.5	0	0.0	+2.5	0	0.0	+2.5	
C. # w/Other Eye Exams	35	44.3	28	39.4	+4.9	33	52.4	-8.1	

Figure 2-14: Sample Report, Diabetic Retinopathy

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*** IHS 2008 Clinical Performance Measure Patient List ***
      DEMO INDIAN HOSPITAL
Report Period: Jan 01, 2008 to Dec 31, 2008
      Entire Patient List

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

Diabetic Retinopathy: List of diabetic patients eye exam status, if any
PATIENT NAME          HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP,AD,AAD  01/07/08 Cl: 18
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP,AD,AAD
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP,AD,AAD  07/30/08 Cl: 18
PATIENT4,WINONA      000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE      000005  COMMUNITY #1  F  61  UP,AD,AAD  05/22/08 Refused
PATIENT6,RUTH        000006  COMMUNITY #1  F  64  UP
PATIENT7,JONELLE     000007  COMMUNITY #1  F  69  UP,AD,AAD  10/29/08 Diab Eye Ex

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Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 Diabetes: Access to Dental Services

Denominator

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

Numerators

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

- A. Patients with documented refusal.

Logic Description

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

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

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

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

Measure Past Performance and Long-term Targets:

Past Performance	Percent
IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
<i>HP 2010 Goal</i>	<i>75.0%</i>

Performance Improvement Tip

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

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Diabetes: Access to Dental Services								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	109		95			87		
# w/dental visit or refusal in past yr	17	15.6	19	20.0	-4.4	18	20.7	-5.1
A. # Refusals w/ % of Total Visits	1	5.9	0	0.0	+5.9	0	0.0	+5.9

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

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic								
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease								
Diabetes: Access to Dental Services: List of diabetic patients and documented dental visit or refusal, if any								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		

PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	03/03/08	Refused	ADA 0000
PATIENT2,TARA	000002	COMMUNITY #1	F	51	AD			
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	AD	11/06/08	ADA	0190
PATIENT4,NADINE	000004	COMMUNITY #1	F	61	AD			
PATIENT5,SHERRY	000005	COMMUNITY #1	F	68	AD			
PATIENT6,JONELLE	000006	COMMUNITY #1	F	69	AD	10/29/08	ADA	0000

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

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description

TBD

Denominator

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

Numerators

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

A. Patients with documented refusal.

Logic Description

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

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	25.0%
IHS FY 2006 Performance	23.0%
IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
<i>IHS 2010 Goal</i>	<i>40.0%</i>

Performance Improvement Tip

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

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Access to Dental Services								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,778		2,353			2,337		
# w/dental visit or refusal in past yr (GPRA)	232	8.4	200	8.5	-0.1	207	8.9	-0.5
A. # Refusals w/ % of Total Visits	2	0.1	0	0.0	+0.1	0	0.0	+0.1

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

Access to Dental Services (con't)								
TOTAL USER POPULATION								
Age Distribution								
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	342	238	357	640	366	375	382	78
# w/dental visit or refusal in past yr	21	27	29	67	32	30	25	1
% w/dental visit or refusal in past yr	6.1	11.3	8.1	10.5	8.7	8.0	6.5	1.3
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	1	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.3	0.0	0.0	0.3	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	347	236	343	575	291	251	258	52
# w/dental visit or refusal in past yr	19	22	30	53	24	24	24	4
% w/dental visit or refusal in past yr	5.5	9.3	8.7	9.2	8.2	9.6	9.3	7.7
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit or refusal in past yr	+0.7	+2.0	-0.6	+1.3	+0.5	-1.6	-2.8	-6.4
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.3	+0.0	+0.0

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

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

Access to Dental Services: List of patients with documented dental visit
 or refusal and date.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT10,JOHN	000010	COMMUNITY #1	M	17	UP	01/03/08 ADA 0190
PATIENT11,HOWARD	000011	COMMUNITY #1	M	25	UP	01/24/08 ADA 0000
PATIENT12,JAMES	000012	COMMUNITY #1	M	31	UP	12/19/08 ADA 0000
PATIENT13,STEVEN	000013	COMMUNITY #1	M	32	UP	10/24/08 ADA 0000
PATIENT14,EDWARD	000014	COMMUNITY #1	M	32	UP	06/10/08 ADA 0000
PATIENT15,DAVID	000015	COMMUNITY #1	M	33	UP	04/10/08 ADA 0190

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

2.3.2 Dental Sealants

GPRA Measure Description

TBD

Denominator

No denominator. This measure 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 definition: V Dental ADA code 1351 or refusal of ADA code 1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 7.0 Patch 2

Added logic limiting the number of sealants per tooth to two during the Report Period.

Patient List Description

List of patients who received dental sealants during Report Period.

Measure Past Performance and Long-term Targets:

Performance	# of Sealants
IHS FY 2007 Performance	245,449
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158 ²
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

Performance Improvement Tip

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

² Reported by the National Patient Information Reporting System (NPIRS).

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<p>*** IHS 2008 Selected Measures with Community Specified Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2008 to Dec 31, 2008 Previous Year Period: Jan 01, 2007 to Dec 31, 2007 Baseline Period: Jan 01, 2000 to Dec 31, 2000</p>					

Dental Sealants					
Denominator(s): No denominator. This measure is a total count only, not a percentage.					
Numerator(s): GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period. Broken out by age range. Number of documented refusals.					
Logic: Age of the patient is calculated at the beginning of the Report period. Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.					
Performance Measure Description: TBD					
Past Performance and/or Target: IHS Performance: FY 2007 - 245,449, FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)					
Source: HP 2010 21-8					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented or Refusal (GPRA)	49	61	-12	81	-32
# Dental Sealants documented pts <12 yrs	34	26	+8	40	-6
# Dental Sealants documented pts 12-18 yrs	13	34	-21	40	-27
# Dental Sealants documented pts >18 yrs	1	1	+0	1	+0
# refusals	1	0	+1	0	+1

Figure 2-21: Sample Report, Dental Sealants

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

Dental Sealants: List of patients who received or refused dental sealants during Report period.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT20,GEORGE	000020	COMMUNITY #1	M	5	UP	4 sealants
PATIENT21,CODY	000021	COMMUNITY #1	M	7	UP	1 Refused ADA 1351
PATIENT50,DAWN	000050	COMMUNITY #2	F	4	UP	3 sealants
PATIENT51,JOY	000051	COMMUNITY #2	F	6	UP	3 sealants
PATIENT52,DONALD	000052	COMMUNITY #2	M	8	UP	1 sealants

Figure 2-22: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRM Measure Description

TBD

Denominator

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

Numerators

The total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.

A: Number of documented refusals during past year.

GPRM Numerator: The total number of patients with at least one topical fluoride treatment or refusal during the Report Period.

A: Patients with documented refusal in past year.

Logic Description

Topical fluoride application definition: 1) V Dental ADA codes 1201, 1203, 1204, 1205; 2) V POV V07.31; or 3) Refusal of ADA code 1201, 1203, 1204, or 1205. 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. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Number of Patients
IHS FY 2007 Performance	107,934
IHS FY 2006 Performance	95,439
IHS FY 2005 Performance	113,324 ³

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.

³ Number of Applications

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*** IHS 2008 Selected Measures with Community Specified Report ***					
DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2008 to Dec 31, 2008					
Previous Year Period: Jan 01, 2007 to Dec 31, 2007					
Baseline Period: Jan 01, 2000 to Dec 31, 2000					

Topical Fluoride					
Denominator(s):					
No denominator. This measure is a total count only, not a percentage.					
Numerator(s):					
GPRA Numerator: For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.					
A: Patients with documented refusal in past year.					
For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.					
A: Number of documented refusals during past year.					
Logic:					
Topical fluoride application defined as: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, or 1205 (old code), or 1206. 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. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.					
Performance Measure Description:					
TBD					
Past Performance and/or Target:					
IHS Performance: FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 - 85,318; FY 2005 # Applications - 113,324					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	38	26	+12	15	+23
A. # Patients w/ Refusals	2	0	+2	0	+2
Total # of Topical Fluoride Applications/ Refusals	43	26	+17	15	+28
A. # Refusals	2	0	+2	0	+2

Figure 2-23: Sample Report, Topical Fluoride

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

Topical Fluoride: List of patients who received or refused at least one
 topical fluoride application during Report period.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT20,GEORGE	000020	COMMUNITY #1	M	5	UP	1 topical flouride
PATIENT21,RYAN	000021	COMMUNITY #1	M	8	UP	1 Refused ADA 1206
PATIENT22,MICHAEL	000022	COMMUNITY #1	M	9	UP	1 Refused ADA 1204
PATIENT23,MARTY	000023	COMMUNITY #1	M	15	UP	1 topical flouride

Figure 2-24: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Adult Immunizations: Influenza

GPRA Measure Description

TBD

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 two visits during the Report Period, *and* two DM-related visits ever.

All *User Population patients ages 50 or older.*

A. All User Population patients *ages 50-64.*

B. All User Population patients *ages 65 and older.*

Numerators

GPRA Numerator: Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

A. Patients with documented refusal (REF).

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

Logic Description

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

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

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

1. Influenza vaccination: Any of the codes in the table below.

	CPT Codes	ICD and Other Codes
Influenza vaccine	90655-90660, 90724 (old code), G0008, G8108	Immunization (CVX) Code: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal POV: V04.8, V04.81, V06.6 ICD Procedure: 99.52

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

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Added Immunization Package contraindications of "Egg Allergy" and "Anaphylaxis" to numerator logic.
2. Added separate numerator for contraindications and NMI refusals. Moved NMI refusals to this numerator and out of the refusals numerator.
3. Added CPTs to influenza definition.

Patient List Description

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

Measure Past Performance and Long-term Targets for Patients \Rightarrow 65:

Performance	Percent
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	58.0%
IHS FY 2005 Performance	59.0%
IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%
IHS FY 2002 Performance	51.4%
<i>HP 2010 Goal</i>	<i>90.0%</i>

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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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adult Immunizations: Influenza									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients ages 50 or older	315		208			177			
Total # w/Flu vaccine/contra/refusal	74	23.5	67	32.2	-8.7	29	16.4	+7.1	
A. # Refusals w/ % of Total IZ	4	5.4	6	9.0	-3.5	0	0.0	+5.4	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	5.4	0	0.0	+5.4	0	0.0	+5.4	
A. Active Clinical Patients ages 50-64	211		145			112			
Total # w/Flu vaccine/contra/refusal	45	21.3	42	29.0	-7.6	14	12.5	+8.8	
A. # Refusals w/ % of Total IZ	2	4.4	5	11.9	-7.5	0	0.0	+4.4	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	3	6.7	0	0.0	+6.7	0	0.0	+6.7	
B. Active Clinical Patients 65 and older (GPRA)	104		63			65			
Total # w/Flu vaccine/contra/refusal (GPRA)	29	27.9	25	39.7	-11.8	15	23.1	+4.8	
A. # Refusals w/ % of Total IZ	2	6.9	1	4.0	+2.9	0	0.0	+6.9	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	1	3.4	0	0.0	+3.4	0	0.0	+3.4	

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

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

Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with
 influenza code or refusal and date, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	10/28/08 Imm 88
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	50	UP,AC	
PATIENT3,DEMETRIA	000003	COMMUNITY #1	F	50	UP,AC	11/25/08 Imm 15
PATIENT4,JADE	000004	COMMUNITY #1	F	51	UP	
PATIENT5,MARIE	000005	COMMUNITY #1	F	51	UP,AC,AD	10/21/08 NMI Refusal

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

2.4.2 Adult Immunizations: Pneumovax

GPR Measure Description

TBD

Denominators

GPR 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 two visits during the Report Period, *and* two DM-related visits ever.

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

Numerators

GPR Numerator: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year.

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

Diabetic patients with pneumovax documented in past 5 years, or contraindication ever, or refusal in the past year.

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

Logic Description

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

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

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

1. Pneumococcal vaccination: Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Pneumococcal Vaccine	90669, 90732, G0009, G8115	<p>Immunization codes: 33 – Pneumococcal Polysaccharide Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS</p> <p>POV: V06.6; V03.89, V03.82</p> <p>V Procedure: 99.55</p>

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

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added Immunization Package contraindication of "Anaphylaxis" to numerator logic.
2. Added separate numerator for contraindications and NMI refusals. Moved NMI refusals to this numerator and out of the refusals numerator.
3. Added CPT codes to pneumovax definition.
4. Removed V03.89, since it is a generic code and is not specific to pneumococcal.

Patient List Description

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

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	74.0%
IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%
IHS FY 2002 Performance	64.0%
<i>HP 2010 Goal for % of patients => 65</i>	90.0%

Performance Improvement Tips

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

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adult Immunizations: Pneumovax									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts ages 65 & older (GPRA)	104		63			65			
Total # w/Pneumovax/ contra/refusal (GPRA)	47	45.2	44	69.8	-24.6	37	56.9	-11.7	
A. # Refusals w/ % of Total IZ	1	2.1	0	0.0	+2.1	0	0.0	+2.1	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.5	2	4.5	+4.0	0	0.0	+8.5	
Active Diabetic Pts	109		95			87			
Total # w/Pneumovax/ contra/refusal	53	48.6	51	53.7	-5.1	51	58.6	-10.0	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Total # w/Pneumovax past 5/contra/refusal	31	28.4	36	37.9	-9.5	30	34.5	-6.0	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# User Population ages 65 & older	217		144			142			
Total # w/Pneumovax/ contra/refusal	50	23.0	45	31.3	-8.2	37	26.1	-3.0	
A. # Refusals w/ % of Total IZ	1	2.0	0	0.0	+2.0	0	0.0	+2.0	
B. # w/ contraind/ NMI Ref w/ % of Total IZ	5	10.0	3	6.7	+3.3	0	0.0	+10.0	

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

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

Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with
 pneumovax code or refusal and date, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH (ever)	000001	COMMUNITY #1	F	45	AD	09/24/97 Imm 33
PATIENT2,TARA (ever) 03/01/04 Imm 33 (past 5 yrs)	000002	COMMUNITY #1	F	51	AD	03/01/99 Imm 33
PATIENT3,BOBBIE Contraindication: Anaphylaxis (ever) 02/18/96 (ever) 10/28/04 Imm 33 (past 5 yrs)	000003	COMMUNITY #1	F	52	AD	10/28/02 Contraindication: Anaphylaxis (past 5 yrs)
PATIENT4,NADINE (ever)	000004	COMMUNITY #1	F	61	AD	08/12/97 Imm 33
PATIENT5,SHERRY (ever) 10/04/08 Imm 100 (past 5 yrs)	000005	COMMUNITY #1	F	68	UP,AC,AD	10/04/08 Imm 100

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

2.4.3 Childhood Immunizations

GPRA Measure Description

TBD

Denominators

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

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

GPRA Denominator: User Population 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. Values for Previous Year and Baseline Year will be zero.

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 the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.

Patients who have received the 4:3:1:3:3:1:4 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including 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.

Patients who have received 4 doses of Pneumococcal conjugate vaccine 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.

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

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

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

Logic Description

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

Active Immunization Package Patients denominator definition: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 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 OR 2 doses IF documented with CPT 90743.
- 3 doses of HIB
- 1 dose of Varicella
- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

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

- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

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	Immunization codes: 20, 50, 106, 107, 110, 120 POV: V06.1 Refusals: Immunization codes 20, 50, 106, 107, 110, 120 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DTP	90701, 90711 (old code), 90720	Immunization codes: 1, 22, 102 POV: V06.1, V06.2, V06.3 V Procedure: 99.39 Refusals: Immunization codes 1, 22, 102 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tdap	90715	Immunization code: 115 Refusals: Immunization code 115 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DT (Diphtheria & Tetanus)	90702	Immunization code: 28 POV: V06.5 Refusals: Immunization code 28 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Td (Tetanus & Diphtheria)	90714, 90718	Immunization code: 9, 113 POV: V06.5 Refusals: Immunization code 9, 113 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Diphtheria	90719	POV: V03.5 V Procedure: 99.36 Evidence of Disease: POV or PCC Problem List (active or inactive) V02.4, 032* Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tetanus	90703	Immunization codes: 35, 112 POV: V03.7 V Procedure: 99.38 Evidence of Disease: POV or PCC Problem List (active or inactive) 037* Refusals: Immunization codes 35, 112 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Pertussis		Immunization code: 11 POV: V03.6 V Procedure: 99.37 Evidence of Disease: POV or PCC Problem List (active or inactive) 033* Refusals: Immunization code 11 Contraindications: Immunization Package contraindication of "Anaphylaxis."
OPV	90712	Immunization codes: 2, 89 Refusals: Immunization codes 2, 89 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204*-208* or Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
IPV	90698, 90711 (old code), 90713, 90723	Immunization codes: 10, 89, 110, 120 POV: V04.0, V06.3 V Procedure: 99.41 Evidence of Disease: POV or PCC Problem List (active or inactive) V12.02, 045*, 138, 730.70-730.79 Refusals: Immunization codes 10, 89, 110, 120 Contraindications: Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."
MMR	90707, 90710	Immunization codes: 3, 94 POV: V06.4 V Procedure: 99.48 Refusals: Immunization codes 3, 94 Contraindications: POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208*; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
M/R (Measles/Rubella)	90708	Immunization code: 4 Refusals: Immunization code 4 Contraindications: Immunization Package contraindication of "Anaphylaxis"
R/M (Rubella/Mumps)	90709 (old code)	Immunization code: 38 Refusals: Immunization code 38 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Measles	90705	Immunization code: 5 POV: V04.2 V Procedure: 99.45 Evidence of Disease: POV or PCC Problem List (active or inactive) 055* Refusals: Immunization code 5 Contraindications: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Mumps	90704	Immunization code: 7 POV: V04.6 V Procedure: 99.46 Evidence of Disease: POV or PCC Problem List (active or inactive) 072* Refusals: Immunization code 7 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Rubella	90706	Immunization code: 6 POV: V04.3 V Procedure: 99.47 Evidence of Disease: POV or PCC Problem List (active or inactive) 056*, 771.0 Refusals: Immunization code 6 Contraindications: Immunization Package contraindication of "Anaphylaxis"
HiB	90645-90648, 90698, 90720-90721, 90748	Immunization codes: 17, 22, 46-49, 50, 51, 102, 120 POV: V03.81 Evidence of Disease: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2 Refusals: Immunization codes 17, 22, 46-49, 50, 51, 102, 120 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Hepatitis B	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023	Immunization codes: 8, 42-45, 51, 102, 104, 110 Evidence of Disease: POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 Refusals: Immunization codes 8, 42-45, 51, 102, 104, 110 Contraindications: Immunization Package contraindication of "Anaphylaxis"

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

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Added the 4:3:1:3:3:1 numerator and renamed the “all childhood immunizations” numerator to 4:3:1:3:3:1:4.
2. Added contraindications from the Immunization Package as contraindications or evidence of disease for certain immunizations.
3. Added CPT codes for Hepatitis B and Pneumococcal definitions.
4. Removed CPT 90749 from DTaP definition since it is a generic (unlisted) code.
5. Added CVX code 17 to HiB definition and refusal of HiB.

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

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance (rate for children age 19-35 months)	78.0%
IHS FY 2006 Performance (rate for children age 19-35 months)	80.0% ⁴
IHS FY 2005 Performance (rate for children age 19-35 months)	75.0%
IHS FY 2004 Performance (baseline rate for children age 19-35 months)	72.0%
IHS FY 2004 Performance (rate for children age 3-27 months)	81.0%
IHS FY 2003 Performance (rate for children age 3-27 months)	80.0%
IHS FY 2002 Performance (rate for children age 3-27 months)	80.0%
<i>HP 2010 goal for % of children age 19-35 months with 4:3:1:3:3 vaccines</i>	80.0%
<i>HP 2010 goal for % of children age 19-35 months with each individual vaccine</i>	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).

⁴ All rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS will report the rate and not the Immunization Program. The CRS rate will be reported using the CRS Immunization Package denominator.

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Childhood Immunizations (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
19-35 months	51		39			55			
# w/ 43133 combo									
or w/ Dx/ Contraind/ Refusal	11	21.6	4	10.3	+11.3	6	10.9	+10.7	
A. Refusals w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 431331 combo									
or w/ Dx/ Contraind/ Refusal	10	19.6	3	7.7	+11.9	5	9.1	+10.5	
A. # Refusals w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4313314 combo									
or w/Dx/Contraind/ Refusal	2	3.9	0	0.0	+3.9	0	0.0	+3.9	
A. # Refusals w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4 doses DTaP									
or w/ Dx/ Contraind/Refusal	14	27.5	4	10.3	+17.2	9	16.4	+11.1	
A. # Refusals w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	2	14.3	0	0.0	+14.3	0	0.0	+14.3	

Figure 2-29: Sample Report, Childhood Immunizations

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

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ANDREA OPV;MMR;3 HIB;3 HEP;vari	000001	COMMUNITY #1	F	0	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT2,HEATHER OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO	000002	COMMUNITY #1	F	1	UP;AC	4 Dtap/Dtp;3
PATIENT3,TONYA	000003	COMMUNITY #1	F	1	UP	
PATIENT4,JAMES OPV;MMR;3 HIB;3 HEP;vari	000004	COMMUNITY #1	M	0	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT5,SCOTT	000005	COMMUNITY #1	M	0	UP;AC;IMM	;vari

Figure 2-30: Sample Patient List, Childhood Immunizations

2.4.4 Adolescent Immunizations

Denominators

Active Clinical patients age 13.

Female Active Clinical patients age 13.

Active Clinical patients ages 13-17.

Female Active Clinical patients ages 13-17.

Numerators

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

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

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

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

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

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

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

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

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

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

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

Logic Description

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

Dosage and types of immunization definitions:

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

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

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

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

Adolescent immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
MMR	90707, 90710	<p>Immunization codes: 3, 94</p> <p>POV: V06.4</p> <p>V Procedure: 99.48</p> <p>Contraindications: POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208*; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."</p> <p>Refusals: Immunization codes 3, 94</p>
M/R (Measles/ Rubella)	90708	<p>Immunization code: 4</p> <p>Refusals: Immunization code 4</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
R/M (Rubella/ Mumps)	90709 (old code)	<p>Immunization code: 38</p> <p>Refusals: Immunization code 38</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
Measles	90705	<p>Immunization code: 5</p> <p>POV: V04.2</p> <p>V Procedure: 99.45</p> <p>Evidence of Disease: POV or PCC Problem List (active or inactive) 055*</p> <p>Refusals: Immunization code 5</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
Mumps	90704	<p>Immunization code: 7</p> <p>POV: V04.6</p> <p>V Procedure: 99.46</p> <p>Evidence of Disease: POV or PCC Problem List (active or inactive) 072*</p> <p>Refusals: Immunization code 7</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>

Immunization	CPT Codes	ICD and Other Codes
Rubella	90706	<p>Immunization code: 6</p> <p>POV: V04.3</p> <p>V Procedure: 99.47</p> <p>Evidence of Disease: POV or PCC Problem List (active or inactive) 056*, 771.0</p> <p>Refusals: Immunization code 6</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023	<p>Immunization codes: 8, 42-45, 51, 102, 104, 110</p> <p>Evidence of Disease: POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3</p> <p>Refusals: Immunization codes 8, 42-45, 51, 102, 104, 110</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
Varicella	90710, 90716	<p>Immunization codes: 21, 94</p> <p>POV: V05.4</p> <p>Evidence of Disease: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune."</p> <p>Refusals: Immunization codes 21, 94</p> <p>Contraindications: POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208*; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."</p>
Tdap	90715	<p>Immunization code: 115</p> <p>Refusals: Immunization code 115</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
Td	90714, 90718	<p>Immunization codes: 9, 113</p> <p>POV: V06.5</p> <p>Refusals: Immunization codes 9, 113</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>

Immunization	CPT Codes	ICD and Other Codes
Meningococcal	90733, 90734	<p>Immunization codes: 32, 108, 114</p> <p>Refusals: Immunization codes 32, 108, 114</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>
HPV	90649	<p>Immunization codes: 62, 118</p> <p>Refusals: Immunization codes 62, 118</p> <p>Contraindications: Immunization Package contraindication of "Anaphylaxis."</p>

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added three new denominators: A) Female AC 13, B) AC patients 13-17, and C) Female AC 13-17.
2. Removed UP denominator.
3. Added numerators for 1:3:2:1 combination, including refusals, contraindications, and evidence of disease.
4. Added numerators for Td/Tdap, including refusals, contraindications, and evidence of disease.
5. Added contraindications from the Immunization Package as contraindications for certain immunizations.
6. Added two numerators for 1 dose of meningococcal and 3 doses of HPV.
7. Added HCPCS codes for Hepatitis B definition.

Patient List Description

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

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

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).

Measure Source
HEDIS, HP 2010 14-24b (developmental)

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adolescent Immunizations (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical patients age 13	18		17			28			
# w/2:3:1 Combo or w/ Dx/Contraind/Refusal	2	11.1	0	0.0	+11.1	0	0.0	+11.1	
A. # Refusals w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 2:3:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/1:3:2:1 Combo or w/ Dx/Contraind/Refusal	1	5.6	0	0.0	+5.6	0	0.0	+5.6	
A. # Refusals w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 1 dose Tdap/Td or w/ Dx/ Contraind/Refusal	3	16.7	4	23.5	-6.9	6	21.4	-4.8	
A. # Refusals w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/ Tdap or w/ Dx/ Contraind/Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-31: Sample Report, Adolescent Immunizations

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

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,LINDA	000001	COMMUNITY #3	F	13	AC	;3 HPV
PATIENT2,SHERRY	000002	COMMUNITY #3	F	13	AC	;meningococcal
PATIENT22,JESSICA	000022	COMMUNITY #4	F	13	AC	;2 MMR; evid var
PATIENT23,SAMANTHA	000023	COMMUNITY #4	F	13	AC	;2 MMR;3 HEP
PATIENT24,NINA	000024	COMMUNITY #4	F	13	AC	;contra mmr;contra var
PATIENT25,RHONDA	000025	COMMUNITY #4	F	13	AC	;3 HEP;vari
PATIENT26,SARA	000026	COMMUNITY #4	F	13	AC	;3 HEP;Td
PATIENT27,AMANDA	000027	COMMUNITY #4	F	14	AC	;Tdap

Figure 2-32: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

Denominators

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

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

Numerator

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

Logic Description

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

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

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.

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

$$\text{Rx Days Supply} \geq (\text{URI Visit Date} - \text{Prescription Date})$$

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

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

Key Logic Changes from CRS Version 7.0 Patch 2

Added three groups of meds (Cefazolin, Cephadrine, and Lomefloxacin) and removed two groups (Dirithromycin and Flomefloxacin) from list of antibiotic medications. These changes will be included in revised taxonomy BGP HEDIS ANTIBIOTIC MEDS.

Patient List Description

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

Measure Source

HEDIS

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Appropriate Treatment for Children with Upper Respiratory Infection (con't)							
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	% CHG from BASE %
Active Clinical 3 months-18 yrs w/Upper Respiratory Infection	31		36			29	
# w/o Antibiotic Rx	30	96.8	35	97.2	-0.4	27	93.1 +3.7
User Pop 3 months-18 yrs w/Upper Respiratory Infection	36		38			35	
# w/o Antibiotic Rx	35	97.2	37	97.4	-0.1	32	91.4 +5.8

Figure 2-33: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

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

Appropriate Treatment for Children with Upper Respiratory Infection: List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,PAMELA	000001	COMMUNITY #3	F	3	UP;AC	MEETS MEASURE
PATIENT2,ALICIA	000002	COMMUNITY #3	F	7	UP;AC	MEETS MEASURE
PATIENT3,JAMES	000003	COMMUNITY #3	M	0	UP;AC	MEETS MEASURE
PATIENT4,HENRY	000004	COMMUNITY #3	M	12	UP;AC	MEETS MEASURE
PATIENT25,HEATHER	000025	COMMUNITY #4	F	7	UP;AC	MEETS MEASURE
PATIENT26,DYLAN	000026	COMMUNITY #4	M	3	UP;AC	MEETS MEASURE
PATIENT27,CODY	000027	COMMUNITY #4	M	4	UP;AC	MEETS MEASURE
PATIENT28,KAREN	000028	COMMUNITY #5	F	0	UP;AC	antibiotic injection:
11/06/08 DOES NOT MEET MEASURE						

Figure 2-34: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis

Denominators

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

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

Numerator

Patients who received a Group A strep test.

Logic Description

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

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

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

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

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

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

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

Key Logic Changes from CRS Version 7.0 Patch 2

Added three groups of meds (Cefazolin, Cephadrine, and Lomefloxacin) and removed two groups (Dirithromycin and Flomefloxacin) from list of antibiotic medications. These changes will be included in revised taxonomy BGP HEDIS ANTIBIOTIC MEDS.

Patient List Description

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

Measure Source: HEDIS

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

Appropriate Testing for Children with Pharyngitis (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical 2-18 yrs w/ Pharyngitis and Antibiotic Rx	10		5			8		
# w/Group A Strep Test	9	90.0	3	60.0	+30.0	2	25.0	+65.0
User Pop 2-18 yrs w/ Pharyngitis and Antibiotic Rx	11		7			10		
# w/Group A Strep Test	9	81.8	4	57.1	+24.7	2	20.0	+61.8

Figure 2-35: Sample Report, Appropriate Testing for Children with Pharyngitis

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

Appropriate Testing for Children with Pharyngitis: List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, MICHAEL ANTIGEN (STREP A)	000001	COMMUNITY #1	M	9	UP;AC	03/19/08 RAPID
PATIENT2, JOSEPH ANTIGEN (STREP A)	000002	COMMUNITY #1	M	12	UP;AC	05/01/08 RAPID
PATIENT3, LESTER	000003	COMMUNITY #1	M	13	UP	
PATIENT24, MONICA ANTIGEN (STREP A)	000024	COMMUNITY #2	F	5	UP;AC	01/23/08 RAPID
PATIENT25, MICHAEL JAMES ANTIGEN (STREP A)	000025	COMMUNITY #2	M	7	UP;AC	11/12/08 RAPID

Figure 2-36: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRM Measure Description

TBD

Denominators

GPRM 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

GPRM Numerator: Patients with a Pap smear documented in the past three 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. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135	V Procedure: 68.4-68.8 V POV: 618.5		
Pap Smear	88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091	V Lab: PAP SMEAR POV: V67.01 Follow-up Vaginal Pap Smear V76.2 Screen Mal Neop-Cervix V72.31 Routine Gynecological Examination V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients 795.0* V Procedure: 91.46 Women's Health Tracking: procedure called Pap Smear	Yes	BGP GPRA PAP SMEAR
Refusal		Refusals: Lab Test Value Pap Smear		

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added codes for diagnostic Pap smears, since they are result codes that indicate the patient had the service provided in order to receive the result.
2. Added CPTs 58548 and 58956 and POV 618.5 to and removed ICD-9 procedure code 68.9 from hysterectomy definition.
3. Added HCPCS G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, and P3001 to Pap smear definition.
4. Removed V76.49 from Pap smear definition, added code 795.09, which expanded the range to 795.0*, and added code V67.01.
5. Removed several codes and added one code to LOINC taxonomy for Pap smear.

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	59.0%
IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
<i>IHS 2010 Goal</i>	<i>90.0%</i>

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

Cancer Screening: Pap Smear Rates (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical 21-64 years (GPRA)	463		349			320			
# w/Pap Smear recorded w/in 3 years (GPRA)	198	42.8	180	51.6	-8.8	147	45.9	-3.2	
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop 21-64 years	815		660			610			
# w/Pap Smear recorded w/in 3 years	216	26.5	197	29.8	-3.3	158	25.9	+0.6	
A. # Refusals w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-37: Sample Report, Cancer Screening: Pap Smear Rates

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

Cancer Screening: Pap Smear Rates: List of women 21-64 with documented test/refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,EVELYN	000001	COMMUNITY #1	F	21	UP	05/05/07 795.06
PATIENT2,MICHELLE	000002	COMMUNITY #1	F	22	UP,AC	10/31/08 Lab
PATIENT3,KAITLYN	000003	COMMUNITY #1	F	22	UP,AC	09/03/08 V67.01
PATIENT4,BRITNEY	000004	COMMUNITY #1	F	22	UP,AC	11/10/08 V72.3
PATIENT5,KATY	000005	COMMUNITY #1	F	22	UP,AC	05/08/07 88150

Figure 2-38: Sample Patient List, Cancer Screening: Pap Smear Rates

2.6.2 Cancer Screening: Mammogram Rates

GPRA Measure Description

TBD

Denominators

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

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

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

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

Numerators

GPRA Numerator: All patients who had a Mammogram documented in the past two 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. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominator, the patients must be less than 65 years of age as of the end of the Report Period

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral) OR 19240, with modifier of .50 or 09950	V Procedure: 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	V Rad or VCPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	POV: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast V Procedure: 87.36-87.37 Women's Health: Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat

	CPT Codes	ICD and Other Codes
Refusal (in past year)	V Rad Mammogram for CPT: 77051-77059, 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added ICD-9 codes 793.80, 793.81, and 793.89 to mammogram definition.
2. Clarified how the program logic is actually working when calculating age.
3. Changed age range for 40+ denominator to 42+ denominator, since the minimum age for mammography is 40 and this measure looks back two years, which would make the minimum age 40 (vs. 38).
4. Added new mastectomy CPT codes and added "(old code)" to the old codes.
5. Added to mammogram and mammogram refusal definition CPT codes 76083, 77051, 77052, 77053, and 77054.

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	43.0%
IHS FY 2006 Performance	41.0%
IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
<i>IHS 2010 Goal</i>	<i>70.0%</i>

Performance Improvement Tips

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

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

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)	86		58			47			
# w/Mammogram recorded w/in 2 years (GPRA)	30	34.9	22	37.9	-3.0	22	46.8	-11.9	
A. # Refusals w/ % of Total Mammograms	5	16.7	0	0.0	+16.7	0	0.0	+16.7	
# Female Active Clinical 42+	258		175			163			
# w/Mammogram recorded w/in 2 years	58	22.5	61	34.9	-12.4	54	33.1	-10.6	
A. # Refusals w/ % of Total Mammogram	6	10.3	0	0.0	+10.3	0	0.0	+10.3	
# Female User Pop 52-64	172		115			100			
# w/Mammogram recorded w/in 2 years	32	18.6	25	21.7	-3.1	23	23.0	-4.4	
A. # Refusals w/ % of total Mammograms	5	15.6	0	0.0	+15.6	0	0.0	+15.6	
# Female User Pop 42+	501		356			330			
# w/Mammogram recorded w/in 2 years	61	12.2	67	18.8	-6.6	58	17.6	-5.4	
A. # Refusals w/ % of Total Mammogram	6	9.8	0	0.0	+9.8	0	0.0	+9.8	

Figure 2-39: Sample Report, Cancer Screening: Mammogram Rates

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

Cancer Screening: Mammogram Rates: List of women 42+ with
mammogram/refusal, if any.

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PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CARLA	000001	COMMUNITY #1	F	43	UP;AC - >41	
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	42	UP - >41	
PATIENT3,ALEXA	000003	COMMUNITY #1	F	45	UP;AC - >41	04/24/07 76090
PATIENT4,HANNAH	000004	COMMUNITY #1	F	42	UP - >41	
PATIENT5,MARTHA	000005	COMMUNITY #1	F	43	UP - >41	
PATIENT6,TARA	000006	COMMUNITY #1	F	44	UP;AC - >41	01/15/07 ref CPT
PATIENT7,CAROL LYNN	000007	COMMUNITY #1	F	44	UP;AC - >41	03/05/07 76092
PATIENT8,MARY ANN	000008	COMMUNITY #1	F	52	UP;AC - >41, 52-64	
PATIENT9,BARBARA	000009	COMMUNITY #1	F	52	UP;AC - >41, 52-64	04/22/08 77057

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

2.6.3 Colorectal Cancer Screening

GPRA Measure Description

TBD

Denominators

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

All *User Population patients* ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy, 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 during the Report Period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or a documented refusal in the past year.

A. Patients with documented refusal in the past year.

Patients with Fecal Occult Blood test (FOBT) during the Report period.

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

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

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

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Exclusions

Any diagnosis ever of one of the following:

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

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
<i>Colorectal Cancer Screening (CRS looks for the most recent of any of the following during timeframes specified in numerator section above)</i>				
Fecal Occult Blood lab test (FOBT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394	V POV: V76.51 Colon screening	Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	V Procedure: 45.24, 45.42		
Double contrast barium enema	VRad 74280			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old code), G0105, G0121	V Procedure: 45.22, 45.23, 45.25, 45.43		
Refusals	FOBT: 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 Flexible Sigmoidoscopy: 45330-45345, G0104 DCBE: 74280 Colonoscopy: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old code), G0105, G0121	Flexible Sigmoidoscopy V Procedure: 45.24, 45.42 Colonoscopy V Procedure: 45.22, 45.23, 45.25, 45.43		V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Added three numerators to the Selected Measures (Local) Reports.
2. Added HCPCS codes G0213-G0215, G0231 to colorectal cancer diagnosis for denominator exclusion.
3. Added CPTs 44157 and 44158 to total colectomy definition and indicated CPTs 44152 and 44153 are old codes.
4. Added HCPCS G0394 and G0328 to FOBT logic.
5. Moved V76.51 from colonoscopy definition to FOBT definition.
6. Removed HCPCS G0106 and G0120 from DCBE definition.
7. Revised logic to look for the most recent test the patient had during the applicable timeframes.

Patient List Description

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

Measure Past Performance and long-term Targets:

Performance	Percent
IHS FY 2007 Performance	26.0%
IHS FY 2006 Performance	22.0%
<i>HP 2010 Goal</i>	<i>33.0%</i>

Performance Improvement Tip

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

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Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Colorectal Cancer Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	278		182			149			
# w/ CRC screening (GPRA)	54	19.4	46	25.3	-5.9	26	17.4	+2.0	
A. # Refusals w/ % of Total CRC	7	13.0	0	0.0	+13.0	0	0.0	+13.0	
# w/FOB test during Report period	12	4.3	12	6.6	-2.3	1	0.7	+3.6	
# w/Flex Sig, DCBE, or Colonoscopy	40	14.4	37	20.3	-5.9	26	17.4	-3.1	
# w/Flex Sig or Colonoscopy	37	13.3	30	16.5	-3.2	19	12.8	+0.6	
# w/Flex Sig & DCBE or Colonoscopy	33	11.9	27	14.8	-3.0	17	11.4	+0.5	
Male Active Clinical 51-80	134		83			62			
# w/ CRC screening	25	18.7	18	21.7	-3.0	9	14.5	+4.1	
A. # Refusals w/ % of Total CRC	4	16.0	0	0.0	+16.0	0	0.0	+16.0	
# w/FOB test during Report period	5	3.7	4	4.8	-1.1	0	0.0	+3.7	
# w/Flex Sig, DCBE, or Colonoscopy	18	13.4	15	18.1	-4.6	9	14.5	-1.1	
# w/Flex Sig or Colonoscopy	17	12.7	14	16.9	-4.2	8	12.9	-0.2	
# w/Flex Sig & DCBE or Colonoscopy	16	11.9	13	15.7	-3.7	8	12.9	-1.0	

Figure 2-41: Sample Report, Colorectal Cancer Screening

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

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, DANIELLE V76.51:01/28/08	000001	COMMUNITY #1	F	51	UP	FOB: POV
PATIENT2, MARIE	000002	COMMUNITY #1	F	51	UP,AC	
PATIENT3, MARY ANN	000003	COMMUNITY #1	F	52	UP,AC	
PATIENT4, BOBBIE	000004	COMMUNITY #1	F	52	UP,AC	BE: RAD BE:05/31/04
PATIENT5, WINONA	000005	COMMUNITY #1	F	53	UP,AC	
PATIENT6, DARLENE	000006	COMMUNITY #1	F	54	UP,AC	BE: RAD BE:01/25/05
PATIENT7, JOYCE	000007	COMMUNITY #1	F	57	UP,AC	BE: RAD BE:06/08/07
PATIENT8, LOUISE 45.23:02/22/99	000008	COMMUNITY #1	F	62	UP	COLO: COLO

Figure 2-42: Sample Patient List, Colorectal Cancer Screening

2.6.4 Tobacco Use and Exposure Assessment

Denominators

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

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

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

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

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months)		V POV: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*
Miscarriage (after 2 nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	V POV: 630, 631, 632, 633*, 634*
Abortion (after 2 nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	V POV: 635*, 636* 637* Procedure: 69.01, 69.51, 74.91, 96.49
Screened for Tobacco Use (timeframe for pregnant patients is past 20 months)	1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User, 1036F (Current Tobacco Non-User)	V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 Patient Education codes: "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 Dental code: 1320
Tobacco Users (timeframe for pregnant patients is past 20 months)	1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User	V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes), or 649.00-649.04 Dental code: 1320
Current Smokers (timeframe for pregnant patients is past 20 months)	1034F (Current Tobacco Smoker)	V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes), or 649.00-649.04 Dental code: 1320
Current Smokeless (timeframe for pregnant patients is past 20 months)	1035F (Current Smokeless Tobacco User	

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

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

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Added ICD-9 code V72.42 and expanded ICD-9 range to 640.*-649.* (vs. 640.*-648.*) to pregnancy diagnosis.
2. Added ICD-9 codes to patient education definition for tobacco screening.
3. Added CPT II codes to tobacco screening, tobacco users, smokers, and smokeless tobacco user definitions.
4. Added CPT and ICD-9 procedure codes to abortion definition.
5. Removed code V15.82 from tobacco users and smokers definition.

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%
<i>IHS 2010 goal for annual tobacco screening</i>	<i>100.0%</i>

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Tobacco Use and Exposure Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %	
# Active Clinical Pts => 5	1,205		967			909			
# w/Tobacco Screening	539	44.7	407	42.1	+2.6	330	36.3	+8.4	
# Tobacco Users w/ % of Total Screened	236	43.8	147	36.1	+7.7	130	39.4	+4.4	
A. # Smokers w/ % of Total Tobacco Users	223	94.5	146	99.3	-4.8	129	99.2	-4.7	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	13	5.5	1	0.7	+4.8	1	0.8	+4.7	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1	
# Male Active Clinical ages => 5	499		398			373			
# w/Tobacco Screening	195	39.1	140	35.2	+3.9	128	34.3	+4.8	
# Tobacco Users w/ % of Total Screened	116	59.5	60	42.9	+16.6	58	45.3	+14.2	
A. # Smokers w/ % of Total Tobacco Users	104	89.7	59	98.3	-8.7	57	98.3	-8.6	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	12	10.3	1	1.7	+8.7	1	1.7	+8.6	
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	1	0.8	-0.8	
# Female Active Clinical ages => 5	706		569			536			
# w/Tobacco Screening	344	48.7	267	46.9	+1.8	202	37.7	+11.0	
# Tobacco Users w/ % of Total Screened	120	34.9	87	32.6	+2.3	72	35.6	-0.8	
A. # Smokers w/ % of Total Tobacco Users	119	99.2	87	100.0	-0.8	72	100.0	-0.8	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	0.8	0	0.0	+0.8	0	0.0	+0.8	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.3	1	0.4	-0.1	0	0.0	+0.3	

Figure 2-43: 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	153	68	160	402	318	104
# Tobacco Screening	6	16	95	215	164	43
% w/Tobacco Screening	3.9	23.5	59.4	53.5	51.6	41.3
# Tobacco Users	1	6	42	97	79	11
% Tobacco Users w/ % of Total Screened	16.7	37.5	44.2	45.1	48.2	25.6
# Smokers	0	6	40	91	75	11
% Smokers w/ % of Total Tobacco Users	0.0	100.0	95.2	93.8	94.9	100.0
# Smokeless	1	0	2	6	4	0
% Smokeless w/ % of Total Tobacco Users	100.0	0.0	4.8	6.2	5.1	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.5	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	175	61	157	295	216	63
# Tobacco Screening	11	13	81	141	123	38
% w/Tobacco Screening	6.3	21.3	51.6	47.8	56.9	60.3
# Tobacco Users	0	4	33	56	46	8
% Tobacco Users w/ % of Total Screened	0.0	30.8	40.7	39.7	37.4	21.1
# Smokers	0	4	33	55	46	8
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	98.2	100.0	100.0
# Smokeless	0	0	0	1	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	1.8	0.0	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.7	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	-2.4	+2.2	+7.8	+5.7	-5.4	-19.0
Tobacco Users	+16.7	+6.7	+3.5	+5.4	+10.8	+4.5
Smokers	+0.0	+0.0	-4.8	-4.4	-5.1	+0.0
Smokeless	+100.0	+0.0	+4.8	+4.4	+5.1	+0.0
ETS	+0.0	+0.0	+0.0	-0.2	+0.0	+0.0

Figure 2-44: Sample Age Breakdown Report, Tobacco Use Assessment

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

Tobacco Use and Exposure Assessment: List of patients 5 and older with no documented tobacco screening

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CHESTER	000001	COMMUNITY #1	M	34	UP,AC	
PATIENT2,JUAN	000002	COMMUNITY #1	M	34	UP	DX V15.82 06/02/08
PATIENT3,BEN	000003	COMMUNITY #1	M	34	UP	
PATIENT4,STUART	000004	COMMUNITY #1	M	35	UP,AC	HF NTU 01/13/08
PATIENT5,HARRY B	000005	COMMUNITY #1	M	35	UP	
PATIENT6,EMERSON	000006	COMMUNITY #1	M	35	UP,AC	HF NTU 08/26/08
PATIENT7,EUGENE JAY	000007	COMMUNITY #1	M	35	UP	
PATIENT8,ROGER 01/13/08	000008	COMMUNITY #1	M	35	UP,AC	PtEd 305.1-DP
PATIENT9,ANDREW	000009	COMMUNITY #1	M	35	UP	

Figure 2-45: Sample Patient List, Tobacco Use Assessment

2.6.5 Tobacco Cessation

GPRA Measure Description

TBD

Denominators

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

User Population patients identified as *current tobacco users* prior to the Report Period. Broken down by gender and age groups: <12, 12-17, 18 and older.

Numerators

GPRA Numerator: Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.

A: Patients who refused tobacco cessation counseling.

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

Logic Description

CRS uses the following codes:

	ICD and Other Codes
Tobacco Users	<p>Tobacco Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless</p> <p>CPT code: 1034F or 1035F</p> <p>V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes), or 649.00-649.04</p> <p>Dental code: 1320</p>
Tobacco Cessation Counseling	<p>Patient education codes containing: "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04</p> <p>Dental code: 1320</p> <p>Clinic code: 94 (tobacco cessation clinic)</p> <p>CPT code: G0375, G0376, or 4000F</p> <p>Refusals: Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.</p>
Prescription for Tobacco Cessation Aid	<p>Taxonomy: Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy</p> <p>Medication Name: Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY"</p> <p>CPT Code: 4001F</p>
Quit Tobacco User	<p>V POV or current Active Problem List: 305.13 Tobacco use in remission (old code) or V15.82</p> <p>Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.</p>

Key Logic Changes from CRS Version 7.0 Patch 2:

1. Added prescriptions for tobacco cessation aid to numerator logic.
2. Added ICD-9 codes to patient education definition for tobacco cessation counseling.
3. Added CPT II codes to tobacco user, tobacco counseling, and tobacco medication definitions.
4. Added sub-numerator for refusal of counseling.

5. Removed code V15.82 from tobacco users and tobacco cessation counseling and added it to quit tobacco use definition.

Patient List Description

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

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	12.0%
<i>HP 2010 goal for increasing smoking cessation counseling</i>	<i>72.0%</i>
<i>HP 2010 goal for increasing smoking cessation attempts for adult smokers</i>	<i>75.0%</i>

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Tobacco Users (GPRA)	275		236			184			
# w/tobacco cessation counseling/refusal or Rx for cessation aid (GPRA)	37	13.5	46	19.5	-6.0	48	26.1	-12.6	
A. # w/refusal of counseling	1	0.4	0	0.0	+0.4	0	0.0	+0.4	
# who quit	5	1.8	2	0.8	+1.0	1	0.5	+1.3	
Male Active Clinical Tobacco Users	128		116			95			
# w/tobacco cessation counseling/refusal or Rx for cessation aid	23	18.0	19	16.4	+1.6	25	26.3	-8.3	
A. # w/refusal of counseling	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# who quit	1	0.8	0	0.0	+0.8	1	1.1	-0.3	
Female Active Clinical Tobacco Users	147		120			89			
# w/tobacco cessation counseling/refusal or Rx for cessation aid	14	9.5	27	22.5	-13.0	23	25.8	-16.3	
A. # w/refusal of counseling	1	0.7	0	0.0	+0.7	0	0.0	+0.7	
# who quit	4	2.7	2	1.7	+1.1	0	0.0	+2.7	

Figure 2-46: Sample Report, Tobacco Cessation

Tobacco Cessation (con't)			
ACTIVE CLINICAL TOBACCO USERS			
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	5	270
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	37
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	13.7
A. # w/refusal of counseling	0	0	1
% A. w/refusal of counseling	0.0	0.0	0.4
# who quit	0	0	5
% who quit	0.0	0.0	1.9
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	46
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.9
A. # w/refusal of counseling	0	0	0
% A. w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	0.9
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-6.2
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+0.0	+1.0

Figure 2-47: Sample Age Breakdown Report, Tobacco Cessation

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

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,BRITNEY CPT G0375	000001	COMMUNITY #1	F	22	UP;AC	COUNSELING: 09/10/08
PATIENT2,LORETTA 305.1-DP	000002	COMMUNITY #1	F	22	UP;AC	COUNSELING: 01/13/08
PATIENT3,HALEY TO-LA	000003	COMMUNITY #1	F	25	UP;AC	COUNSELING: 02/19/08
PATIENT4,ANGEL CPT 4000F	000004	COMMUNITY #1	F	30	UP;AC	COUNSELING: 03/05/08
PATIENT5,JOYCE SMOKER 05/31/08	000005	COMMUNITY #1	F	31	UP;AC	;QUIT: PREVIOUS
PATIENT6,ESTHER CESSATION MED - NICOTINE 14MG TRANSDERMAL PATCH	000006	COMMUNITY #1	F	32	UP;AC	COUNSELING: 03/05/08
PATIENT7,SARAH	000007	COMMUNITY #1	F	33	UP;AC	
PATIENT8,PAULA TO-QT	000008	COMMUNITY #1	F	34	UP;AC	COUNSELING: 11/17/08

Figure 2-48: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance Measure Topics

2.7.1 Alcohol Screening (FAS Prevention)

GPRA Measure Description

TBD

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 diagnosis or procedure 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.

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

	ICD and Other Codes
Alcohol Screening	PCC Exam Code: 35 Any Alcohol Health Factor V POV: V11.3 (history of alcoholism), V79.1 (screening for alcoholism) BHS Problem Code: 29.1 (Screening for Alcoholism) Refusals: PCC Exam Code 35, in the past year
Alcohol Diagnosis	V POV, Current PCC or BHS Problem List: 303.*, 305.0*, 291.*, 357.5* BHS POV: 10, 27, 29
Alcohol Procedure	V Procedure: 94.46, 94.53, 94.61-94.63, 94.67-94.69
Alcohol Education	Patient Education codes: "AOD-" or "-AOD", old codes containing "CD-" or "-CD", V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*

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

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

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

For Men:

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

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

Alcohol Health Factors

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

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?

3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

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

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

Optional values:

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

Key Logic Changes from CRS Version 7.0 Patch 2

Added ICD-9 codes to patient education definition for alcohol screening.

Patient List Description

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

Measure Past Performance and Long-term Targets

No HP2010 measure for alcohol screening.

Performance	Percent
IHS FY 2007 Performance	41.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	7.0%
<i>IHS 2010 Goal</i>	<i>25.0%</i>

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

Alcohol Screening (FAS Prevention) (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical ages 15-44 (GPRA)	398		325			304			
# w/any alcohol screening (GPRA)	12	3.0	2	0.6	+2.4	1	0.3	+2.7	
A. # w/exam/alcohol HF/screen DX	8	2.0	1	0.3	+1.7	0	0.0	+2.0	
B. # w/alcohol related Dx or procedure	2	0.5	1	0.3	+0.2	1	0.3	+0.2	
C. # w/alcohol related patient education	5	1.3	0	0.0	+1.3	0	0.0	+1.3	
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female User Population ages 15-44	697		610			585			
# w/any alcohol screening	14	2.0	2	0.3	+1.7	2	0.3	+1.7	
A. # w/exam/alcohol HF/screen DX	9	1.3	1	0.2	+1.1	0	0.0	+1.3	
B. # w/alcohol related Dx or procedure	3	0.4	1	0.2	+0.3	2	0.3	+0.1	
C. # w/alcohol related patient education	5	0.7	0	0.0	+0.7	0	0.0	+0.7	
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-49: Sample Report, Alcohol Screening (FAS Prevention)

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

Alcohol Screening (FAS Prevention): List of female patients with no documented screening or refusal.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CHRISTINE S	000001	COMMUNITY #1	F	15	UP;	
PATIENT2,RITA A	000002	COMMUNITY #1	F	15	UP;AC	
PATIENT3,DIANE L	000003	COMMUNITY #1	F	15	UP;	
PATIENT4,ALICIA	000004	COMMUNITY #1	F	15	UP;AC	
PATIENT5,MELISSA	000005	COMMUNITY #1	F	16	UP;AC	
PATIENT6,LISA MARIE	000006	COMMUNITY #1	F	16	UP;AC	
PATIENT7,RUTH NELLIE	000007	COMMUNITY #1	F	16	UP;	
PATIENT8,ALISHA DAWN	000008	COMMUNITY #1	F	16	UP;AC	

Figure 2-50: Sample Patient List, Alcohol Screening (FAS Prevention)

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

Denominators

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

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

Numerators

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

A: Patients with a positive screen.

Patients who were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit.

A: Patients provided a BNI at the ER visit.

B: Patients provided a BNI not at the ER visit but within 7 days of the ER visit.

Logic Description

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

Emergency room visit definition: Clinic code 30.

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

<u>ER Visit w/Injury</u>	<u>Denom Count</u>	<u>Scrn Num</u>	<u>Pos Scrn Num</u>	<u>Scrn Count</u>	<u>BNI Num Count</u>
John Doe, 07/17/08, Screened Positive at ER, BNI at ER					
John Doe, 09/01/08, Screened Positive at ER, No BNI					
John Doe, 11/15/08, No Screen					
COUNTS:	3	2	2		1

CRS uses the following codes:

	ICD and Other Codes
Injury	V POV (primary or secondary): 800.0-999.9 or E800.0-E989.
ER Screening for Hazardous Alcohol Use	<i>Any conducted during an ER visit:</i> PCC Exam Code: 35 Any Alcohol Health Factor (i.e. CAGE) V POV: V79.1 Screening for Alcoholism CPT: H0049 Alcohol and/or Drug Screening
Positive Screen for Hazardous Alcohol Use	<i>Any of the following for the screening conducted during an ER visit:</i> PCC Exam Code: 35 Alcohol Screening result of "Positive" Health Factor: CAGE result of 1/4, 2/4, 3/4 or 4/4
Brief Negotiated Interview (BNI)	<i>Any of the following documented at the ER visit or within 7 days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:</i> CPT: H0050 (Alcohol and/or Drug Services, Brief Intervention, Per 15 Minutes) Patient Education Code: AOD-INJ

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

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

For Men:

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

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

Alcohol Health Factors

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

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

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

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

Optional values:

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

Patient List Description

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

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Alcohol Screening and Brief Intervention (ASBI) in the ER									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# ER Injury Visits for AC Pts 15-34	34		33			32			
# Visits w/ ER Hazardous Alcohol Screening	16	47.1	0	0.0	+47.1	0	0.0	+47.1	
A. # Visits w/Positive Screen	11	32.4	0	0.0	+32.4	0	0.0	+32.4	
# ER Injury Visits for Male AC Pts 15-34	13		18			20			
# Visits w/ ER Hazardous Alcohol Screening	5	38.5	0	0.0	+38.5	0	0.0	+38.5	
A. # Visits w/Positive Screen	3	23.1	0	0.0	+23.1	0	0.0	+23.1	
# ER Injury Visits for Female AC Pts 15-34	21		15			12			
# Visits w/ ER Hazardous Alcohol Screening	11	52.4	0	0.0	+52.4	0	0.0	+52.4	
A. # Visits w/Positive Screen	8	38.1	0	0.0	+38.1	0	0.0	+38.1	
# of ER Injury Visits for AC Pts 15-24	18		16			21			
# Visits w/ ER Hazardous Alcohol Screening	10	55.6	0	0.0	+55.6	0	0.0	+55.6	
A. # Visits w/Positive Screen	7	38.9	0	0.0	+38.9	0	0.0	+38.9	
# ER Injury Visitg for AC Pts 25-34	16		17			11			
# Visits w/ ER Hazardous Alcohol Screening	6	37.5	0	0.0	+37.5	0	0.0	+37.5	
A. # Visits w/Positive Screen	4	25.0	0	0.0	+25.0	0	0.0	+25.0	

Figure 2-51: Sample Report, Alcohol Screening (FAS Prevention)

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

Alcohol Screening and Brief Intervention (ASBI) in the ER: List of patients seen in the ER for an injury who were screened for hazardous alcohol use, with results of screen and BNI, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DARLENE S	000001	COMMUNITY #1	F	33	UP;AC	ER Visit 1) 09/08/08 [815.00]ER Visit 1) No Scrn
PATIENT2,RITA A	000002	COMMUNITY #1	F	33	UP;AC	ER Visit 1) 04/20/08 [959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049
PATIENT3,DIANE L	000003	COMMUNITY #1	F	15	UP;	ER Visit 1) 07/12/08 [875.0]ER Visit 1) Pos Scrn: EXAM 35, No BNI
PATIENT4,ALICIA	000004	COMMUNITY #1	F	18	UP;AC	ER Visit 1) 04/20/08 [959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049
PATIENT5,MELISSA	000005	COMMUNITY #1	F	16	UP;AC	
PATIENT6,LISA MARIE	000006	COMMUNITY #1	F	20	UP;AC	ER Visit 1) 05/01/08 [959.01]; ER Visit 2) 07/01/08 [999.9]ER Visit 1) No Scrn; ER Visit 2) Pos Scrn: EXAM 35, BNI at ER: 07/01/08 CPT-H0050
PATIENT7,RUTH NELLIE	000007	COMMUNITY #1	F	16	UP;	ER Visit 1) 09/30/08 [847.0]ER Visit 1) Pos Scrn: EXAM 35, BNI at ER: 09/30/08 AOD-INJ

Figure 2-52: Sample Patient List, Alcohol Screening (FAS Prevention)

2.7.3 Intimate Partner (Domestic) Violence Screening

GPRA Measure Description

TBD

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. This includes:

- A. Patients with documented IPV/DV exam
- B. Patients with IPV/DV related diagnosis
- 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.

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

Key Logic Changes from CRS Version 7.0 Patch 2:

Added ICD-9 codes to patient education definition for domestic violence screening.

Patient List Description

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

Measure Past Performance and Long-term Targets

No HP2010 measure for Intimate Partner Violence screening.

Performance	Percent
IHS FY 2007 Performance	36.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%
<i>IHS FY 2010 Goal</i>	<i>40.0%</i>

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Intimate Partner (Domestic) Violence Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Female Active Clinical ages 13 and older									
	639		487			460			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	3	0.5	1	0.2	+0.3	0	0.0	+0.5	
B. # w/ IPV/DV related diagnosis	1	0.2	0	0.0	+0.2	0	0.0	+0.2	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	2	0.3	1	0.2	+0.1	0	0.0	+0.3	
	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female Active Clinical ages 15-40 (GPRA)									
	348		294			267			
# w/IPV/DV screening or refusal (GPRA)									
A. # w/ documented IPV/DV exam	2	0.6	1	0.3	+0.2	0	0.0	+0.6	
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	2	0.6	1	0.3	+0.2	0	0.0	+0.6	
	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop 13 and older									
	1,176		957			911			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	3	0.3	1	0.1	+0.2	1	0.1	+0.1	
B. # w/ IPV/DV related diagnosis	1	0.1	0	0.0	+0.1	0	0.0	+0.1	
C. # provided DV education	0	0.0	0	0.0	+0.0	1	0.1	-0.1	
D. # w/ documented refusal w/% of total screened	2	0.2	1	0.1	+0.1	0	0.0	+0.2	
	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-53: Sample Report, Intimate Partner (Domestic) Violence Screening

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

Intimate Partner (Domestic) Violence Screening: List of patients not screened.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, ELVIRA	000001	COMMUNITY #1	F	13	UP;	
PATIENT2, SHARON KAY	000002	COMMUNITY #1	F	14	UP;	
PATIENT3, KRISTINA	000003	COMMUNITY #1	F	15	UP;	
PATIENT4, RITA	000004	COMMUNITY #1	F	15	UP;AC	
PATIENT5, DIANE LOUISE	000005	COMMUNITY #1	F	15	UP;	
PATIENT6, ALICE LILA	000006	COMMUNITY #1	F	15	UP;AC	

Figure 2-54: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.4 Depression Screening

GPRA Measure Description

TBD

Denominators

Active Clinical patients age 8-17. Broken down by gender.

User Population patients age 8-17. Broken down by gender.

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. Broken down by gender.

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 two visits during the Report Period, *and* two DM-related visits ever. Broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

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.

D. Patients with depression-related education or refusal of education in past year.

Patients with depression-related education or refusal of education in past year.

NOTE: Depression-related patient education does not count toward the GPRA numerator and is included as a separate numerator only.

Logic Description

Age is calculated at beginning of the Report Period.

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

	ICD and Other Codes
Diabetes	V POV: 250.00-250.93
Ischemic Heart Disease	V POV: 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening	V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression)
Mood Disorders	At least 2 visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. V POV: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 BHS POV: 14, 15
Screening Refusals	V Exam: Exam Code 36, in past year
Depression-related Patient Education (does not count toward GPRA numerator)	<i>Documented education of any of the following during the Report Period:</i> Patient education codes: containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290-319, 995.5*, or 995.80-995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44.
Refusal of Depression-related Patient Education (does not count toward GPRA numerator)	<i>Documented refusal of any of the following during the Report Period:</i> Patient education codes: containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression).

Recommended Brief Screening Tool

A sample of a Patient Health Questionnaire (PHQ-2 Scaled Version) appears below.

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 - a) Not at all Value: 0
 - b) Several days Value: 1
 - c) More than half the days Value: 2
 - d) Nearly every day Value: 3
2. Feeling down, depressed, or hopeless
 - a) Not at all Value: 0
 - b) Several days Value: 1
 - c) More than half the days Value: 2
 - d) Nearly every day Value: 3

Total Possible PHQ-2 Score: Range: 0-6

0-2: Negative

3-6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 7.0 Patch 2

1. Fixed program logic for the Active IHD denominator. Previously it was not requiring the patient to meet both the Active Clinical definition AND meet the criteria relating to the IHD-related visits.
2. Added new denominators for Active Clinical and User Population patients 8-17.
3. Added ICD-9 codes to patient education definition for depression-related patient education.

Patient List Description

List of patients not screened for depression/diagnosed with mood disorder.

Measure Source

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6.

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	15.0%
<i>HP 2010 Goal</i>	<i>68.0%</i>

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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									
8-17	165		172			182			
# w/ Depression screening, DX or refusal	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/mood disorder DX	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	2	1.2	0	0.0	+1.2	0	0.0	+1.2	
Male Active Clinical									
8-17	85		91			95			
# w/ Depression screening, DX or refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	1	1.2	0	0.0	+1.2	0	0.0	+1.2	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2	
Female Active Clinical									
8-17	80		81			87			
# w/ Depression screening, DX or refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/refusal in past year w/% total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	1	1.3	0	0.0	+1.3	0	0.0	+1.30	

Figure 2-55: Sample Report, Depression Screening

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

Depression Screening: List of patients not screened for
 depression/diagnosed with mood disorder.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT55, LORETTA LYNN	000055	COMMUNITY #1	F	78	UP	
PATIENT56, TINA MARIE	000056	COMMUNITY #1	F	78	UP;AC;AD;IHD	
PATIENT57, DANIELLE	000057	COMMUNITY #1	F	79	UP;AC	
PATIENT58, LESLIE ANN	000058	COMMUNITY #1	F	80	UP;AC	
PATIENT59, DONNA SUE	000059	COMMUNITY #1	F	86	UP;AC	
PATIENT60, TAYLOR OLIVIA	000060	COMMUNITY #1	F	87	UP;AC	
PATIENT61, DENNIS GERALD	000061	COMMUNITY #1	M	18	UP	EDUC: 296.20- DP: 11/01/08
PATIENT62, JOSHUA DALE	000062	COMMUNITY #1	M	18	UP;AC	

Figure 2-56: Sample Patient List, Depression Screening

2.7.5 Antidepressant Medication Management

Denominators

As of the 120th day of the Report Period, *Active Clinical* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report Period, *User Population* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerators

Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (six months).

Logic Description

Age is calculated at the beginning of the Report period. To be included in the denominator, patient must meet *both* of the following conditions:

1. One of the following from the 121st day of the year prior to the Report Period to the 120th day of the Report Period:
 - a. One visit in any setting with major depression DX (see list of codes below) as primary POV

- b. Two outpatient visits occurring on different dates of service with secondary POV of major depression
- c. An inpatient visit with secondary POV of major depression.

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

2. Major depression is defined as POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.
 - a. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of the earliest prescription for antidepressant medication filled during that time period.

Denominator Exclusions

1. Patients who have had any diagnosis of depression within the previous 120 days (four months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, *or...*
2. Patients who had a new or refill prescription for antidepressant medication (see the list of medications below) within 90 days (three months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, *or...*
3. Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* *and* secondary POV of 291*-292*, 303*-305*.

Optimal Practitioner Contacts Numerator

Patient must have one of the following:

1. Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, *or...*
2. Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T), with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date.

For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6.

Note: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, *and*:

- a. 1) Service category A, S, or O, *and* 2A) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, 99384-99387, 99394-99397, 99401-99404, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485 or B2) POV 290*, 293*-302*, 306*-316, *or*...
- b. 1) Service category of A, S, or O *and* 2A) Location of Encounter = Home (as designated in Site Parameters) or 2B) clinic code = 11, *or*...
- c. Service category of T.

Outpatient non-mental health provider visits are defined as BHS or PCC visits with:

- a. 1) Service category A, S, or O, *a* 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485, *or*...
- b. 1) Service category A, S, O, or T *or* 2) Location of Encounter = Home (as designated in Site Parameters) *or* 3A) clinic code 11 *and* 3B) POV 290*, 293*-302*, 306*-316*, *or*...
- c. 1) Service category A, S, or O, *and* 2) CPT 99384-99387, 99394-99397, 99401-99404 *and* 3) POV 290*, 293*-302*, 306*-316*.

Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e. treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114 day timeframe, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd RX: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd RX: 1/10/2008, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2008
- Index Rx Date 11/1/2007 + 114 days = 2/23/2008
- Patient's 84th treatment day occurs on 2/7/2008, which is \leq 2/23/2008 and # gap days of 14 is less than 30

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd Rx: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd Rx: 2/01/2008, # Days Prescribed=30
- Gap #2 = (2/01/2008-1/14/2008) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e. treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

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

Measure Source

HEDIS, HP 2010 18-9b.

Measure Long-term Target

HP 2010 Goal: 50.0%

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT codes to definitions for visits with mental health providers and visits to non-mental health providers.
2. Replaced medication taxonomy with updated HEDIS taxonomy.
3. Added "(old code)" after CPT 90871 since this code was deleted in 2007.

Patient List Description

List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

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Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Antidepressant Medication Management (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts =>18 w/new depression DX and antidepressant meds	16		6			2			
# w/3 outpt mental health visits within 12 weeks	5	31.3	1	16.7	+14.6	0	0.0	+31.3	
# w/12 week treatment meds	8	50.0	4	66.7	-16.7	0	0.0	+50.0	
# w/180 day treatment meds	4	25.0	3	50.0	-25.0	0	0.0	+25.0	
User Pop Pts =>18 w/new depression DX and antidepressant meds	17		7			3			
# w/3 outpt mental health visits within 12 weeks	5	29.4	1	14.3	+15.1	0	0.0	+29.4	
# w/12 week treatment meds	8	47.1	4	57.1	-10.1	0	0.0	+47.1	
# w/180 day treatment meds	4	23.5	3	42.9	-19.3	0	0.0	+23.5	

Figure 2-57: Sample Report, Antidepressant Medication Management

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

Antidepressant Medication Management: List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MICHELLE D	000001	COMMUNITY #1	F	22	UP,AC IESD: 06/06/08	NOT OPC;NOT APT: 06/07/08(30);07/08/08(30) ;DAYS=60; GAP=1;NOT CONPT: 06/07/08(30);07/08/08(30) ;DAYS=60; GAP=1
PATIENT2,PAULA KAY	000002	COMMUNITY #1	F	34	UP,AC IESD: 12/05/08	NOT OPC; APT;CONPT
PATIENT3,RHONDA SUE	000003	COMMUNITY #1	F	35	UP,AC IESD: 08/19/08	OPC; APT;NOT CONPT: 08/01/08(100);08/23/08(24);08/23/08(24);09/16/08(21);09/16/08(30);10/07/08(30);02/25/08(23);02/25/08(23);02/25/08(23) ;DAYS=298; GAP=111
PATIENT4,KATHLEEN	000004	COMMUNITY #1	F	38	UP,AC IESD: 10/29/08	NOT OPC;NOT APT: 10/16/08(7);10/23/08(6);10/29/08(20);12/16/08(35) ;DAYS=68; GAP=28;CONPT

Figure 2-58: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Denominators

Active Clinical patients ages 2 through 74. 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.

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions are based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Key Logic Changes from CRS Version 7.0 Patch 2

None

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.
3. If height and weight measurements are being recorded as cm/kg vs. in/lbs, ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.
 - Use mnemonics of CHT and KWT (vs. HT and WT), or...
 - Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

Measure Source

HP 2010: 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in Children 6-11, 19-3b Overweight or Obesity in Adolescents 12-19, 19-3c Overweight or Obesity in Children 6-19

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2005 Performance	64.0%
IHS FY 2004 Performance	60.0%
HP 2010 Obesity in Adults 20+ (19-2)	15.0%
HP 2010 Overweight or Obesity in Children 6-11 (19-3a)	5.0%
HP 2010 Overweight or Obesity in Adolescents 12-19 (19-3b)	5.0%
HP 2010 Overweight or Obesity in Children 6-19 (19-3c)	5.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Obesity Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts ages 2-74	1,254		1,032			980			
# w/BMI calculated	854	68.1	819	79.4	-11.3	713	72.8	-4.7	
A. # Overweight w/ % of Total BMI	238	27.9	236	28.8	-0.9	192	26.9	+0.9	
B. # Obese w/ % of Total BMI	355	41.6	336	41.0	+0.5	267	37.4	+4.1	
C. # Overweight/Obese w/ % of Total BMI	593	69.4	572	69.8	-0.4	459	64.4	+5.1	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Male Active Clinical Pts 2-74	525		433			409			
# w/BMI calculated	330	62.9	328	75.8	-12.9	284	69.4	-6.6	
A. # Overweight w/ % of Total BMI	102	30.9	97	29.6	+1.3	74	26.1	+4.9	
B. # Obese w/ % of Total BMI	146	44.2	140	42.7	+1.6	117	41.2	+3.0	
C. #Overweight/Obese w/ % of Total BMI	248	75.2	237	72.3	+2.9	191	67.3	+7.9	
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	729		599			571			
# w/BMI calculated	524	71.9	491	82.0	-10.1	429	75.1	-3.3	
A. # Overweight w/ % of Total BMI	136	26.0	139	28.3	-2.4	118	27.5	-1.6	
B. # Obese w/ % of Total BMI	209	39.9	196	39.9	-0.0	150	35.0	+4.9	
C. #Overweight/Obese w/ % of Total BMI	345	65.8	335	68.2	-2.4	268	62.5	+3.4	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.00	

Figure 2-59: Sample Report, Obesity Assessment

	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	97	143	122	214	188	185	197
# w/ BMI calculated	52	44	89	115	177	138	122	117
% w/BMI calculated	48.1	45.4	62.2	94.3	82.7	73.4	65.9	59.4
# A. Overweight	9	10	21	32	44	37	38	47
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	27.8	24.9	26.8	31.1	40.2
# B. Obese	7	13	28	38	82	82	56	49
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	33.0	46.3	59.4	45.9	41.9
# C. Overweight or Obese	16	23	49	70	126	119	94	96
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	60.9	71.2	86.2	77.0	82.1
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	119	133	120	161	134	125	129
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	47.1	66.2	95.0	94.4	95.5	89.6	93.0
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.0	-1.7	-3.9	-0.7	-11.7	-22.1	-23.7	-33.6
A. Overweight	+3.0	+3.1	+0.9	-5.5	-6.1	+1.0	-0.1	+2.7
B. Obese	-15.1	+4.5	+1.9	+2.3	+4.9	+0.0	-4.1	-1.5
C. Overweight or Obese	-12.1	+7.6	+2.8	-3.2	-1.2	+1.1	-4.2	+1.2
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 2-60: Sample Report, Age Breakout, Obesity Assessment

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

Obesity Assessment: List of patients for whom a BMI could NOT be calculated

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,PAMELA	000001	COMMUNITY #1	F	3	UP;AC	
PATIENT2,GLENDIA	000002	COMMUNITY #1	F	3	UP;AC	
PATIENT3,SHIRLEY	000003	COMMUNITY #1	F	5	UP	
PATIENT4,MARY ANNE	000004	COMMUNITY #1	F	5	UP;AC	
PATIENT5,JACKIE	000005	COMMUNITY #1	F	5	UP	
PATIENT6,ZINNIA	000006	COMMUNITY #1	F	6	UP	
PATIENT7,MARY RYAN	000007	COMMUNITY #1	F	6	UP;AC	

Figure 2-61: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Description

TBD

Denominator

GPRA Denominator: Active Clinical patients aged 2-5 for whom a BMI could be calculated, broken out by gender and age groups of 2, 3, 4, and 5 year olds.

Numerators

Patients with BMI 85-94%

GPRA Numerator: Patients with a BMI 95% and up

Patients with a BMI =>85%

Logic Description

BMI calculation definition: All patients for whom a BMI could be calculated and who are between the ages of two and five at the beginning of the Report Period and who do not turn age six during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be two years of age at the beginning of the time period, but is three years old at the time of the most current BMI found. That patient will fall into the age three group. CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure 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

LOW-HIGH AGES	SEX	BMI >= (RISK – OVERWT)	BMI >= (OVERWT)	DATA CHECK LIMIT BMI>	DATA CHECK LIMIT BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

List of patients ages 2-5, with current BMI, if any.

GPRA Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	24.0%
<i>IHS 2010 Goal</i>	<i>Reduce by 10.0%</i>

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Childhood Weight Control (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts									
2-5 w/BMI									
(GPRA)	44		39			40			
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1	
# w/BMI =>95%	5	11.4	9	23.1	-11.7	5	12.5	-1.1	
(GPRA)	5	11.4	9	23.1	-11.7	5	12.5	-1.1	
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2	
Active Clinical Pts									
Age 2									
	2		8			5			
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0	
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0	
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0	
Active Clinical Pts									
Age 3									
	23		15			8			
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8	
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0	
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8	
Active Clinical Pts									
Age 4									
	12		10			17			
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3	
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4	
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7	
Active Clinical Pts									
Age 5									
	7		6			10			
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9	
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3	
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1	

Figure 2-62: Sample Report, Childhood Weight Control

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

Childhood Weight Control: List of patients ages 2-5, with current BMI.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANN BMI: 4	000001	COMMUNITY #1	F	4	AC	16.03:08/20/08 Age at
PATIENT2,RANDY BMI: 2 At Risk 85-94%	000002	COMMUNITY #1	M	2	AC	17.96:05/06/08 Age at
PATIENT3,PAUL BARRY BMI: 2	000003	COMMUNITY #1	M	2	AC	16.87:08/05/08 Age at
PATIENT4,TYLER BMI: 4	000004	COMMUNITY #1	M	4	AC	15.67:02/19/08 Age at
PATIENT5,SAMUEL III BMI: 5 OW 95%	000005	COMMUNITY #1	M	5	AC	19.07:12/29/08 Age at
PATIENT21,JOSEPHINE BMI: 4	000021	COMMUNITY #2	F	4	AC	15.71:05/30/08 Age at

Figure 2-63: Sample Patient List, Childhood Weight Control

2.8.3 Nutrition and Exercise Education for At Risk Patients

Denominators

Active Clinical patients ages six and older considered overweight (including obese). 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 two visits in the past year, *and* two 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.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the 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, the definition is based on standard tables. CRS calculates BMI at the time the

report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

CRS uses any of the following codes to define the numerators.

	CPT Codes	ICD and Other Codes
Medical nutrition counseling	97802-97804, G0270, G0271	Provider codes: 07, 29, 97, 99 Clinic codes: 67 (dietary) or 36 (WIC)
Nutrition education		V POV: V65.3 dietary surveillance and counseling Patient education codes: ending “-N” (nutrition), “-MNT” (medical nutrition therapy), (or old code “-DT” (diet) or containing V65.3.
Exercise education		V POV: V65.41 exercise counseling Patient education codes: ending “-EX” (exercise) or containing V65.41.
Related exercise and nutrition counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-” (obesity) or 278.00 or 278.01.

Key Logic Changes from CRS Version 7.0 Patch 2

Added ICD-9 codes for patient education relating to nutrition, exercise, and obesity.

Patient List Description

A list of at risk patients with education, if any.

Measure Long-term Targets for Diabetic Education

Performance	Percent
<i>HP 1997 data</i>	42.0%
<i>HP 2010 goal to increase diet and nutrition counseling to patients with diabetes</i>	75.0%

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Nutrition and Exercise Education for At Risk Patient (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Overweight Active Clinical patients =>6	577		551			443			
# w/medical nutrition counseling	30	5.2	16	2.9	+2.3	23	5.2	+0.0	
# specific nutrition education provided	78	13.5	79	14.3	-0.8	78	17.6	-4.1	
# w/exercise educ	30	5.2	28	5.1	+0.1	35	7.9	-2.7	
# w/ other exec or nutrition educ	75	13.0	59	10.7	+2.3	24	5.4	+7.6	
# Male Overweight Active Clinical pts =>6	241		228			183			
# w/medical nutrition counseling	15	6.2	7	3.1	+3.2	6	3.3	+2.9	
# specific nutrition education provided	36	14.9	32	14.0	+0.9	28	15.3	-0.4	
# w/exercise educ	13	5.4	12	5.3	+0.1	16	8.7	-3.3	
# w/ other exec or nutrition educ	41	17.0	22	9.6	+7.4	11	6.0	+11.0	
# Female Overweight Active Clinical pts =>6	336		323			260			
# w/medical nutrition counseling	15	4.5	9	2.8	+1.7	17	6.5	-2.1	
# specific nutrition education provided	42	12.5	47	14.6	-2.1	50	19.2	-6.7	
# w/exercise educ	17	5.1	16	5.0	+0.1	19	7.3	-2.2	
# w/ other exec or nutrition educ	34	10.1	37	11.5	-1.3	13	5.0	+5.1	

Figure 2-64: 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	13	28	161	115	31
# Med Nutr Educ	0	1	9	8	3
% w/Med Nutr Educ	0.0	3.6	5.6	7.0	9.7
# w/spec nutr educ	0	3	20	25	8
% w/spec nutr ed	0.0	10.7	12.4	21.7	25.8
# w/exercise educ	0	1	8	10	5
% w/exercise ed	0.0	3.6	5.0	8.7	16.1

Figure 2-65: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

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

Nutrition and Exercise Education for At Risk Patients: List of at risk patients, with education if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	OW;OB	09/15/08 TO-LA OTH
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	OW;	08/15/08 UTI-N SN;
PATIENT3,BRITNEY	000003	COMMUNITY #1	F	22	OW;OB	06/16/08 GER-N
SN;11/17/08 TO-EX EX;11/24/08 TO-LA OTH						
PATIENT4,LORETTA	000004	COMMUNITY #1	F	22	OW;OB	
PATIENT5,HALEY	000005	COMMUNITY #1	F	25	OW;OB	
PATIENT6,BRITTANY	000006	COMMUNITY #1	F	25	OW;OB	01/21/08 PP-N SN;

Figure 2-66: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.4 Cardiovascular Disease and Cholesterol Screening

Denominators

Active Clinical patients ages 23 and older, broken down by gender.

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

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken down by gender.

Numerators

Patients with documented blood total cholesterol screening any time in the past five years.

- A. Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240

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

- A. Patients with LDL ≤ 100
- B. Patients with LDL 101-130
- C. Patients with LDL 131-160
- D. Patients with LDL > 160

Logic Description

Age is calculated at the beginning of the Report Period.

CRS uses the following codes to define the IHD denominator.

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

Searches for most recent LDL test with a result during the Report Period. If none found, CRS searches for the most recent LDL test without a result.

Searches for most recent cholesterol test with a result during the Report Period. If none found, CRS searches for the most recent cholesterol test without a result.

CRS uses the following codes to define LDL and total cholesterol.

Test	CPT Codes	LOINC Codes	Taxonomy
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F For numerator LDL ≤ 100 , CPT 3048F will count as meeting the measure.	Yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465	Yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Fixed program logic for the Active IHD denominator. Previously it was applying the age range of 23 and older, when it should not have been.
2. Added CPT codes to LDL definition.
3. Added code to LDL LOINC taxonomy.
4. Added code to Total Cholesterol LOINC taxonomy.

Patient List Description

List of patients with cholesterol or LDL value, if any.

Measure Source

HP 2010 12-15

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2006 Performance (blood total cholesterol screening)	48.0%
IHS FY 2005 Performance (blood total cholesterol screening)	43.0%
HP 1998 baseline	67.0%
<i>HP 2010 goal for adults who have had blood cholesterol checked (12-15)</i>	80.0%
<i>HP 2010 goal for adults with high cholesterol</i>	17.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
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	872		622			568			
# w/ Total Cholesterol screen w/in 5 yrs	243	27.9	217	34.9	-7.0	201	35.4	-7.5	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	20	8.2	23	10.6	-2.4	28	13.9	-5.7	
# w/LDL done in past 5 yrs	228	26.1	184	29.6	-3.4	114	20.1	+6.1	
A. # w/LDL =<100 w/ % of Total LDL Screen	105	46.1	95	51.6	-5.6	45	39.5	+6.6	
B. # w/LDL 101-130 w/ % of Total LDL Screen	69	30.3	43	23.4	+6.9	35	30.7	-0.4	
C. # w/LDL 131-160 w/ % of Total LDL Screen	25	11.0	24	13.0	-2.1	12	10.5	+0.4	
D. # w/LDL >160 w/ % of Total LDL Screen	11	4.8	9	4.9	-0.1	10	8.8	-3.9	
Male Active Clinical Pts =>23	350		245			219			
# w/ Total Cholesterol screen w/in 5 yrs	104	29.7	97	39.6	-9.9	85	38.8	-9.1	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	11	10.6	14	14.4	-3.9	8	9.4	+1.2	
# w/LDL done in past 5 yrs	104	29.7	91	37.1	-7.4	59	26.9	+2.8	
A. # w/LDL =<100 w/ % of Total LDL Screen	53	51.0	46	50.5	+0.4	22	37.3	+13.7	
B. # w/LDL 101-130 w/ % of Total LDL Screen	24	23.1	17	18.7	+4.4	18	30.5	-7.4	
C. # w/LDL 131-160 w/ % of Total LDL Screen	7	6.7	11	12.1	-5.4	4	6.8	-0.0	
D. # w/LDL >160 w/ % of Total LDL Screen	8	7.7	8	8.8	-1.1	4	6.8	+0.9	

Figure 2-67: Sample Report, CVD and Cholesterol Screening

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

Cardiovascular Disease and Cholesterol Screening: List of patients with
 cholesterol or LDL values, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT100, JASON AARON	000100	COMMUNITY #1	M	46	UP;AC	
PATIENT101, JOHN THOMAS	000101	COMMUNITY #1	M	47	UP	
PATIENT102, DAKOTA CHEY	000102	COMMUNITY #1	M	47	UP	
PATIENT103, TRAVIS CLINT	000103	COMMUNITY #1	M	47	UP	CHOL 04/13/08 210
PATIENT104, TRACY MITCHE	000104	COMMUNITY #1	M	47	UP;AC;IHD	CHOL 11/15/08 167;LDL 11/15/08 105
PATIENT105, RUSSELL DALE	000105	COMMUNITY #1	M	48	UP	;LDL 04/01/08 CPT: 3048F
PATIENT106, CURTIS DWAYN	000106	COMMUNITY #1	M	49	UP;AC	CHOL 09/04/06 139;LDL 09/04/07 68
PATIENT107, RONALD	000107	COMMUNITY #1	M	49	UP;AC	CHOL 08/01/05 213;LDL 08/01/05 122

Figure 2-68: Sample Patient List, CVD and Cholesterol Screening

2.8.5 Cardiovascular Disease and Blood Pressure Control

Denominators

All *Active Clinical patients* ages 20 and over, broken down by gender.

All *User Population patients* ages 20 and older, broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

Numerators

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

1. Patients with normal Blood Pressure (BP), defined as < 120/80
2. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80
3. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90
4. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100
5. Patients with Stage 2 Hypertension BP, defined as => 160/100

Logic Description

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

Blood pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits in the past two years. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or

two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

CRS uses the following codes to define the IHD numerator.

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

Key Logic Changes from CRS Version 7.0 Patch 2

1. Fixed program logic for the Active IHD denominator. Previously it was applying the age range of 20 and older, when it should not have been ss
2. Added new CPT II codes to BP documented logic.

Patient List Description

List of Patients => 20 or who have IHD with BP value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Long-term Targets

Measure	Percent
<i>IHS 2010 goal for blood pressure assessed</i>	<i>95.0%</i>
<i>HP 2010 goal for adults with high blood pressure (140/90)</i>	<i>16.0%</i>

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cardiovascular Disease and Blood Pressure Control (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Patients									
ages 20 and older	946		694			639			
# w/ BPs									
documented	596	63.0	551	79.4	-16.4	478	74.8	-11.8	
A. # w/Normal BP w/ %									
of Total Screened	130	21.8	133	24.1	-2.3	121	25.3	-3.5	
B. # w/Pre HTN I BP w/ %									
of Total Screened	101	16.9	112	20.3	-3.4	83	17.4	-0.4	
C. # w/Pre HTN II BP w/ %									
of Total Screened	147	24.7	117	21.2	+3.4	105	22.0	+2.7	
D. # w/Stage 1 HTN BP w/ %									
% of Total Screened	170	28.5	150	27.2	+1.3	130	27.2	+1.3	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	39	6.5	39	7.1	-0.5	39	8.2	-1.6	
Male Active Clinical Patients									
ages 20 and older	374		265			240			
# w/ BPs									
documented	207	55.3	201	75.8	-20.5	177	73.8	-18.4	
A. # w/Normal BP w/ %									
of Total Screened	9	4.3	22	10.9	-6.6	22	12.4	-8.1	
B. # w/Pre HTN I BP w/ %									
of Total Screened	22	10.6	36	17.9	-7.3	22	12.4	-1.8	
C. # w/Pre HTN II BP w/ %									
of Total Screened	67	32.4	47	23.4	+9.0	45	25.4	+6.9	
D. # w/Stage 1 HTN BP w/ %									
% of Total Screened	86	41.5	79	39.3	+2.2	63	35.6	+6.0	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	17	8.2	17	8.5	-0.2	25	14.1	-5.9	
Female Active Clinical Patients									
ages 20 and older	572		429			399			
# w/ BPs									
documented	389	68.0	350	81.6	-13.6	301	75.4	-7.4	
A. # w/Normal BP w/ %									
of Total Screened	121	31.1	111	31.7	-0.6	99	32.9	-1.8	
B. # w/Pre HTN I BP w/ %									
of Total Screened	79	20.3	76	21.7	-1.4	61	20.3	+0.0	
C. # w/Pre HTN II BP w/ %									
of Total Screened	80	20.6	70	20.0	+0.6	60	19.9	+0.6	
D. # w/Stage 1 HTN BP w/ %									
% of Total Screened	84	21.6	71	20.3	+1.3	67	22.3	-0.7	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	22	5.7	22	6.3	-0.6	14	4.7	+1.0	

Figure 2-69: Sample Report, CVD and Blood Pressure Control

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

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20
 or who have IHD w/ denominator identified & mean BP, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	UP;AC;	
PATIENT2,EVELYN	000002	COMMUNITY #1	F	21	UP;	09/15/08 CPT 3080F
PATIENT3,MICHELLE	000003	COMMUNITY #1	F	22	UP;AC;	125/67 PRE STG 1
PATIENT4,CAITLYN	000004	COMMUNITY #1	F	22	UP;AC;IHD	131/67 PRE STG II
PATIENT5,BRITNEY JANE	000005	COMMUNITY #1	F	22	UP;AC;	102/56 NORMAL
PATIENT6,KATHRYN ANNE	000006	COMMUNITY #1	F	22	UP;AC;	161/90 STG 2 HTN
PATIENT7,RHONDA	000007	COMMUNITY #1	F	22	UP;AC;	153/85 STG 1 HTN

Figure 2-70: Sample Patient List, CVD and Blood Pressure Control

2.8.6 Controlling High Blood Pressure

Denominator

Active Clinical patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender and age groups 18-45 and 46-85.

Numerators

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

- A. Patients with *normal 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.
- B. 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.
- C. Patients with *Pre Hypertension II BP*, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
- D. Patients with *Stage 1 Hypertension* Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
- E. Patients with *Stage 2 Hypertension BP*, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

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

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

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

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

	CPT Codes	ICD and Other Codes
ESRD	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339	V POV: 585.5, 585.6, V42.0, V45.1, or V56.* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*
Hypertension		V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period: 401.*

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD.
2. Revised denominator age range from 46-85 to 18-85.
3. Added new CPT II codes to BP definition.

Patient List Description

List of patients with hypertension and BP value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Long-term Targets

Measure	Percent
<i>IHS 2010 goal for blood pressure assessed</i>	95.0%
<i>HP 2010 goal for adults with high blood pressure (140/90)</i>	14.0%
<i>HP 2010 goal for adults with high blood pressure and whose blood pressure is controlled</i>	68.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Controlling High Blood Pressure (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts									
18-85 w/HTN dx	106		100			91			
# w/ BPs									
documented	106	100.0	100	100.0	+0.0	90	98.9	+1.1	
A. # w/Normal BP w/ %									
of Total Screened	7	6.6	6	6.0	+0.6	4	4.4	+2.2	
B. # w/Pre HTN I BP w/ %									
of Total Screened	10	9.4	16	16.0	-6.6	8	8.9	+0.5	
C. # w/Pre HTN II BP w/ %									
of Total Screened	30	28.3	21	21.0	+7.3	20	22.2	+6.1	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	43	40.6	42	42.0	-1.4	42	46.7	-6.1	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	14	13.2	15	15.0	-1.8	16	17.8	-4.6	
A. Active Clinical patients									
ages 18 through 45	24		18			13			
# w/ BPs									
documented	24	100.0	18	100.0	+0.0	13	100.0	+0.0	
A. # w/Normal BP w/ %									
of Total Screened	1	4.2	2	11.1	-6.9	1	7.7	-3.5	
B. # w/Pre HTN I BP w/ %									
of Total Screened	3	12.5	1	5.6	+6.9	1	7.7	+4.8	
C. # w/Pre HTN II BP w/ %									
of Total Screened	5	20.8	3	16.7	+4.2	2	15.4	+5.4	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	11	45.8	7	38.9	+6.9	7	53.8	-8.0	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	4	16.7	5	27.8	-11.1	2	15.4	+1.3	
B. Active Clinical patients									
ages 46 through 85	82		82			78			
# w/ BPs									
documented	82	100.0	82	100.0	+0.0	77	98.7	+1.3	
A. # w/Normal BP w/ %									
of Total Screened	6	7.3	4	4.9	+2.4	3	3.9	+3.4	
B. # w/Pre HTN I BP w/ %									
of Total Screened	7	8.5	15	18.3	-9.8	7	9.1	-0.6	
C. # w/Pre HTN II BP w/ %									
of Total Screened	25	30.5	18	22.0	+8.5	18	23.4	+7.1	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	32	39.0	35	42.7	-3.7	35	45.5	-6.4	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	10	12.2	10	12.2	+0.0	14	18.2	-6.0	

Figure 2-71: Sample Report, Controlling High Blood Pressure

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

Controlling High Blood Pressure: List of patients with hypertension and BP value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, STELLA LYNN	000001	COMMUNITY #1	F	46	HTN PT	156/82 STG 1 HTN
PATIENT2, TARA	000002	COMMUNITY #1	F	51	HTN PT	201/87 STG 2 HTN
PATIENT3, BOBBIE	000003	COMMUNITY #1	F	52	HTN PT	138/66 PRE STG II
PATIENT4, DARLENE	000004	COMMUNITY #1	F	54	HTN PT	139/73 PRE STG II
PATIENT5, NADINE	000005	COMMUNITY #1	F	61	HTN PT	159/86 STG 1 HTN

Figure 2-72: Sample Patient List, Controlling High Blood Pressure

2.8.7 Comprehensive CVD-Related Assessment

GPRC Measure Description

TBD

Denominators

GPRC Denominator: *Active IHD patients ages 22 and older*, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

- A. Active IHD patients ages 22 and older who are not Active Diabetic
- B. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

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.

GPRA Numerator: Patients with *comprehensive CVD assessment*, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.
NOTE: This does NOT include depression screening.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period, including documented refusals in past year.

Logic Description

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

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report Period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Blood pressure definition: Having a minimum of two Blood Pressures documented on non-ER visits during the Report Period in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3077F or 3080F during the past 2 years.

BMI definition: CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day. 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	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening	1034F, 1035F, or 1036F	<p>Any health factor for category Tobacco (see table on next page)</p> <p>V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82</p> <p>Patient education codes: containing “TO-”, “-TO”, “-SHS”, 305.1, 305.1* (old codes), 649.00-649.04, or V15.82</p> <p>Dental code: 1320</p>		
Medical Nutrition Counseling	97802-97804, G0270, G0271	<p>Provider codes: 07, 29, 97, 99</p> <p>Clinic codes: 67 (dietary) or 36 (WIC)</p>		
Nutrition Education		<p>V POV: V65.3 dietary surveillance and counseling</p> <p>Patient education codes: ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)) or containing V65.3.</p>		
Exercise Education		<p>V POV: V65.41 exercise counseling</p> <p>Patient education codes: ending “-EX” (exercise) or containing V65.41.</p>		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Related Exercise and Nutrition Counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity) or 278.00 or 278.01.		
Depression Screening		V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression) Refusals: Exam Code 36		
Mood Disorders		At least 2 visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below). V POV: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 BHS POV: 14, 15		

All existing national Tobacco Health Factors listed below are counted as tobacco screening.

Health Factor	
Ceremonial	Previous Smokeless
Cessation-Smokeless	Previous Smoker
Cessation-Smoker	Smoke Free Home
Current Smokeless	Smoker In Home
Current Smoker	Current Smoker & Smokeless
Non-Tobacco User	Exposure To Environmental Tobacco Smoke

1. Corrected logic to reflect 2 BPs are required in past 2 years vs. past year.
2. Added CPT codes to LDL definition.
3. Added CPT II codes to tobacco screening definition.
4. Added ICD-9 codes to tobacco screening patient education definition.
5. Added ICD-9 codes for patient education relating to nutrition education, exercise education, and obesity.
6. Added new CPT II codes for BP logic.

Patient List Description

List of patients with assessments received, if any.

Measure Long-term Targets

Performance	Percent
IHS FY 2007 Performance	30.0%

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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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
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 IHD Pts 22+ (GPRA)	58		44			36			
# w/ BPs documented w/in 2 yrs	56	96.6	44	100.0	-3.4	36	100.0	-3.4	
# w/LDL done w/in 5 yrs	49	84.5	38	86.4	-1.9	30	83.3	+1.1	
# w/Tobacco Screening w/in 1 yr	43	74.1	37	84.1	-10.0	27	75.0	-0.9	
# w/BMI calculated or refusal	54	93.1	43	97.7	-4.6	35	97.2	-4.1	
# w/ lifestyle educ w/in 1 yr	29	50.0	22	50.0	+0.0	22	61.1	-11.1	
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA)	23	39.7	19	43.2	-3.5	14	38.9	+0.8	
# w/ Depression screening, DX, or refusal	4	6.9	4	9.1	-2.2	2	5.6	+1.3	
A. Active IHD Pts 22+ and are NOT Active Diabetic	26		19			17			
# w/ BPs documented w/in 2 yrs	24	92.3	19	100.0	-7.7	17	100.0	-7.7	
# w/LDL done w/in 5 yrs	21	80.8	17	89.5	-8.7	13	76.5	+4.3	
# w/Tobacco Screening w/in 1 yr	19	73.1	15	78.9	-5.9	13	76.5	-3.4	
# w/BMI calculated or refusal	25	96.2	19	100.0	-3.8	16	94.1	+2.0	
# w/ lifestyle educ w/in 1 yr	14	53.8	7	36.8	+17.0	7	41.2	+12.7	
# w/ BP, LDL, tobacco, BMI and life counseling	11	42.3	6	31.6	+10.7	4	23.5	+18.8	
# w/ Depression screening, DX, or refusal	2	7.7	1	5.3	+2.4	1	5.9	+1.8	

Figure 2-73: Sample Report, Comprehensive CVD-Related Assessment

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

Comprehensive CVD-Related Assessment: List of patients with assessments received, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	BP: 131/67 PRE STG II
TOB: 07/25/08: NON-TOBACCO USER BMI: 25.4 LIFE: 08/15/08:UTI-N SN						
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BP: 136/84 PRE STG II
TOB: 11/28/08: NON-TOBACCO USER BMI: 33.3						
PATIENT3,JENNY	000003	COMMUNITY #1	F	47	IHD	GPRA BP: 107/61
NORMAL LDL: 08/01/08 TOB: 09/10/08: CURRENT SMOKER BMI: 24.8 LIFE: 08/11/08:PM-LA OTH						
PATIENT4,SHERRY	000004	COMMUNITY #1	F	68	IHD;AD	BP: 157/73 STG 1 HTN
LDL: 09/12/08 TOB: 09/12/08: NON-TOBACCO USER BMI: 25.3						
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	BP: 130/66 PRE STG II
LDL: 01/14/08 BMI: 31.3						
PATIENT6,TINA MARIE	000006	COMMUNITY #1	F	78	IHD;AD	BP: 133/60 PRE STG II
LDL: 04/24/08 BMI: 32.3 LIFE: 07/18/08:DC-N SN						

Figure 2-74: Sample Patient List: Comprehensive CVD-Related Assessment

2.8.8 Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients aged 35 and older discharged for an AMI during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender.

Numerators

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *beta-blockers*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *ASA (aspirin) or other anti-platelet agent*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *ACEIs/ARBs*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *statins*

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication
- B. Patients with documented refusal of the specified medication
- C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with active prescriptions for *all post-AMI medications* (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin), with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report Period, CRS will include only the first discharge.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within seven days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); *or...*
2. A refusal of the medication at least once during hospital stay through seven days after discharge date; *or...*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): “beta block*”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “beta block*”, “bblock*” or “b block*”

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any ASA/other anti-platelet at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-Platelets (any of the codes occurring ever)	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): “aspirin”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ASA” or “aspirin”

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-benazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan + HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “Angiotensin Receptor Blocker” or “ARB”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Angiotensin Receptor Blocker” or “ARB”

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	Abortion: Any of the following POVs: 635*, 636*, or 637* Procedures: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		POV: V24.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		POV: 571.1 during the Report Period
NMI Refusal		Refusal: NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring ever unless otherwise noted)	Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added ICD-9 V72.42 and expanded ICD-9 pregnancy diagnosis range to 640.*-649.* (vs. 640.*-648.*).
2. Added CPT and ICD-9 procedure codes to abortion definition.
3. Replaced medication taxonomies BGP HEDIS ACEI MEDS, BGP HEDIS ARB MEDS, BGP HEDIS BETA BLOCKER MEDS.
4. Added code to ALT and AST taxonomies.
5. Added code to Creatine Kinase taxonomy.
6. Added names of new drugs to medication taxonomy BGP HEDIS ACEI MEDS.
7. Added names of new drugs to medication taxonomy BGP HEDIS ARB MEDS.
8. Added names of new drug to medication taxonomy BGP HEDIS STATIN MEDS.

Patient List Description

List of patients with AMI, with appropriate medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Appropriate Medication Therapy after a Heart Attack (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ hospitalized for AMI	63		0			0			
# w/beta-blocker Rx/refusal/Contra/ADR	23	36.5	0	0.0	+36.5	0	0.0	+36.5	
A. # w/beta-blocker Rx w/ % of Total	4	17.4	0	0.0	+17.4	0	0.0	+17.4	
B. # w/refusal w/ % of Total	2	8.7	0	0.0	+8.7	0	0.0	+8.7	
C. # w/contra/ADR w/ % of Total	17	73.9	0	0.0	+73.9	0	0.0	+73.9	
# w/ASA Rx/refusal/Contra/ADR	11	17.5	0	0.0	+17.5	0	0.0	+17.5	
A. # w/ASA Rx w/% of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3	
B. # w/refusal w/ % of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3	
C. # w/contra/ADR w/ % of Total	5	45.5	0	0.0	+45.5	0	0.0	+45.5	
# w/ACEI/ARB Rx/refusal/Contra/ADR	10	15.9	0	0.0	+15.9	0	0.0	+15.9	
A. # w/ACEI/ARB Rx w/% of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0	
B. # w/refusal w/ % of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0	
C. # w/contra/ADR w/ % of Total	6	60.0	0	0.0	+60.0	0	0.0	+60.0	
# w/statin Rx/refusal/Contra/ADR	12	19.0	0	0.0	+19.0	0	0.0	+19.0	
A. # w/statin Rx w/% of Total	4	33.3	0	0.0	+33.3	0	0.0	+33.3	
B. # w/refusal w/ % of Total	2	16.7	0	0.0	+16.7	0	0.0	+16.7	
C. # w/contra/ADR w/ % of Total	6	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/Rx/refusal/contra/ADR of ALL meds	6	9.5	0	0.0	+9.5	0	0.0	+9.5	

Figure 2-75: Sample Report, Appropriate Medication Therapy after a Heart Attack

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

Appropriate Medication Therapy after a Heart Attack: List of patients
 with AMI, with appropriate medication therapy, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CECELIA	000001	COMMUNITY #1	F	37	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN: contra statin - pregnant
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	AC	BETA: ; ASA: 12/16/08 ; ACEI/ARB: ; STATIN: Statin contra - BF-HC
PATIENT3,KIMBERLY A	000003	COMMUNITY #1	F	49	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT4,TIMOTHY JOHN	000004	COMMUNITY #1	M	57	AC	BETA: heart blk contra ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT5,FELIPE	000005	COMMUNITY #1	M	57	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT6,JAMES DALTON	000006	COMMUNITY #1	M	77	AC	ALL MEDS; BETA: 08/27/08 ; ASA: 08/27/08 ; ACEI/ARB: 08/27/08 ; STATIN: 08/27/08

Figure 2-76: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

2.8.9 Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report Period through the first six months of the Report Period. Broken down by gender.

Numerators

Patients with a *135-day course of treatment with beta-blockers*, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a *135-day course of treatment with ASA (aspirin) or other anti-platelet agent*, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a *135-day course of treatment with ACEIs/ARBs*, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a *135-day course of treatment with statins*, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication
- B. Patients with documented refusal of the specified medication

C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a *135-day course of treatment for all post-AMI medications* (i.e. beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report Period through first six months of the Report Period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).

Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below.

1. A total days' supply \geq 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; *or...*
2. A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; *or...*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator who has prior active prescription:

- Admission Date: 2/1/2008, Discharge Date: 2/15/2008
- Must have 135 days prescribed by 8/13/2008 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2008
- # Days Prescribed: 60 (treats patient through 3/15/2008)
- Discharge Date minus Rx Date: 2/15/2008-1/15/2008 = 31, 60 is \geq 31, prescription is considered Prior Active Rx
- 3/15/2008 is between 2/15 and 8/13/2008, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
 $(60 - (\text{Discharge Date} - \text{Prior Rx Date})) = 60 - (2/15/2008 - 1/15/2008) = 60 - 31 = 29$
- Rx #2: 4/1/2008, # Days Prescribed: 90
- Rx #3: 7/10/2008, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2008:
 $29 + 90 + 90 = 209$

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the period admission/visit date through the 180 days after discharge/visit date	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): “beta block*”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “beta block*”, “bblock*” or “b block*”

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin during the period admission/visit date through the 180 days after discharge/visit date		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during the period admission/visit date through the 180 days after discharge/visit date	Refusal: NMI (not medically indicated) refusal for any aspirin/other anti-platelet at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti- Platelets (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): “aspirin”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ASA” or “aspirin”

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-enazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan)

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan + HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “Angiotensin Receptor Blocker” or “ARB”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Angiotensin Receptor Blocker” or “ARB”

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: At least two visits during the period admission/visit date through the 180 days after discharge/visit date with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	Abortion: Any of the following POVs: 635*, 636*, or 637* Procedure: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		POV: V24.1 during the period admission/visit date through the 180 days after discharge/visit date Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Acute Alcoholic Hepatitis		POV: 571.1 during the period admission/visit date through the 180 days after discharge/visit date
NMI Refusal		Refusal: NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
<p>Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime up to the 180 days after discharge/visit date unless otherwise noted)</p>	<p>Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the period admission/ visit date through the 180 days after discharge/visit date</p>
	<p>Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date</p>
	<p>POV: Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: 359.0-359.9, 729.1, 710.5, or 074.1</p>
	<p>POV: 995.0-995.3 AND E942.9</p>
	<p>Entry in ART (Patient Allergies File): “statin” or “statins”</p>
	<p>Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”</p>

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added ICD-9 code V72.42 to and expanded ICD-9 pregnancy diagnosis range to 640.*-649.* (vs. 640.*-648.*) for pregnancy definition
2. Added CPT and ICD-9 procedure codes to abortion definition.
3. Replaced medication taxonomies BGP HEDIS ACEI MEDS, BGP HEDIS ARB MEDS, BGP HEDIS BETA BLOCKER MEDS.
4. Added code to ALT and AST taxonomies.
5. Added code to Creatine Kinase taxonomy.
6. Added names of new drugs to medication taxonomy BGP HEDIS ACEI MEDS.
7. Added names of new drugs to medication taxonomy BGP HEDIS ARB MEDS.

8. Added names of new drug to medication taxonomy BGP HEDIS STATIN MEDS.

Patient List Description

List of patients with AMI, with persistent medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

JAW		May 31, 2008				Page 160			
*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Persistence of Appropriate Medication Therapy 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	45		3			4			
# w/135-day beta-blocker Rx/refusal/Contra/ADR	19	42.2	2	66.7	-24.4	3	75.0	-32.8	
A. # w/135-day beta blocker Rx w/ % of Total	2	10.5	2	100.0	-89.5	2	66.7	-56.1	
B. # w/refusal w/ % of Total	1	5.3	0	0.0	+5.3	0	0.0	+5.3	
C. # w/contra/ADR w/ % of Total	16	84.2	0	0.0	+84.2	1	33.3	+50.9	
# w/135-day ASA Rx/refusal/Contra/ADR	6	13.3	0	0.0	+13.3	2	50.0	-36.7	
A. # w/135-day ASA Rx w/% of Total	1	16.7	0	0.0	+16.7	2	100.0	-83.3	
B. # w/refusal w/ % of Total	2	33.3	0	0.0	+33.3	0	0.0	+33.3	
C. # w/contra/ADR w/ % of Total	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/135-day ACEI/ARB Rx/refusal/Contra/ADR	8	17.8	1	33.3	-15.6	1	25.0	-7.2	
A. # w/135-day ACEI/ARB Rx w/% of Total	1	12.5	1	100.0	-87.5	1	100.0	-87.5	
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5	
C. # w/contra/ADR w/ % of Total	6	75.0	0	0.0	+75.0	0	0.0	+75.0	
# w/135-day statin Rx/refusal/Contra/ADR	8	17.8	2	66.7	-48.9	2	50.0	-32.2	
A. # w/135-day statin Rx w/% of Total	2	25.0	2	100.0	-75.0	2	100.0	-75.0	
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5	
C. # w/contra/ADR w/ % of Total	5	62.5	0	0.0	+62.5	0	0.0	+62.5	
# w/Rx/refusal/ contra/ADR of ALL meds	4	8.9	0	0.0	+8.9	1	25.0	-16.1	

Figure 2-77: Sample Report, Persistence of Appropriate Medication Therapy after a Heart Attack

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

Persistence of Appropriate Medication Therapy after a Heart Attack: List
 of patients with AMI, with persistent medication therapy, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RHONDA	000001	COMMUNITY #1	F	35	AC	ALL MEDS; BETA: 2 dx asthma contra ; ASA: asa contra NMI Aspirin: ASPIRIN 325MG CAP 05/23/08 ;
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	AC	BETA: ; ASA: ; ACEI/ARB: ACEI contra POV: 05/01/06 [395.0] STENOSIS ; STATIN
PATIENT3,KIMBERLY A	000003	COMMUNITY #1	F	49	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN: STATIN contra POV: 06/15/07 [571.1] AC ALCOHOLIC HEPATITIS
PATIENT4,TIMOTHY	000004	COMMUNITY #1	M	57	AC	BETA: Beta Blocker contra NMI med 05/09/08 ; ASA: ; ACEI/ARB: ; STATIN: adr Statin - AST/ALT
PATIENT5,JOSHUA	000005	COMMUNITY #1	M	63	AC	ALL MEDS; BETA: Beta Blocker Refusal 05/01/08 ; ASA: Anti-Platelet Refusal 05/01/08 ; ACEI/ARB: ARB Refusal 05/02/08 ; STATIN: Statin Refusal 05/02/08

Figure 2-78: Sample Patient List: Persistence of Appropriate Medication Therapy after a Heart Attack

2.8.10 Appropriate Medication Therapy in High Risk Patients

Denominators

Active IHD patients ages 22 and older; defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

- A. Active IHD patients ages 22 and older who are not Active Diabetic.
- B. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

Patients with a 180-day course of treatment with or refusal of *beta-blockers* during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a 180-day course of treatment with or refusal of *ASA (aspirin) or other anti-platelet agent* during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a 180-day course of treatment with or refusal of *ACEIs/ARBs* during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a 180-day course of treatment with or refusal of *statins* during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication.
- B. Patients with documented refusal of the specified medication.

C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a 180-day course of treatment for *all medications* (i.e. beta-blocker, aspirin/anti-platelet, ACEI/ARB, *and* statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

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

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; *or...*
2. A refusal of the medication during the Report Period; *or...*
3. Have a contraindication/previous adverse reaction to the indicated medication

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e. prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

Note: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator with prior active prescription:

- Report Period: 07/01/2007 – 06/30/2008
- Must have 180 days supply of indicated medication 6/30/2008 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2007
- # Days Prescribed: 60 (treats patient through 07/31/2007)
- Report Period Start Date minus Rx Date: 07/01/2007-06/01/2007 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx
- 07/31/2007 is between the Report Period of 07/01/2007 and 06/30/2008, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
 (# Days Prescribed-(Report Period Start Date-Prior Rx Date) =
 60-(07/01/2007-06/01/2007) = 60-30 = 30
- Rx #2: 08/05/2007, # Days Prescribed: 90
- Rx #3: 11/10/2007, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2007 and 06/30/2008, including prior active prescription: 30+90+90=210

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Acebutolol HCL, Atenolol, Betaxolol HCL, Bisoprolol fumarate, Carteolol HCL, Carvedilol, Labetalol HCL, Metoprolol succinate, Metoprolol tartrate, Nadolol, Penbutolol sulfate, Pindolol, Propranolol HCL, Sotalol HCL, Timolol maleate.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the Report Period	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): “beta block*”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “beta block*”, “bblock*” or “b block*”

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
180-day course of treatment for Warfarin/Coumadin during the Report Period		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during the Report Period	Refusal: NMI (not medically indicated) refusal for any aspirin/other anti-platelet at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-Platelets (any of the codes occurring ever)	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): “aspirin”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ASA” or “aspirin”

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications: Benazepril (Lotensin), Captopril (Capoten), Enalapril (Vasotec), Fosinopril (Monopril), Lisinopril (Prinivil Zestril), Moexipril (Univasc), Perindopril (Aceon), Quinapril (Accupril), Ramipril (Altace), Trandolopril (Mavik).

ACEI-Combination Products: Amlodipine-benazepril (Lotrel), Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Captopril), Enalapril + HCTZ (Vaseretic), Enalapril-felodipine (Lexxel), Enalapril-diltiazem (Teczem), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic, Quinaretic).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime through the end of the Report Period)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Candesartan (Atacand), Eprosartan (Teveten), Irbesartan (Avapro), Losartan (Cozaar), Olmesartan (Benicar), Telmisartan (Micardis), Valsartan (Diovan).

ARB Combination Products: Candesartan + HCTZ (Atacand HCT), Eprosartan + HCTZ (Teveten HCT), Irbesartan + HCTZ (Avalide HCT), Losartan HCTZ (Hyzaar HCT), Olmesartan + HCTZ (Benicar HCT), Telmisartan + HCTZ (Micardis HCT), Valsartan + HCTZ (Diovan HCT).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime through the end of the Report Period)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “Angiotensin Receptor Blocker” or “ARB”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Angiotensin Receptor Blocker” or “ARB”

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	Abortion: Any of the following POVs: 635*, 636*, or 637* Procedure: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		POV: V24.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		POV: 571.1 during the Report Period
NMI Refusal		Refusal: NMI (not medically indicated) refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime through the end of the Report Period unless otherwise noted)	Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e. Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e. beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added ICD-9 code V72.42 to and expanded ICD-9 range to 640.*-649.* (vs. 640.*-648.*) for pregnancy definition.
2. Added ICD-9 code to breastfeeding patient education definition.
3. Added CPT and ICD-9 procedure codes to abortion definition.
4. Replaced medication taxonomies BGP HEDIS ACEI MEDS, BGP HEDIS ARB MEDS, BGP HEDIS BETA BLOCKER MEDS.
5. Added code to ALT and AST LOINC taxonomies.
6. Added code to Creatine Kinase taxonomy.
7. Added names of new drugs to medication taxonomy BGP HEDIS ACEI MEDS.
8. Added names of new drugs to medication taxonomy BGP HEDIS ARB MEDS.

9. Added name of new drug to medication taxonomy BGP HEDIS STATIN MEDS.

Patient List Description

List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Appropriate Medication Therapy in High Risk Patients (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active IHD pts 22+	58		44			36			
# w/180 day beta-blocker Rx/refusal/Contra/ADR	38	65.5	27	61.4	+4.2	18	50.0	+15.5	
A. # w/180 day beta-blocker Rx w/% of Total	21	55.3	17	63.0	-7.7	14	77.8	-22.5	
B. # w/refusal w/% of Total	1	2.6	0	0.0	+2.6	0	0.0	+2.6	
C. # w/contra/ADR w/% of Total	16	42.1	10	37.0	+5.1	4	22.2	+19.9	
# w/180 day ASA Rx/refusal/Contra/ADR	28	48.3	23	52.3	-4.0	27	75.0	-26.7	
A. # w/180 day ASA Rx w/% of Total	21	75.0	20	87.0	-12.0	22	81.5	-6.5	
B. # w/refusal w/% of Total	1	3.6	0	0.0	+3.6	0	0.0	+3.6	
C. # w/contra/ADR w/% of Total	6	21.4	3	13.0	+8.4	5	18.5	+2.9	
# w/180 day ACEI/ARB Rx/refusal/Contra/ADR	35	60.3	21	47.7	+12.6	20	55.6	+4.8	
A. # w/180 day ACEI/ARB Rx w/% of Total	31	88.6	19	90.5	-1.9	19	95.0	-6.4	
B. # w/refusal w/% of Total	1	2.9	0	0.0	+2.9	0	0.0	+2.9	
C. # w/contra/ADR w/% of Total	3	8.6	2	9.5	-1.0	1	5.0	+3.6	
# w/180 day statin Rx/refusal/Contra/ADR	33	56.9	23	52.3	+4.6	16	44.4	+12.5	
A. # w/180 day statin Rx w/% of Total	28	84.8	21	91.3	-6.5	15	93.8	-8.9	
B. # w/refusal w/% of Total	2	6.1	0	0.0	+6.1	0	0.0	+6.1	
C. # w/contra/ADR w/% of Total	3	9.1	2	8.7	+0.4	1	6.3	+2.8	
# w/180 day Rx/refusal/contra/ADR of ALL meds	19	32.8	10	22.7	+10.0	6	16.7	+16.1	

Figure 2-79: Sample Report, Appropriate Medication Therapy in High Risk Patients

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

Appropriate Medication Therapy in High Risk Patients: List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	ALL MEDS; BETA: Beta Blocker Refusal 09/11/08 ; ASA: Aspirin Refusal 09/11/08 ; ACEI/ARB: ACEI Refusal 09/11/08 ; STATIN: Statin Refusal 09/11/08
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BETA: ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT3,GENEVA	000003	COMMUNITY #1	F	47	IHD	BETA: 2 dx asthma contra ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT4,SHERRY LISA	000004	COMMUNITY #1	F	68	IHD;AD	BETA: ; ASA: total days aspirin: 330 ; ACEI/ARB: total days ACE/ARB: 280 ; STATIN: total days STATIN: 331
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	ALL MEDS; BETA: 2 dx asthma contra ; ASA: total days aspirin: 180 ; ACEI/ARB: total ACE/ARB: 187 ; STATIN: Statin Refusal 06/24/08

Figure 2-80: Sample Patient List: Appropriate Medication Therapy in High Risk Patients

2.8.11 Cholesterol Management for Patients with Cardiovascular Conditions

Denominators

Active Clinical patients ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

Numerators

Patients with LDL completed during the Report Period, regardless of result.

- A. Patients with LDL \leq 100, completed during the Report Period.
- B. Patients with LDL 101-130, completed during the Report Period.
- C. Patients with LDL $>$ 130, completed during the Report Period.

Logic Description

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

CRS uses the following codes and taxonomies to define the denominators and numerators. For each of the numerators, finds the most recent LDL test from the Report Period end date. CRS searches for the most recent LDL test with a result during the Report Period. If none is found, CRS searches for the most recent LDL test without a result. For numerator LDL ≤ 100 , CPT 3048F will count as meeting the measure.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		V POV: 410.*0, 410.*1		
PTCA	33140, 92980-92982, 92984, 92995, 92996	V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07, or 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572, S2205-S2209	V Procedure: 36.1*, 36.2		
IVD		V POV: 411.*, 413.*, 414.0*, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 444.*, or 445.*		
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Revised timeframe for IVD definition in denominator.
2. Added CPT codes to LDL definition.
3. For PTCA definition, added text to indicate codes 36.01, 36.02, and 36.05 are old codes since they were inactivated 10/1/2005.
4. Added ICD-9 procedure codes 00.66, 36.06 and 36.07 to PTCA definition.
5. Added HCPCS codes S2205-S2209 to CABG definition.
6. For IVD definition:
 - a. Removed different diagnosis categories and lumped them all into one (IVD).

- b. Added ICD-9 codes 414.8 and 414.9.
- c. Removed ICD-9 codes 443.9, 438.5*, 438.6-438.9, 441.*, 435.*, 437.0, 437.1, and 438.0-438.42.

Patient List Description

List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

Measure Source

HEDIS

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cholesterol Management for Patients with Cardiovascular Conditions (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, PTCA, or IVD									
	33		25			18			
# w/LDL done	27	81.8	20	80.0	+1.8	9	50.0	+31.8	
A. # w/LDL <=100 w/% of Total Screened									
	13	48.1	11	55.0	-6.9	3	33.3	+14.8	
B. # w/LDL 101-130 w/% of Total Screened									
	5	18.5	3	15.0	+3.5	2	22.2	-3.7	
C. # w/LDL >130 w/% of Total Screened									
	3	11.1	4	20.0	-8.9	4	44.4	-33.3	
Male Active Clinical pts 18-75 with DX AMI, CABG PTCA, or IVD									
	19		16			10			
# w/LDL done	15	78.9	11	68.8	+10.2	4	40.0	+38.9	
A. # w/LDL <=100 w/% of Total Screened									
	4	26.7	4	36.4	-9.7	1	25.0	+1.7	
B. # w/LDL 101-130 w/% of Total Screened									
	2	13.3	3	27.3	-13.9	1	25.0	-11.7	
C. # w/LDL >130 w/% of Total Screened									
	3	20.0	2	18.2	+1.8	2	50.0	-30.0	

Figure 2-81: Sample Report, Cholesterol Management for Patients with Cardiovascular Conditions

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

Cholesterol Management for Patients with Cardiovascular Conditions: List
 of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC;IVD DXSLDL	09/12/08 114
PATIENT2,CODY JACK	000002	COMMUNITY #1	M	41	UP;AC;IVD DXS	
PATIENT3,TIMOTHY ALLEN	000003	COMMUNITY #1	M	43	UP;AC;IVD DXSLDL	05/16/08 128
PATIENT4,TRACE	000004	COMMUNITY #1	M	47	UP;AC;IVD DXS	
PATIENT5,KENNETH	000005	COMMUNITY #1	M	60	UP;AC;IVD DXS	
PATIENT6,ROSS WAYNE	000006	COMMUNITY #1	M	60	UP;AC;AMI DXSLDL	11/12/08 97
PATIENT7,WILLIAM	000007	COMMUNITY #1	M	62	UP;AC;IVD DXSLDL	11/18/08 140
PATIENT8,JASON LEE	000008	COMMUNITY #1	M	63	UP;AC;IVD DXSLDL	11/18/08 64
PATIENT30,ALLISON	000030	COMMUNITY #2	F	52	UP;AC;IVD DXSLDL	06/11/08 87
PATIENT31,ALLEN JAMES	000031	COMMUNITY #2	M	44	UP;AC;IVD DXSLDL	12/19/08

Figure 2-82: Sample Patient List: Cholesterol Management for Patients with Cardiovascular Conditions

2.8.12 Heart Failure and Evaluation of LVS Function (new topic)

Denominators

Active Clinical patients ages 18 or older discharged with heart failure during the Report Period.

Numerators

Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Logic Description

Age of the patient is calculated as of the hospital admission date.

Denominator exclusions are defined as any of the following:

1. Patients receiving comfort measures only (i.e. patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
2. Patients with a Discharge Type of Transferred or Irregular or containing "Death."
3. Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

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

	CPT Codes	ICD and Other Codes
<i>Denominator Exclusions</i>		
Comfort Measures		V POV: V66.7 (Encounter for palliative care) documented during hospital stay
LVAD/Heart Transplant		V Procedure: 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68 documented during hospital stay
<i>Denominator Definition</i>		
Heart Failure		V POV (Primary Diagnosis only): 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 AND with Service Category H (hospitalization). NOTE: If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.
<i>Numerator Definition (Evaluation of LVS Function): Any of the codes listed below</i>		
Ejection Fraction (ordered or documented anytime one year prior to discharge date)	78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555	V Measurement: "CEF" V Procedure: 88.53, 88.54
RCIS Order for Cardiovascular Disorders Referral (ordered during the hospital stay but no later than the hospital discharge date)		ICD Diagnostic Category: "Cardiovascular Disorders" AND one of the following: CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging"
Other Procedures (documented anytime one year prior to discharge date)		Echocardiogram: V Procedure 88.72, 37.28, 00.24; Nuclear Medicine Test: V Procedure 92.2*; Cardiac Catheterization with a Left Ventriculogram: V Procedure 37.22, 37.23, 88.53, 88.54

Patient List Description

List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.

Measure Source

CMS HF-2

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Heart Failure and Evaluation of LVS Function								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC 18+ w/Heart Failure Dx	43		2			1		
Patients w/Eval of LVS Function	13	30.2	0	0.0	+30.2	0	0.0	+30.2

Figure 2-83: Sample Report, Heart Failure and Evaluation of LVS Function

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

Heart Failure and Evaluation of LVS Function: List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,JOAN	000164	COMMUNITY #1	F	36	AC	Admission: 06/01/08
LVS: 06/03/08 Procedure: 88.72						
PATIENT2,SARAH	000127	COMMUNITY #1	F	35	AC	Admission: 05/01/08
LVS: NOT DOCUMENTED						
PATIENT3,JOHN	000151	COMMUNITY #1	M	36	AC	Admission: 06/01/08
LVS: 06/01/08 CPT: 78468						
PATIENT4,ROGER	000125	COMMUNITY #1	M	47	AC	Admission: 05/01/08
LVS: 04/30/08 CEF Measurement 40						
PATIENT5,DANIEL	000129	COMMUNITY #1	M	57	AC	Admission: 05/01/08
LVS: NOT DOCUMENTED						

Figure 2-84: Sample Patient List: Heart Failure and Evaluation of LVS Function

2.9 STD-Related Measure Topics

2.9.1 Prenatal HIV Testing and Education

GPRA Measure Description

TBD

Denominator

GPRA Denominator: All *pregnant Active Clinical female User Population* 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 definition: 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.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		V POV: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*		
Miscarriage (after 2 nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	V POV: 630, 631, 632, 633*, 634*		
Abortion (after 2 nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	V POV: 635*, 636* 637* V Procedure: 69.01, 69.51, 74.91, 96.49.		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV Diagnosis		V POV or Problem List: 042, 042.0-044.9 (old codes), V08, 795.71		
HIV Test	Antibody: 86689, 86701-86703, Confirmatory Test 86689 Antigen 87390, 87391, 87534-87539		Yes	BGP HIV TEST TAX
HIV Counseling		V POV: V65.44 Patient education codes: containing "HIV-" or "-HIV" or HIV diagnosis 042, 042.0-044.9 (old codes), V08, 795.71		
Refusal of HIV test in past 20 months				Lab Test HIV

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added ICD-9 code V72.42 to and expanded ICD-9 range to 640.*-649.* (vs. 640.*-648.*) for pregnancy definition.
2. Added CPT and ICD-9 procedure codes to abortion definition.
3. Added POV 042 to HIV Counseling/Patient Education definition when looking at patient education codes by diagnosis.
4. Added codes to HIV Test LOINC taxonomy.

Patient List Description

List of pregnant patients without documented HIV test or refusal in past 20 months.

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2007 Performance	74.0%
IHS FY 2006 Performance	65.0%
IHS FY 2005 Performance	54.0%
<i>HP2010 goal for measure 25-17 has not been developed</i>	<i>Developmental measure</i>
<i>IHS 2010 Goal</i>	<i>95.0%</i>

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 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2008 to Dec 31, 2008
 Previous Year Period: Jan 01, 2007 to Dec 31, 2007
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

Prenatal HIV Testing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV (GPRA)	29		36			34		
# w/HIV education	1	3.4	0	0.0	+3.4	0	0.0	+3.4
# w/HIV test (GPRA)	16	55.2	7	19.4	+35.7	0	0.0	+55.2
A. # refusals w/ % of total tests	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-85: Sample Report, Prenatal HIV Testing

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

Prenatal HIV Testing: List of pregnant patients without documented HIV test or refusal in past 20 months

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HELEN MARY DP	000001	COMMUNITY #1	F	29	PREG	EDUC: 12/11/08 042.-
PATIENT2,CECELIA	000002	COMMUNITY #1	F	37	PREG	
PATIENT15,BRENDA G	000015	COMMUNITY #2	F	18	PREG	
PATIENT16,ALYSHA	000016	COMMUNITY #2	F	20	PREG	

Figure 2-86: Sample Patient List, Prenatal HIV Testing

2.9.2 HIV Quality of Care

Denominator

All User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months.

Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving any test.

Logic Description

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

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042, 042.0-044.9 (old codes); V08; 795.71		
CD4	86359, 86360 86361		Yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		Yes	BGP HIV VIRAL LOAD TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added codes to HIV Viral Load LOINC taxonomy.
2. Made patient list available for this topic.

Patient List Description

List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

Measure Source

HP 2010 developmental measure 13-13a Viral Load Testing

Measure Long-term Targets

Measure	Target
<i>HP2010 goal for viral load testing (13-13a)</i>	<i>Developmental</i>
<i>HP2010 baseline for CD4 testing</i>	<i>Nearly 100%</i>

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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 %
User Pop Pts >13 w/ HIV Dx	1		1			2		
# w/CD4 only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/both	0	0.0	1	100.0	-100.0	2	100.0	-100.0
TOTAL # w/ any tests	0	0.0	1	100.0	-100.0	2	100.0	-100.0

Figure 2-87: Sample Report HIV Quality of Care

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease							
HIV Quality of Care: List of patients 13 and older diagnosed with HIV, with CD4 test, if any							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	

PATIENT1,MARY	000001	COMMUNITY #1	F	29			
PATIENT2,TANYA	000002	COMMUNITY #1	F	37			
PATIENT15,JOHN	000015	COMMUNITY #2	M	18			
PATIENT16,HAROLD	000016	COMMUNITY #2	M	20			

Figure 2-88: Sample Patient List, HIV Quality of Care

2.9.3 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 the Report Period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810	V POV: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Deleted codes from LOINC taxonomy.
2. Added codes to LOINC taxonomy.

Patient List Description

List of patients with documented Chlamydia screening, if any.

Measure Source

HP 2010 25-16a, annual screening for genital Chlamydia - females enrolled in commercial MCOs (aged 25 years and under); 25-16b, annual screening for genital Chlamydia - females enrolled in Medicaid MCOs (aged 25 years and under).

Measure Long-term Targets

HP 2010 Goal for both HP 2010 25-16a and 25-16b: 62%

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
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	151		135			128			
# w/Chlamydia Screen	52	34.4	49	36.3	-1.9	43	33.6	+0.8	
A. Female Active Clinical									
16-20	65		52			57			
# w/Chlamydia Screen	23	35.4	16	30.8	+4.6	23	40.4	-5.0	
B. Female Active Clinical									
21-25	86		83			71			
# w/Chlamydia Screen	29	33.7	33	39.8	-6.0	20	28.2	+5.6	
Female User Population									
16-25	278		248			237			
# w/Chlamydia Screen	68	24.5	58	23.4	+1.1	51	21.5	+2.9	
A. Female User Population									
16-20	138		115			118			
# w/Chlamydia Screen	31	22.5	19	16.5	+5.9	25	21.2	+1.3	
B. Female User Population									
21-25	140		133			119			
# w/Chlamydia Screen	37	26.4	39	29.3	-2.9	26	21.8	+4.6	

Figure 2-89: Sample Report Chlamydia Testing

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

Chlamydia Testing: List of patients with documented chlamydia screening, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANNE	000001	COMMUNITY #1	F	16	UP;AC	
PATIENT2,LISA MARIE	000002	COMMUNITY #1	F	16	UP;AC	
PATIENT3,CRYSTAL LEE	000003	COMMUNITY #1	F	17	UP;	
PATIENT4,DANIELLE	000004	COMMUNITY #1	F	18	UP;AC	lab test 04/04/08
PATIENT5,KELLYE	000005	COMMUNITY #1	F	19	UP;	
PATIENT6,RUBY	000006	COMMUNITY #1	F	19	UP;AC	lab test 08/11/08
PATIENT7,SANDRA KAY	000007	COMMUNITY #1	F	21	UP;AC	lab test 10/18/08

Figure 2-90: Sample Patient List, Chlamydia Testing

2.9.4 Sexually Transmitted Infection (STI) Screening (*new topic*)

Denominators

Screenings needed for incidents of *key sexually transmitted infections (STIs)* for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Broken down by gender.

Chlamydia screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Numerators

No denominator; count only. The total count of *Active Clinical patients* who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. The total count of separate *key STI incidents for Active Clinical patients* during the defined period. Broken down by gender.

No denominator; count only. Total count of *User Population patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. Total count only of *separate key STI incidents for User Population patients* during the defined period. Broken down by gender.

Total number of needed screenings performed or refused from one month prior to the date of relevant STI incident through two months after.

A: Number of documented screening refusals.

Number of *needed Chlamydia* screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A: Number of documented screening refusals.

Number of *needed Gonorrhea* screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A: Number of documented screening refusals.

Number of *needed HIV/AIDS* screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A: Number of documented screening refusals.

Number of *needed Syphilis* screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A: Number of documented screening refusals.

Logic Description

Key sexually transmitted infections (STIs) are Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STI diagnoses are defined with the following codes.

	ICD and Other Codes
Chlamydia	V POV: 077.98, 078.88, 079.88, 079.98, 099.41, 099.50-099.59
Gonorrhea	V POV: 098.0-098.89
HIV/AIDS	V POV: 042, 042.0-044.9, 79.71, V08
Syphilis	V POV: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI

<u>Visit</u>	<u>Total Incidents</u>
08/01/08: Patient screened for Chlamydia	0
08/08/08: Patient diagnosed with Chlamydia	1
10/15/08: Patient diagnosed with Chlamydia	2
10/25/08: Follow-up for Chlamydia	2
11/15/08: Patient diagnosed with Chlamydia	2
03/01/09: Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below.

<u>STI</u>	<u>Screenings Needed</u>
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

"Needed" screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e. contraindicated).

1. The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.
2. Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.
3. A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:

To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

Key STI screenings are defined with the following codes.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia	86631-86632, 87110, 87270, 87320, 87490-87492, 87810	POV: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX
Gonorrhea	87590-87592, 87850		Yes	BKM GONORRHEA TEST TAX
HIV/AIDS	86689, 86701-86703, 87390-87391, 87534-87539		Yes	BGP HIV TEST TAX
Syphilis	86592-86593, 86781, 87285		Yes	BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX
Refusal of any screening	Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period			

Logic Examples

Example of Patient with Single Diagnosis of Single STI

08/01/08: Patient screened for Chlamydia

08/08/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis

08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis

Result: Denominator: 3 screens needed, Numerator: 3 screens performed.

Example of Patient with Multiple Diagnoses of Single STI

08/01/08: Patient screened for Chlamydia

08/08/08: Patient diagnosed with Chlamydia (Incident #1) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis

08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis

12/01/08: Patient screened for Chlamydia

12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis

Result: Denominator: 6 screens needed (2 each of 3 types), Numerator: 3 screens performed (1 each of 3 types)

Example of Patient with Single Diagnosis of Multiple STIs

10/15/08: Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis

10/18/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis

10/20/08: Patient diagnosed with Syphilis - removes needed screen for Syphilis (see above)

Result: Denominator: 2 screens needed, Numerator: 2 screens performed prior to triggering diagnoses but within timeframe

Example of Patient with Multiple Diagnoses of Multiple STIs

06/15/04: Patient diagnosed with HIV/AIDS

08/01/08: Patient screened for Chlamydia and Gonorrhea

08/08/08: Patient diagnosed with Chlamydia and Gonorrhea (Incident #1) – 1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)

08/08/08: Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all

12/01/08: Patient screened for Chlamydia

12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 2 screens needed: Gonorrhea and Syphilis

12/10/08: Patient screened for Syphilis

Result: Denominator: 3 screens needed (2 Syphilis and 1 Gonorrhea), Numerator: 2 screens performed (2 Syphilis)

Patient List Description

List of patients diagnosed with one or more STIs during the defined time period with related screenings.

Measure Source

None.

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

Sexually Transmitted Infection (STI) Screening (con't)					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Active Clinical Pts w/ Key STI Dx	27	3	+24	2	+25
Male Active Clinical Pts w/ Key STI Dx	4	2	+2	2	+2
Female Active Clinical Pts w/ Key STI Dx	23	1	+22	0	+23
# Key STI Incidents for Active Clinical Pts	33	5	+28	7	+26
# Male AC Key STI Incidents	4	4	+0	7	-3
# Female AC Key STI Incidents	29	1	+28	0	+29
# Key STI Screens Needed for AC Pts	85	15		21	
# Needed Screens Performed/Refused	26 30.6	4 26.7	+3.9	6 28.6	+2.0
A. # Documented Refusals	1 1.2	0 0.0	+1.2	0 0.0	+1.2
# Key STI Screens Needed for Male AC Pts	12	12		21	
# Needed Screens Performed/Refused	2 16.7	4 33.3	-16.7	6 28.6	-11.9
A. # Documented Refusals	0 0.0	0 0.0	+0.0	0 0.0	+0.0
# Key STI Screens Needed for Female AC Pts	73	3		0	
# Needed Screens Performed/Refused	24 32.9	0 0.0	+32.9	0 0.0	+32.9
A. # Documented Refusals	1 1.4	0 0.0	+1.4	0 0.0	+1.4

Figure 2-91: Sample Report Sexually Transmitted Infection (STI) Screening

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

Sexually Transmitted Infection (STI) Screening: List of patients diagnosed with one or more STIs during the defined time period with related screenings.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DIANE	000001	COMMUNITY #1	F	15	UP 1) 08/28/08	POV: CHL 079.98; NUMERATOR: 1) GC-Y 08/20/08 Lab [GonoDNA]; HIV-N ; SYP-N ; ;
PATIENT2,LEIGHANN	000002	COMMUNITY #1	F	18	UP;AC 1) 10/26/08	POV: CHL 077.98; NUMERATOR: 1) GC-N ; HIV-N ; SYP-N ; ;
PATIENT3,WHITNEY	000003	COMMUNITY #1	F	25	UP;AC 1) 11/02/08	POV: SYP 094.1; NUMERATOR: 1) CHL-N ; GC-N ; HIV-N ; ;
PATIENT4, NANCY	000004	COMMUNITY #1	F	29	UP;AC 1) 10/26/08	POV: GC 098.89; NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ;
PATIENT5,JOHN	000005	COMMUNITY #1	M	40	UP;AC 1) 10/26/08	POV: HIV 042.; NUMERATOR: 1) CHL-N ; GC-N ; SYP-N ; ;
PATIENT6,NORMAN	000006	COMMUNITY #1	M	42	UP;AC 1) 02/01/08	POV: GC 098.89; 2) 10/01/08 POV: GC 098.89; NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ; 2) CHL-N ; HIV-N ; SYP-N ; ;

Figure 2-92: Sample Patient List, Sexually Transmitted Infection (STI) Screening

2.10 Other Clinical Measures Topics

2.10.1 Osteoporosis Management

Denominators

Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator

Patients treated or tested for osteoporosis after the fracture.

Logic Description

Age is calculated at the beginning of the Report Period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report Period and the first six months of the Report Period. If multiple fractures are present, only the first fracture will be used.

Index Episode Start Date definition: The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If

diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).
2. Patients with a fracture diagnosed at an outpatient visit, which also had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit, which also had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis Treatment and Testing definition: 1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or B) a BMD test within six months of the Index Episode Start Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

CRS uses the following codes to define fracture and BMD test.

	CPT Codes	ICD and Other Codes
Fracture Codes	21800-21825, 22305-22328, 22520, 22521, 22523, 22524, 23500-23515, 23570-23630, 23665-23680, 24500-24587, 24620, 24635, 24650-24685, 25500-25609, 25611 (old code), 25620 (old code), 25622-25652, 25680, 25685, 27193-27248, 27254, 27500-27514, 27520-27540, 27750-27828, S2360, S2362	V POV: 733.1*, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828* V Procedure: 79.01-79.03, 79.05-79.07, 79.11-79.13, 79.15-79.17, 79.21-79.23, 79.25-79.27, 79.31-79.33, 79.35-79.37, 79.61-79.63, 79.65-79.67, 81.65-81.66.
BMD Test Codes	77078, 76070 (old code), 77079, 76071 (old code), 77080, 76075 (old code), 77081, 76076 (old code), 77083, 76078 (old code), 76977, 78350, 78351, G0130	V POV: V82.81 V Procedure: 88.98

Treatment medication codes are defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are: Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, and Teriparatide.)

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added the following codes to fracture definition: CPTs 22520, 22521, 22523, 22524, 25606-25609, HCPCS S2360 and S2362, and ICD-9 procedure codes 81.65 and 81.66.
2. For fracture definition, added “(old code)” to CPT codes 25611 and 25620.
3. Removed the following codes from fracture definition 79.00, 79.09, 79.10, 79.19, 79.20, 79.29, 79.30, 79.39, 79.60, and 79.69.
4. For BMD test definition, added new CPT codes 77078-77081 and 77083, added HCPCS G0130, and added "(old code)" after codes 76070-76071, 76075-76076, and 76078.
5. Removed fluoride, vitamin D, and calcium products from list of osteoporosis treatments medications and replaced medication taxonomy with updated taxonomy.

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, 2008 to Dec 31, 2008								
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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		0			0		
# w/osteoporosis treatment								
or testing	3	37.5	0	0.0	+37.5	0	0.0	+37.5
Female User Pop Pts								
67 and older								
w/fracture	9		0			0		
# w/osteoporosis treatment								
or testing	4	44.4	0	0.0	+44.4	0	0.0	+44.4

Figure 2-93: Sample Report Osteoporosis Management

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

Osteoporosis Management: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ALWENA 01/01/08	000001	COMMUNITY #1	F	68	UP,AC Fracture: CPT: 22524 on	
PATIENT2,SYBIL 02/10/08 G0130 02/10/08	000002	COMMUNITY #1	F	69	UP,AC Fracture: CPT: 22524 on	
PATIENT3,ELIZABETH 01/15/08 G0130 01/31/08	000003	COMMUNITY #1	F	78	UP,AC Fracture: DX: 733.13 on	
PATIENT4,KATIE 01/31/08	000004	COMMUNITY #1	F	80	UP,AC Fracture: PROC: 81.66 on	
PATIENT5,LINDSAY 01/01/08	000005	COMMUNITY #1	F	81	UP,AC Fracture: CPT: S2362 on	
PATIENT6,ELIZABETH 02/01/08 77081 02/15/08	000006	COMMUNITY #1	F	86	UP Fracture: DX: 733.13 on	

Figure 2-94: Sample Patient List, Osteoporosis Management

2.10.2 Osteoporosis Screening in Women

Denominators

Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.

Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerators

Patients who had osteoporosis screening documented in the past two years, including documented refusals in past year.

- A. Patients with documented refusal in past year.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoporosis definition: No osteoporosis diagnosis ever (POV 733.*).

CRS uses the following codes to define osteoporosis screening.

	CPT Codes	ICD and Other Codes
Osteoporosis Screening (any test documented in the past 2 years or refusal in past year)	<p>Central DEXA: 77080, 76075 (old code)</p> <p>Peripheral DEXA: 77081, 76076 (old code)</p> <p>SEXA: G0130</p> <p>Central CT: 77078, 76070 (old code)</p> <p>Peripheral CT: 77079, 76071 (old code)</p> <p>US Bone Density: 76977</p>	<p>V Procedure: 88.98 (Quantitative CT)</p> <p>V POV: V82.81 Special screening for other conditions, Osteoporosis</p> <p>Refusal (in past year): CPT or V Radiology: Central DEXA: 77080 or 76075 (old code); Peripheral DEXA: 77081 or 76076 (old code); SEXA: G0130; Central CT: 77078 or 76070 (old code); Peripheral CT: 77079 or 76071 (old code); US Bone Density: 76977</p>

Key Logic Changes from CRS Version 7.0 Patch 2

1. For BMD test, added CPT codes 77078-77081 and added “(old code)” after old codes 76070-76071 and 76075-76076.
2. Added to BMD definition HCPCS G01030 for SEXA.

Patient List Description

List of female patients ages 65 and older with osteoporosis screening, if any.

Measure Long-term Target

IHS 2010 Goal: 20.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Osteoporosis Screening in Women (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE	%
Female Active Clinical									
Pts =>65	46		28				29		
# w/osteoporosis screening									
in past 2 years	6	13.0	0	0.0	+13.0	0	0.0	+13.0	
A. # Refusals w/ % of									
Total Screening	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female User Pop									
Pts =>65	108		74				79		
# w/osteoporosis screening									
in past 2 years	6	5.6	0	0.0	+5.6	0	0.0	+5.6	
A. # Refusals w/ % of									
Total Screening	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-95: Sample Report, Osteoporosis Screening in Women

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease									
Osteoporosis Screening in Women: List of female patients ages 65 and older									
with osteoporosis screening, if any.									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR			

PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC	77078	04/01/08		
PATIENT2,APRIL	000002	COMMUNITY #1	F	68	UP;AC	G0130	04/01/08		
PATIENT3,JACKIE	000003	COMMUNITY #1	F	69	UP;AC	G0130	08/21/08		
PATIENT4,PAULINE	000004	COMMUNITY #1	F	70	UP;AC				
PATIENT5,SHANNON	000005	COMMUNITY #1	F	72	UP;AC				
PATIENT6,TINA MARIE	000006	COMMUNITY #1	F	78	UP;AC	77081	04/15/03		

Figure 2-96: Sample Patient List, Osteoporosis Screening in Women

2.10.3 Rheumatoid Arthritis Medication Monitoring

Denominator

Active Clinical patients ages 16 and older diagnosed with *rheumatoid arthritis (RA)* prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.* prior to the Report Period, and at least two RA POVs during the Report Period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply \geq 348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator)

Report Period: Jan 1 – Dec 31, 2007

Medication Period: 465 days from end of Report Period (Dec 31, 2007): Sep 22, 2006 - Dec 31, 2007

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2006, Days Supply=90; 2nd Rx: Jan 1, 2007: Days Supply=90; 3rd Rx: Mar 15, 2007: Days Supply=90.

Total Days Supply=270. 270 is not $>$ 348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2007

Medication Period: 465 days from end of Report Period (Dec 31, 2007): Sep 22, 2006 - Dec 31, 2007

Medications Prescribed:

Sulfasalazine: 1st Rx: Sep 30, 2006, Days Supply=90; 2nd Rx: Dec 30, 2006, Days Supply=90; 3rd Rx: Mar 15, 2007: Days Supply=180.

Total Days Supply=360. 360 is $>$ 348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications Definition

1. Medications shown in table below. *Except* for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of ten days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2007, the March 7 test will not be counted since it was performed only six days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathioprine or Sulfasalazine	4 CBCs during the Report Period
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

2. NSAID Medications: All of the following medications must have Creatinine, Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celcoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.
3. Glucocorticoid Medications: Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone.

These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

Example of Patient Not Included in Numerator:

Medications Prescribed and Required Monitoring:

Gold, Oral, last Rx Jun 15, 2007. Requires CBC and Urine Protein within past 90 days of Report Period end date.

CBC performed on Dec 1, 2007, which is within past 90 days of Report Period end date of Dec 31, 2007. No Urine Protein performed during that period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2007. Requires LFT and CBC during Report Period.

Mycophenolate, last Rx Mar 10, 2007. Requires CBC within past 180 days from Report Period end date.

LFT and CBC performed during Report Period. CBC performed Nov 1, 2007, which is within past 180 days of Report Period end date of Dec 31, 2007. Patient is in numerator.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Glucose	82947, 82948, 82950, 82951, 82952, 82962	Yes	DM AUDIT GLUCOSE TESTS TAX
Potassium	84132	Yes	BGP POTASSIUM TESTS

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added code to ALT and AST taxonomies.
2. Added code to Creatinine LOINC taxonomy.
3. Added codes to Glucose LOINC taxonomy.

4. Added codes to Potassium LOINC taxonomy.

Patient List Description

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” The chronic medications and all lab tests the patient *did* have are displayed.

Measure Long-term Target: TBD

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Rheumatoid Arthritis Medication Monitoring (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>16								
w/RA DX and maintenance								
therapy RX								
	4		0			0		
# w/RA chronic med								
monitoring								
	2	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure 2-97: Sample Report, Rheumatoid Arthritis Medication Monitoring

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic								
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease								
Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and								
older prescribed maintenance therapy medication with monitoring lab								
tests, if any. The numerator values for patients who meet the measure								
are prefixed with YES: and patients who did not meet the measure are								
prefixed with NO:. The chronic medications and all lab tests the patient								
DID have are displayed.								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		

PATIENT1,RUTH	000001	COMMUNITY #1	F	64	;AC	YES: Has NSAID:		
CREAT: 10/21/08 CBC: 09/22/08 LFT: 05/21/08								
PATIENT2,SHANNON	000002	COMMUNITY #1	F	72	;AC	YES: Has		
Glucocorticoids: has Glucose								
PATIENT25,BOBBY LEE	000025	COMMUNITY #2	M	62	;AC	NO: Has NSAID: No		
CREAT								
PATIENT34,CATHERINE	000034	COMMUNITY #3	F	50	;AC	NO: Has		
Glucocorticoids: does not have Glucose								

Figure 2-98: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

2.10.4 Osteoarthritis Medication Monitoring

Denominator

Active Clinical patients ages 40 and older diagnosed with *osteoarthritis (OA)* prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report Period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply \Rightarrow 348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2008

Medication Period: 465 days from end of Report Period (Dec 31, 2008): Sep 22, 2007 - Dec 31, 2008

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2007, Days Supply=90; 2nd Rx: Jan 1, 2008: Days Supply=90; 3rd Rx: Mar 15, 2008: Days Supply=90.

Total Days Supply=270. 270 is not $>$ 348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2008

Medication Period: 465 days from end of Report Period (Dec 31, 2008): Sep 22, 2007 - Dec 31, 2008

Medication Prescribed:

Etodolac: 1st Rx: Sep 30, 2007, Days Supply=90; 2nd Rx: Dec 30, 2007, Days Supply=90; 3rd Rx: Mar 15, 2008: Days Supply=180.

Total Days Supply=360. 360 is $>$ 348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the

Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown below.

Maintenance Therapy Medications Defined with the Following NSAID Medications: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications, *except* aspirin, are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

Example of Patient Not Included in Numerator:

Medication Prescribed and Required Monitoring:

Diclofenac, last Rx Jun 15, 2008. Requires Creatinine, LFT and CBC during Report Period.

Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2008. Requires Creatinine, LFT and CBC during Report Period.

Creatinine, LFT, and CBC performed during Report Period.

Patient is in numerator.

	CPT Codes	LOINC Codes	Taxonomy
Serum Creatinine	82540, 82565-82575	Yes	DM AUDIT CREATININE TAX
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added code to ALT and AST taxonomies.
2. Added code to Creatinine LOINC taxonomy.

Patient List Description

List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. All lab tests the patient DID have are displayed.

Measure Long-term Target: TBD

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Osteoarthritis Medication Monitoring (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical Pts =>40								
w/OA DX and maintenance								
therapy RX	4		6			4		
# w/OA chronic								
med monitoring	2	50.0	3	50.0	+0.0	2	50.0	+0.0

Figure 2-99: Sample Report, Osteoarthritis Medication Monitoring

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

Osteoarthritis Medication Monitoring: List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with YES: and patients who did not meet the measure are prefixed with NO:. All lab tests the patient DID have are displayed.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RUTH	000001	COMMUNITY #1	F	64	;AC	459 days of nsaid YES:
CREAT: 10/21/08 CBC: 09/22/08 LFT: 05/21/08						
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	;AC	472 days of nsaid YES:
CREAT: 10/30/08 CBC: 08/06/08 LFT: 10/30/08						
PATIENT15,RAYMOND	000015	COMMUNITY #2	M	84	;AC	804 days of nsaid NO:
CREAT: 09/12/08						
PATIENT33,ROBERT LEE	000033	COMMUNITY #3	M	62	;AC	397 days of nsaid NO: CBC:
12/02/08 LFT: 08/06/08						

Total # of Patients on list: 4

Figure 2-100: Sample Patient List, Osteoarthritis Medication Monitoring

2.10.5 Asthma

Denominators

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

Numerators

Patients who have had two asthma-related visits during the Report Period, or categorized in ARS as persistent (also used as second denominator).

- A. 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 7.0 Patch 2

None

Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source

HP 2010 measure 24-2.

Measure Long-term Targets

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

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
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	1,396		1,142			1,099			
# w/asthma	34	2.4	33	2.9	-0.5	25	2.3	+0.2	
A. Under 5	9	26.5	13	39.4	-12.9	12	48.0	-21.5	
B. 5-64	22	64.7	19	57.6	+7.1	11	44.0	+20.7	
C. 65 and older	3	8.8	1	3.0	+5.8	2	8.0	+0.8	
# w/asthma	34		33			25			
# w/asthma hospitalization	0	0.0	1	3.0	-3.0	2	8.0	-8.0	
A. Under 5	0	0.0	0	0.0	+0.0	1	50.0	-50.0	
B. 5-64	0	0.0	1	100.0	-100.0	1	50.0	-50.0	
C. 65 and older	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-101: Sample Report, Asthma

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

Asthma: List of patients diagnosed with asthma and any asthma-related hospitalizations.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,GENEVA	000001	COMMUNITY #1	F	47	AC	09/10/08 493.90
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	AC	10/30/08 493.90
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	AC	05/21/08 493.92
PATIENT4,WILLIAM R	000004	COMMUNITY #1	M	7	AC	09/12/08 493.92
PATIENT5,ZACHARY	000005	COMMUNITY #1	M	11	AC	09/12/08 493.90
PATIENT42,JOSEPHINE	000042	COMMUNITY #2	F	4	AC	05/30/08 493.90

Figure 2-102: Sample Patient List, Asthma

2.10.6 Asthma Quality of Care

Denominators

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

User Population patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD). Broken down by age groups.

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 definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 506.4, 518.1, 518.2.

Chronic obstructive pulmonary disease (COPD) definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

- A) Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma)
 2. At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H

3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below)
4. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also meet criteria in 1-3 above or have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e. during the Report Period or within the year prior to the beginning of the Report Period.), *or...*

B) Categorized in the Asthma Register System (ARS) at *any* time before the end of the Report Period as Active patient with Severity 2, 3 or 4.

Dispensing event definition: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, Long-acting, inhaled beta-2 agonists, or Short-acting, inhaled beta-2 agonists.)

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 for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.

Key Logic Changes from CRS Version 7.0 Patch 2

1. Replaced all the medication taxonomies used in this topic with the updated HEDIS taxonomies.
2. Added ICD-9 493.2 to COPD definition.
3. Revised ICD-9 range from 506.* to 506.4 in COPD definition.

Patient List Description

List of asthmatic patients with primary asthma therapy medications, if any.

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Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Asthma Quality of Care (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 5-56 w/persistent asthma	8		6			4		
# w/asthma control medication	8	100.0	5	83.3	+16.7	3	75.0	+25.0
A. Active Clinical ages 5-9	4		2			1		
# w/asthma control medication	4	100.0	1	50.0	+50.0	1	100.0	+0.0
B. Active Clinical ages 10-17	2		2			1		
# w/asthma control medication	2	100.0	2	100.0	+0.0	0	0.0	+100.0
C. Active Clinical ages 18-56	2		2			2		
# w/asthma control medication	2	100.0	2	100.0	+0.0	2	100.0	+0.0
User Pop Pts 5-56 w/persistent asthma	8		6			4		
# w/asthma control medication	8	100.0	5	83.3	+16.7	3	75.0	+25.0
A. User Pop ages 5-9	4		2			1		
# w/asthma control medication	4	100.0	1	50.0	+50.0	1	100.0	+0.0
B. User Pop ages 10-17	2		2			1		
# w/asthma control medication	2	100.0	2	100.0	+0.0	0	0.0	+100.0
C. User Pop ages 18-56	2		2			2		
# w/asthma control medication	2	100.0	2	100.0	+0.0	2	100.0	+0.0

Figure 2-103: Sample Report, Asthma Quality of Care

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

Asthma Quality of Care: List of asthmatic patients with primary asthma therapy medications, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ZACHARY	7					
PATIENT12,TINA DANIELLE	000012	COMMUNITY #2	F	7	UP;AC 4	POVS AND 2 MEDS 4
medsMONTELUKAST NA 10MG TAB 03/20/08						
PATIENT13,THERESA LYNN	000013	COMMUNITY #2	F	23	UP;AC DX ON HOSP/OR ER ON	
09/26/07 4 POVS AND 2 MEDSFLUTICASONE PROPIONATE 110MCG INHALER 09/19/08						
PATIENT36,JULIE NICOLE	000036	COMMUNITY #3	F	29	UP;AC 4	POVS AND 2 MEDS 4 POVS
AND 2 MEDSFLUTICASONE PROPIONATE 110MCG INHALER 11/22/08						
PATIENT37,JANELLE MARIE	000037	COMMUNITY #3	F	37	UP;AC 4	POVS AND 2 MEDS 4 POVS
AND 2 MEDSFLUTICASONE PROPIONATE 110MCG INHALER 01/17/08						
PATIENT38,THOMAS ELLIS	000038	COMMUNITY #3	M	7	UP;AC 4	meds LEUKOTRIENE AND 1
DXMONTELUKAST NA 10MG TAB 11/06/08						

Figure 2-104: Sample Patient List, Asthma Quality of Care

2.10.7 Asthma and Inhaled Steroid Use

Denominators

Active Clinical patients ages one or older who are categorized in ARS as persistent or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

User Population patients ages one or older who are categorized in ARS as persistent or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

Numerators

Patients prescribed an inhaled corticosteroid during the Report Period.

Logic Description

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

Denominator Exclusion: Patients with intermittent asthma, defined as active in the Asthma Register System (ARS) and with a severity of 1 during the Report Period.

Asthma definition: CRS will first search the Asthma Register System (ARS) to see if the patient has persistent asthma, which is defined as active in the ARS and has a severity of 2, 3, or 4 during the Report Period. If the patient does not meet the criteria, then CRS will search for two asthma-related visits during the Report Period. Asthma-related visit defined as any primary or secondary POV of asthma 493.*.

NOTE: For facilities not using asthma staging (severity assessment) in the ARS, CRS will rely on visit criteria for this assessment. This will result in patients with intermittent asthma being included in the denominator. The Expert Guideline driven method for managing patients with asthma is by staging them in the ARS. Doing so will improve the accuracy of the information reported by CRS.

To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report Period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Mometasone (Asmanex), Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmecort), Fluticasone (Flovent).)

Key Logic Changes from CRS Version 7.0 Patch 2

1. Added exclusion logic to the denominator.
2. Revised denominator criteria to check first for persistent asthma in ARS and if the patient is not found in ARS, then to check for asthma-related visits.
3. Added Mometasone to the drug taxonomy.

Patient List Description

List of patients with asthma with inhaled corticosteroid prescription, if any.

Measure Source

HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

Measure Long-term Target

IHS 2010 Goal: 60.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2008 to Dec 31, 2008
 Previous Year Period: Jan 01, 2007 to Dec 31, 2007
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

Asthma and Inhaled Steroid Use (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Ages 1 and older with asthma	34		29			20		
# w/ Inhaled Steroid Rx	15	44.1	7	24.1	+20.0	2	10.0	+34.1
Active Clinical ages 1-4 with asthma	9		9			7		
# w/ Inhaled Steroid Rx	2	22.2	1	11.1	+11.1	1	14.3	+7.9
Active Clinical ages 5-19 with asthma	13		9			7		
# w/Inhaled Steroid Rx	7	53.8	3	33.3	+20.5	0	0.0	+53.8
Active Clinical ages 20-44 with asthma	4		7			4		
# w/ Inhaled Steroid Rx	3	75.0	2	28.6	+46.4	0	0.0	+75.0
Active Clinical ages 45-64 with asthma	5		3			0		
# w/ Inhaled Steroid Rx	3	60.0	1	33.3	+26.7	0	0.0	+60.0
Active Clinical ages 65 and older with asthma	3		1			2		
# w/ Inhaled Steroid Rx	0	0.0	0	0.0	+0.0	1	50.0	-50.0

Figure 2-105: Sample Report, Asthma and Inhaled Steroid Use

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

Asthma and Inhaled Steroid Use: List of patients with asthma with inhaled corticosteroid prescription, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,GENEVA PROPIONATE 110MCG INHALER on 05/30/08	000001	COMMUNITY #1	F	47	UP;AC	2 DXs FLUTICASONE
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	UP;AC	
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	UP;AC	
PATIENT4,WILLIAM	000004	COMMUNITY #1	M	7	UP;AC	
PATIENT5,ZACHARY LEE	000005	COMMUNITY #1	M	11	UP;AC	
PATIENT25,JOSEPHINE PROPIONATE 110MCG INHALER on 05/30/08	000025	COMMUNITY #2	F	4	UP;AC	2 DXs FLUTICASONE

Figure 2-106: Sample Patient List, Asthma and Inhaled Steroid Use

2.10.8 Chronic Kidney Disease Assessment

Denominators

Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.

User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerators

Patients with Estimated GFR.

- A. Patients with GFR less than (<) 60.
- B. Patients with normal GFR (i.e. >=60).

Logic Description

Age is calculated at beginning of the Report Period.

For the GFR <60 numerator, CRS will include GFR results containing a numeric value less than 60 or with a text value of "<60". For the normal GFR (>=60) numerator, CRS will include GFR results containing a numeric value equal to or greater than 60 or with a text value of ">60".

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 7.0 Patch 2

1. Revised logic to account for textual results of "<60" and ">60".
2. Added numerator for patients with normal GFR (≥ 60).
3. Added code to Creatinine LOINC taxonomy.
4. Added codes to Estimated GFR LOINC taxonomy.

Patient List Description

List of patients with Creatinine test, with GFR and value, if any.

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
JAW May 31, 2008 Page 208 *** IHS 2008 Selected Measures with Community Specified Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2008 to Dec 31, 2008 Previous Year Period: Jan 01, 2007 to Dec 31, 2007 Baseline Period: Jan 01, 2000 to Dec 31, 2000							

Chronic Kidney Disease Assessment (con't)							
Active Clinical Pts => 18 with Serum							
Creatinine test	269	257			221		
# w/Est GFR	182	67.7	0	0.0	+67.7	0	0.0
A. # w/ GFR <60	34	12.6	0	0.0	+12.6	0	0.0
B. # w/Normal GFR (>=60)	148	55.0	0	0.0	+55.0	0	0.0
User Pop Pts =>18 with Serum							
Creatinine	332	311			261		
# w/ Est GFR	217	65.4	0	0.0	+65.4	0	0.0
A. # w/GFR <60	37	11.1	0	0.0	+11.1	0	0.0
B. # w/Normal GFR (>=60)	179	53.9	0	0.0	+53.9	0	0.0

Figure 2-107: Sample Report, Chronic Kidney Disease Assessment

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

Chronic Kidney Disease Assessment: List of patients with Creatinine test,
 with GFR and value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERISA	000001	COMMUNITY #1	F	18	UP;AC	GFR: 07/09/08 >60
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	UP;AC	GFR: 02/28/08 <60
PATIENT3,HALEY DEBRA	000003	COMMUNITY #1	F	25	UP;AC	
PATIENT4,HELENE MARIE	000004	COMMUNITY #1	F	29	UP;AC	GFR: 08/16/08 78
PATIENT5,MARTHA	000005	COMMUNITY #1	F	30	UP;AC	GFR: 12/17/08 89
PATIENT6,PAULA KAYE	000006	COMMUNITY #1	F	34	UP;AC	
PATIENT7,KATHLEEN	000007	COMMUNITY #1	F	38	UP;AC	GFR: 12/09/08 85

Figure 2-108: Sample Patient List, Chronic Kidney Disease Assessment

2.10.9 Prediabetes/Metabolic Syndrome

Denominators

Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerators

Patients with Blood Pressure documented at least twice during the Report Period.

Patients with LDL completed, regardless of result, during the Report Period.

Patients with fasting glucose test, regardless of result, during the Report Period.

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

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

Patients for whom a BMI could be calculated, including refusals in the past year.

Patients who have received any lifestyle adaptation counseling, including medical nutrition 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 (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening).

Logic Description

Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, *or...*
2. One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:
 - BMI => 30 *or* Waist Circumference >40 inches for men or >35 inches for women
 - Triglyceride value >=150
 - HDL value <40 for men or <50 for women
 - Patient diagnosed with hypertension *or* mean Blood Pressure value => 130/85 where systolic is =>130 *or* diastolic is =>85
 - Fasting Glucose value =>100 *and* <126

Note: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

BMI definition: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

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

For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.

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

Nephropathy Assessment definition:

1. Estimated GFR with result during the Report Period *and* Quantitative Urinary Protein Assessment during the Report Period. **Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values, *or...*
2. End Stage Renal Disease diagnosis/treatment (see table for codes).

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

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride (requires a non-null, numeric result)			Yes	DM AUDIT TRIGLYCERIDE TAX
HDL (requires a non-null, numeric result)			Yes	DM AUDIT HDL TAX
Fasting Glucose- <i>Denominator Definition</i> (requires a non-null, numeric result)			Yes	DM AUDIT FASTING GLUCOSE TESTS
Fasting Glucose- <i>Numerator Definition</i>		V POV: 790.21	Yes	DM AUDIT FASTING GLUCOSE TESTS
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Estimated GFR			Yes	BGP GPRA ESTIMATED GFR TAX

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Quantitative Urinary Protein Assessment	82042, 82043, or 84156		Yes	BGP QUANT URINE PROTEIN
End Stage Renal Disease	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339	V POV: 585.5, 585.6, V42.0, V45.1, or V56.* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		
Tobacco Screening		Any health factor for category Tobacco V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 V CPT: 1034F, 1035F, or 1036F Patient education codes: containing "TO-" or "-TO" or "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 Dental code: 1320		
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	Provider codes: 07, 29, 97, 99 Clinic codes: 67 (dietary) or 36 (WIC)		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Nutrition Education		V POV: V65.3 dietary surveillance and counseling <i>OR</i> Patient education codes: ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)) or containing V65.3.		
Lifestyle Counseling - Exercise Education		V POV: V65.41 exercise counseling <i>OR</i> Patient education codes: ending “-EX” (exercise) or containing V65.41.		
Lifestyle Counseling - Related Exercise and Nutrition Counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity) or 278.00 or 278.01.		
Depression Screening		V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression) Refusals: Exam Code 36		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		<p>At least 2 visits in PCC or BHS during Report Period for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below).</p> <p>V POV: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311</p> <p>BHS POV: 14, 15</p>		

Key Logic Changes from CRS Version 7.0 Patch 2

1. Removed CPTs from HDL and Triglyceride definitions and required lab tests to have a non-null, numeric result since the logic was erroneously including patients with null results.
2. Split fasting glucose definition into two definitions (one for denominator and one for numerator), where the denominator does not include POV 790.21 and it requires a lab test to have a non-null, numeric result since the logic was erroneously including patients with null results.
3. Added CPT, HCPCS, ICD-9 diagnosis, and ICD-9 procedure codes to the definition of ESRD.
4. Added CPT codes to LDL definition.
5. Added code to LDL LOINC taxonomy.
6. Added CPT II codes to tobacco screening definition.
7. Added ICD-9 codes for patient education relating to nutrition, exercise, and obesity.
8. Added CPT II codes for BP documented definition.
9. Added codes to Estimated GFR, Fasting Glucose, HDL, Quantitative Urine Protein Assessment, and Triglyceride LOINC taxonomies.

Patient List Description

List of patients age 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. The denominator column displays the condition the patient met, either the diagnosis of 277.7 or the three conditions the patient met (e.g. BMI=35,TG=155,HDL=35).

Measure Source

“IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)”

Measure Long-term Target

Others TBD

Measure	Target
<i>IHS 2010 goal for patients with BP assessed</i>	95.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
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	47		40			29		
# w/ All screenings	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ BP documented	45	95.7	35	87.5	+8.2	27	93.1	+2.6
# w/LDL done	33	70.2	27	67.5	+2.7	18	62.1	+8.1
# w/ fasting								
glucose	0	0.0	1	2.5	-2.5	0	0.0	+0.0
# w/ est GFR &								
quant UP assmt or								
w/ ESRD	3	6.3	1	2.4	+3.8	0	0.0	+6.3
# w/Tobacco Screening								
w/in 1 yr	43	91.5	33	82.5	+9.0	21	72.4	+19.1
# w/BMI calculated								
or refusal	47	100.0	40	100.0	+0.0	29	100.0	+0.0
# w/lifestyle adaptation								
counseling	20	42.6	15	37.5	+5.1	8	27.6	+15.0
# w/Depression screening,								
DX, or refusal	6	12.8	1	2.5	+10.3	1	3.4	+9.3

Figure 2-109: Sample Report, Prediabetes/Metabolic Syndrome

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

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HALEY DEBRA	000001	COMMUNITY #1	F	25	UP;AC BMI=33.64; TRIG=271; HDL=45.4; HTN DX: 01/13/08;TOB SCR: 01/13/08;BMI: 33.64	
PATIENT2,CYNTHIA	000002	COMMUNITY #1	F	36	UP;AC BMI=38.08; TRIG=214; HDL= 2 BPs;LDL: 07/14/08 148;GFR: 07/14/08 & QUANT UP: QUANT UP-CPT-07/14/08;TOB SCR: 07/14/08;BMI: 38.08	
PATIENT3,ABIGAIL	000003	COMMUNITY #1	F	39	UP;AC TRIG=166; HDL=48.8; BP=131/80 2 BPs;LDL: 11/21/08 125;TOB SCR: 07/09/08;BMI: 28.35	
PATIENT4,ANNA LINDA	000004	COMMUNITY #1	F	44	UP BMI=34.97; TRIG=194; BP=149/84 2 BPs;TOB SCR: 05/14/08;BMI: 34.97;DEPR SCR: 2 dxs PCC:	
PATIENT5,DARLENE T	000005	COMMUNITY #1	F	54	UP;AC TRIG=182; HDL=; HTN DX: 10/16/08; BP=139/73 2 BPs;LDL: 10/16/08 180;TOB SCR: 10/16/08;BMI: 25.96;DEPR SCR: 2 dxs PCC:	

Figure 2-110: Sample Patient List, Prediabetes/Metabolic Syndrome

2.10.10 Medications Education

Denominators

Active Clinical patients with medications dispensed at their facility during the Report Period.

All User Population patients with medications dispensed at their facility during the Report Period.

Numerator

Patients who were provided patient education about their medications in any location.

Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

Note: If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerator:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication) <i>OR</i> DMC-IN (Diabetes Medicine - Insulin) FP-DPO (Family Planning – Depot Medroxyprogesterone Injections) FP-OC (Family Planning – Oral Contraceptives) FP-TD (Family Planning – Transdermal (Patch)) ASM-NEB (Asthma – Nebulizer) ASM-MDI (Asthma – Metered Dose Inhalers) PL-NEB (Pulmonary Disease – Nebulizer) PL-MDI (Pulmonary Disease – Metered Dose Inhalers)
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Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

List of patients receiving medications with med education, if any.

Measure Long-term Target

Measure	Target
<i>HP 2010 goal for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)</i>	95.0%

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*** IHS 2008 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2008 to Dec 31, 2008									
Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Medications Education (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts receiving medications	709		623			592			
# receiving medication educ	490	69.1	268	43.0	+26.1	81	13.7	+55.4	
User Pop Pts receiving medications	943		797			753			
# receiving medication educ	601	63.7	307	38.5	+25.2	87	11.6	+52.2	

Figure 2-111: Sample Report, Medications Education

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

Medications Education: List of patients receiving medications with med
 education, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, ANDREA MARY	000001	COMMUNITY #1	F	0	UP;AC	
PATIENT2, VIRGINIA A	000002	COMMUNITY #1	F	0	UP	08/06/08 HTN-M
PATIENT3, MICHAELA	000003	COMMUNITY #1	F	0	UP	10/10/08 M-I
PATIENT4, MISTY	000004	COMMUNITY #1	F	5	UP;AC	05/16/08 M-DI
PATIENT5, RITA ANN	000005	COMMUNITY #1	F	15	UP;AC	09/05/08 M-I
PATIENT6, DIANE LOUISE	000006	COMMUNITY #1	F	15	UP	08/21/08 M-I
PATIENT7, ALICIA	000007	COMMUNITY #1	F	15	UP;AC	
PATIENT8, ALYSHA	000008	COMMUNITY #1	F	16	UP;AC	
PATIENT9, SHELLY	000009	COMMUNITY #1	F	18	UP;AC	03/12/08 PP-M

Figure 2-112: Sample Patient List, Medications Education

2.10.11 Public Health Nursing

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 to User Population patients 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 to User Population patients 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 7.0 Patch 2

None

Patient List Description

List of patients with PHN visits documented.

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

Measure Past Performance and Long-term Targets

	All PHN visits	PHN Home Visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
<i>IHS 2010 Goal</i>	<i>None currently</i>	<i>None currently</i>

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

Public Health Nursing (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
All User Population patients	2,778		2,353			2,337			
# served by PHNs in any Setting	13	0.5	13	0.6	-0.1	13	0.6	-0.1	
# served by PHN drivers/interpreter - in any Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# served by PHNs in a Home Setting	3	0.1	3	0.1	-0.0	0	0.0	+0.1	
# served by PHN drivers/interpreters in Home Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Total # PHN Visits - Any Setting	18		16		+2	19		-1	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days - 12 months	1		3		-2	0		+1	
C. Ages 1-64 years	16		13		+3	19		-3	
D. Ages 65+	1		0		+1	0		+1	
E. Driver/Interpreter visits - any setting	0		0		+0	0		+0	
Total # PHN Visits - Home Setting	5		3		+2	0		+5	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days- 12 months	1		1		+0	0		+1	

Figure 2-113: Sample Report, Public Health Nursing

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

Public Health Nursing: List of patients with PHN visits documented

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HELENE MARIE	000001	COMMUNITY #1	F	29	UP	2 all PHN; 0 home; 0 driver all; 0 driver home
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	UP	3 all PHN; 3 home; 0 driver all; 0 driver home
PATIENT40,ERIKA SUE	000040	COMMUNITY #2	F	37	UP	1 all PHN; 0 home; 0 driver all; 0 driver home
PATIENT41,DANIEL RAY	000041	COMMUNITY #2	M	0	UP	1 all PHN; 1 home; 0 driver all; 0 driver home

Figure 2-114: Sample Patient List, Public Health Nursing

2.10.12 Breastfeeding Rates

Denominators

Active Clinical patients who are 45-394 days old.

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *two months* (45-89 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *six months* (165-209 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *one year* (350-394 days).

Numerators

Patients who were screened for infant feeding choice at least once.

Patients who were screened for infant feeding choice at the age of *two months* (45-89 days).

Patients were screened for infant feeding choice at the age of *six months* (165-209 days).

Patients who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Patients who were screened for infant feeding choice at the age of *one year* (350-394 days).

Patients who, at the age of *two months* (45-89 days), were either exclusively or mostly breastfed.

Patients who, at the age of *six months* (165-209 days), were either exclusively or mostly breastfed.

Patients who, at the age of *nine months* (255-299 days), were either exclusively or mostly breastfed.

Patients who, at the age of *one year* (350-394 days), were either exclusively or mostly breastfed.

Logic Description

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

Infant feeding choice definition: The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of two months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for six months, 270 days for nine months, and 365 days for one year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

Key Logic Changes from CRS Version 7.0 Patch 2

None.

Patient List Description

List of patients 45-394 days old, with infant feeding choice value, if any.

Note: "DO" represents "Days Old."
--

Measure Source

HP 2010, 16-19d Exclusive breastfeeding-through three months, 16-19e Exclusive breastfeeding-through six months.

Measure Long-term Targets

	Percent
<i>HP 2010 goal for breastfeeding through 3 months of age</i>	60.0%
<i>HP 2010 goal for breastfeeding through 6 months of age</i>	25.0%

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Report Period: Jan 01, 2008 to Dec 31, 2008								
Previous Year Period: Jan 01, 2007 to Dec 31, 2007								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Breastfeeding Rates (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 45-394 days	45		27			31		
# w/infant feeding choice screening	11	24.4	0	0.0	+24.4	1	3.2	+21.2
# w/screening @ 2 mos	4	8.9	0	0.0	+8.9	1	3.2	+5.7
# w/screening @ 6 mos	3	6.7	0	0.0	+6.7	0	0.0	+6.7
# w/screening @ 9 mos	4	8.9	0	0.0	+8.9	0	0.0	+8.9
# w/screening @ 1 yr	3	6.7	0	0.0	+6.7	0	0.0	+6.7
AC Pts 45-394 days screened @ 2 mos	4		0			1		
# @ 2 mos exclusive/ mostly breastfed	4	100.0	0	0.0	+100.0	1	100.0	+0.0
AC Pts 45-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/ mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7
AC Pts 45-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/ mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0

Figure 2-115: Sample Report, Breastfeeding Rates

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

Breastfeeding Rates: List of patients 45-394 days old, with infant feeding
 choice value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,AMANDA DEBRA	000001	COMMUNITY #1	F	0	AC	
PATIENT2,LEROY JAMES	000002	COMMUNITY #1	M	0	AC	scrn;9 MOS: MOSTLY
BREASTFEEDING-269 DO-10/29/08						
PATIENT3,TERRY SCOTT	000003	COMMUNITY #1	M	0	AC	
PATIENT4,ROBERT	000004	COMMUNITY #1	M	1	AC	scrn;2 MOS: EXCLUSIVE
BREASTFEEDING-48 DO-01/20/08;6 MOS: EXCLUSIVE						BREASTFEEDING-178 DO-05/30/08;9 MOS:
EXCLUSIVE BREASTFEEDING-276 DO-09/05/08;1 YR: MOSTLY						BREASTFEEDING-382 DO-12/20/08
PATIENT11,STEVEN CODY	000011	COMMUNITY #2	M	0	AC	scrn;6 MOS: EXCLUSIVE
BREASTFEEDING-187 DO-08/11/08						
PATIENT12,ANDREW THOMAS	000012	COMMUNITY #2	M	0	AC	scrn;9 MOS: MOSTLY
BREASTFEEDING-278 DO-10/16/08						
PATIENT13,ROBERT	000013	COMMUNITY #2	M	0	AC	
PATIENT14,RICHARD ABE	000014	COMMUNITY #2	M	0	AC	scrn;1 YR: FORMULA
ONLY-361 DO-02/05/08						
PATIENT15,JEFFREY LYLE	000015	COMMUNITY #2	M	0	AC	
PATIENT16,JASON EDWARD	000016	COMMUNITY #2	M	0	AC	scrn;1 YR: EXCLUSIVE
BREASTFEEDING-383 DO-11/05/08						

Figure 2-116: Sample Patient List, Breastfeeding Rates

2.10.13 Drugs to be Avoided in the Elderly

Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by gender.

Numerators

Patients who received at least one drug to be avoided in the elderly during the Report Period.

Patients who received at least two different drugs to be avoided in the elderly during the Report Period.

Logic Description

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

Medication definitions: Drugs to be avoided in the elderly (i.e. potentially harmful drugs) defined with medication taxonomies:

- BGP HEDIS ANTIANXIETY MEDS (Meprobamate [Equagesic, Equanil, Miltown])
- BGP HEDIS ANTIEMETIC MEDS (Trimethobenzamide [Tigan])
- BGP HEDIS ANALGESIC MEDS (Ketorolac [Toral])

- BGP HEDIS ANTIHISTAMINE MEDS (Cyproheptadine [Periactin], Dexchlorpheniramine [Polaramine], Diphenhydramine [Benadryl], Ephedrine, Hydroxyzine [Vistaril, Atarax], Promethazine [Phenergan], Theophylline, Tripeleennamine)
- BGP HEDIS ANTIPSYCHOTIC MEDS (Thioridazine [Mellaril])
- BGP HEDIS AMPHETAMINE MEDS (Amphetamine Mixtures [Adderall], Benzphetamine [Didrex], Dextroamphetamine [Dexedrine], Dexmethylphenidate, Diethylpropion [Tenuate], Methamphetamine [Desoxyn], Methylphenidate [e.g. Ritalin, Methylin], Phendimetrazine [Prelu-2], Phenteramine [Ionamin, Adipex])
- BGP HEDIS BARBITURATE MEDS (Amobarbital/Secobarbital [Tuinal], Amytal, Aprobarbital [Alurate], Butobarbital [Butisol], Mephobarbital [Mebaral], Pentobarbital [Nembutal], Phenobarbital, Secobarbital [Seconal])
- BGP HEDIS BENZODIAZEPINE MEDS (Chlordiazepoxide [Librium], Chlordiazepoxide/Amitriptyline [Limbitrol], Diazepam [Valium], Flurazepam [Dalmane])
- BGP HEDIS OTHER BENZODIAZEPINE (Clidinium/Chlordiazepoxide [Librax])
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine [Procardia, Adalat] - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine [Bentyl], Propantheline [Pro-Banthine])
- BGP HEDIS BELLADONNA ALKA MEDS (Atropine sulfate, Belladonna, Hyoscyamine [Anaspaz, Cystospaz, Levsin, Levsinex], In combination [Barbidonna, Bellergal-S, Butibel, Donnatal], Scopolamine [Scopace, Transderm-Scope])
- BGP HEDIS SKL MUSCLE RELAX MED (Carisoprodol [Soma], Chlorzoxazone [Paraflex], Cyclobenzaprine [Flexeril], Metaxalone [Skelaxin], Methocarbamol [Robaxin], Orphenadrine [Norflex])
- BGP HEDIS ORAL ESTROGEN MEDS (Estradiol, Ethinyl estradiol, Premarin, Ogen, Menest)
- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide [Diabinese])
- BGP HEDIS NARCOTIC MEDS (Meperidine, Pentazocine [Talacen, Talwin, Talwin Cpd, Talwin NX], Propoxyphene combinations [Darvon CPD, Darvon N, Darvocet-N], Propoxyphene [Darvon])

- BGP HEDIS VASODILATOR MEDS (Dipyridamole [Persantine] short acting only, Ergot mesyloids [Jydergine], Isoxsuprine [Vasodilan])
- BGP HEDIS OTHER MEDS AVOID ELD (Atropine injectable, Cyclandelate, Desiccated thyroid, Diazepam injectable, Dicyclomine injectable, Diphenhydramine injectable, Dipyridamole injectable, Hydroxyzine injectable, Ketorolac injectable, Meperidine injectable, Methocarbamol injectable, Mesoridazine, Methyltestosterone [Android, Virilon, Testrad], Nitrofurantoin [Macrochantin], Orphenadrine injectable, Pemoline, Pentazocine, Pentobarbital, Promethazine, Premarin injectable, Rectal Diastat, Scopolamine injectable, patches, Trimethobenzamide).

For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Key Logic Changes from CRS Version 7.0 Patch 2

1. Replaced medication taxonomies, which included the following changes:
 - a. BGP HEDIS ANTIHISTAMINE MEDS: Added Ephedrine and Theophylline.
 - b. BGP HEDIS AMPHETAMINE MEDS: Added Dexmethylphenidate and deleted Pemoline (Cyclert).
 - c. BGP HEDIS BARBITURATE MEDS: Added Amytal.
 - d. BGP HEDIS ORAL ESTROGEN MEDS: Added Estradiol, and Ethinyl estradiol.
 - e. BGP HEDIS VASODILATOR MEDS: Deleted Cyclandelate (Cyclospasmol).
 - f. BGP HEDIS OTHER MEDS AVOID ELD: Added Atropine injectable, Cyclandelate, Diazepam injectable, Dicyclomine injectable, Diphenhydramine injectable, Dipyridamole injectable, Hydroxyzine injectable, Ketorolac injectable, Meperidine injectable, Mesoridazine, Methocarbamol injectable, Orphenadrine injectable, Pemoline, Pentazocine, Pentobarbital, Promethazine, Premarin injectable, Rectal Diastat, Scopolamine injectable, patches, and Trimethobenzamide.
2. Also replaced the following taxonomies, which had drugs removed from the list:
 - a. BGP HEDIS ANTIANXIETY MEDS
 - b. BGP HEDIS ANTIEMETIC MEDS
 - c. BGP HEDIS ANALGESIC MEDS
 - d. BGP HEDIS ANTIPSYCHOTIC MEDS

- e. BGP HEDIS BENZODIAZEPINE MEDS
- f. BGP HEDIS OTHER BENZODIAZEPINE
- g. BGP HEDIS CALCIUM CHANNEL MEDS
- h. BGP HEDIS GASTRO ANTISPASM MED
- i. BGP HEDIS BELLADONNA ALKA MEDS
- j. BGP HEDIS SKL MUSCLE RELAX MED
- k. BGP HEDIS ORAL HYPOGLYCEMIC RX
- l. BGP HEDIS NARCOTIC MEDS

Patient List Description

List of patients 65 and older with at least one prescription for a potentially harmful drug.

Measure Source: HEDIS

Measure Long-term Target: TBD

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

Drugs to be Avoided in the Elderly (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE	%
Active Clinical Pts =>65	104		63			65			
# w/exposure to at least 1 harmful drug	22	21.2	14	22.2	-1.1	19	29.2	-8.1	
# w/exposure to multiple harmful drugs	9	8.7	2	3.2	+5.5	9	13.8	-5.2	
Male Active Clinical =>65	50		28			27			
# w/exposure to at least 1 harmful drug	10	20.0	5	17.9	+2.1	7	25.9	-5.9	
# w/exposure to multiple harmful drugs	3	6.0	1	3.6	+2.4	2	7.4	-1.4	
Female Active Clinical =>65	54		35			38			
# w/exposure to at least 1 harmful drug	12	22.2	9	25.7	-3.5	12	31.6	-9.4	
# w/exposure to multiple harmful drugs	6	11.1	1	2.9	+8.3	7	18.4	-7.3	
User Pop Pts =>65	217		144			142			
# w/exposure to at least 1 harmful drug	24	11.1	15	10.4	+0.6	19	13.4	-2.3	
# w/exposure to multiple harmful drugs	9	4.1	3	2.1	+2.1	9	6.3	-2.2	

Figure 2-117: Sample Report, Drugs to be Avoided in the Elderly

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

Drugs to be Avoided in the Elderly: List of patients 65 and older with at least one prescription for a potentially harmful drug.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, JONELLE	000001	COMMUNITY #1	F	69	UP;AC	2 drugs: ESTERIFIED ESTROGENS 0.625MG TAB-08/04/08(ORAL ESTROGEN); PROPOXYPHENE-N 100MG/APAP 650MG TAB-08/04/08(NARCOTIC)
PATIENT2, PAULINE	000002	COMMUNITY #1	F	70	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-12/17/08(SKL MUSCLE)
PATIENT3, NADINE	000003	COMMUNITY #1	F	82	UP;AC	2 drugs: DIAZEPAM 5MG TAB-09/25/08(BENZODIAZEPINE); PROPOXYPHENE-N 100MG/APAP 650MG TAB-09/25/08(NARCOTIC)
PATIENT4, JESSE NATHAN	000004	COMMUNITY #1	M	77	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-08/27/08(SKL MUSCLE)

Figure 2-118: Sample Patient List, Drugs to be Avoided in the Elderly

2.10.14 Functional Status Assessment in Elders

Denominator

Active Clinical patients ages 55 and older, broken down by gender.

Numerator

Patients screened for functional status at any time during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Functional status screening definition: Any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

Key Logic Changes from CRS Version 7.0 Patch 2

None

Patient List Description

List of patients =>55 with functional status codes, if any. The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances

- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS – Transportation

Measure Long-term Target: TBD

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Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Functional Status Assessment in Elders (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts =>55	237		154			125			
# w/functional status screening	2	0.8	0	0.0	+0.8	0	0.0	+0.8	
Male Active Clinical =>55	118		71			58			
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8	
Female Active Clinical =>55	119		83			67			
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8	

Figure 2-119: Sample Report, Functional Status Assessment in Elders

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

Functional Status Assessment in Elders: List of patients =>55 with functional status codes, if any.

The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS - Transportation

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, GLENDA JOYCE	000001	COMMUNITY #1	F	57	AC	NO:
PATIENT2, NADINE	000002	COMMUNITY #1	F	61	AC	NO:
PATIENT3, CHARLOTTE MAE	000003	COMMUNITY #1	F	64	AC	YES: 02/24/08:
BATH; CONT; COOK; DRES; FEED; FIN; HSWK; MEDS; SHOP; TLT; TRNS; XFER						
PATIENT4, KATHERINE ANN	000004	COMMUNITY #1	F	66	AC	YES: 07/11/08:
BATH; FIN						
PATIENT5, ANNA MARIE	000005	COMMUNITY #1	F	66	AC	NO:
PATIENT6, DIANA	000006	COMMUNITY #1	F	67	AC	NO:
PATIENT7, PEGGY ANN	000007	COMMUNITY #1	F	70	AC	NO: 05/20/08: FIN

Figure 2-120: Sample Patient List, Functional Status Assessment in Elders

2.10.15 Fall Risk Assessment in Elders

Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by age groups.

Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals:

- A. Patients who have been screened for fall risk in the past year
Patients with a documented history of falling in the past year
- B. Patients with a fall-related injury diagnosis in the past year
- C. Patients with abnormality of gait/balance or mobility diagnosis in the past year
- D. Patients with a documented refusal of fall risk screening exam in the past year

Logic Description

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

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

	ICD and Other Codes	Exam Code	E Codes (Injury)
Fall Risk Exam		V Exam: 37 (Fall Risk)	
History of Falling	V POV: V15.88 (Personal History of Fall)		
Fall-related Injury			V POV (Cause Codes #1-3): E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*
Abnormality of Gait/Balance or Mobility	V POV: 781.2, 781.3, 719.7, 719.70 (old code), 719.75-719.77 (old codes), 438.84, 333.99, 443.9		
Refusal		V Exam: 37 (Fall Risk)	

Key Logic Changes from CRS Version 7.0 Patch 2

Added "(old code)" to codes 719.70 and 719.75-719.77.

Patient List Description

List of patients 65 years or older with fall risk assessment, if any.

Measure Source

HP 2010 15-28 Reduce hip fractures among older adults

Measure Long-term Target

IHS 2010 Goal: 50.0%

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Previous Year Period: Jan 01, 2007 to Dec 31, 2007									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Fall Risk Assessment in Elders (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE	%
Active Clinical Pts									
65+	104		63			65			
# w/ fall risk									
screen/Dx/refusal	11	10.6	8	12.7	-2.1	8	12.3	-1.7	
A. # w/ fall risk									
screen	1	1.0	0	0.0	+1.0	0	0.0	+1.0	
B. # w/ history									
of fall	1	1.0	0	0.0	+1.0	0	0.0	+1.0	
C. # w/ fall injury	2	1.9	1	1.6	+0.3	3	4.6	-2.7	
D. # w/ abnormal									
gait	6	5.8	7	11.1	-5.3	5	7.7	-1.9	
E. # w/ refusal	1	1.0	0	0.0	+1.0	0	0.0	+1.0	
Male Active Clinical									
65+	50		28			27			
# w/ fall risk									
screen/Dx/refusal	5	10.0	3	10.7	-0.7	2	7.4	+2.6	
A. # w/ fall risk									
screen	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ history									
of fall	1	2.0	0	0.0	+2.0	0	0.0	+2.0	
C. # w/ fall injury	0	0.0	0	0.0	+0.0	1	3.7	-3.7	
D. # w/ abnormal									
gait	3	6.0	3	10.7	-4.7	1	3.7	+2.3	
E. # w/ refusal	1	2.0	0	0.0	+2.0	0	0.0	+2.0	
Female Active Clinical									
65+	54		35			38			
# w/ fall risk									
screen/Dx/refusal	6	11.1	5	14.3	-3.2	6	15.8	-4.7	
A. # w/ fall risk									
screen	1	1.9	0	0.0	+1.9	0	0.0	+1.9	
B. # w/ history									
of fall	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/ fall injury	2	3.7	1	2.9	+0.8	2	5.3	-1.6	
D. # w/ abnormal									
gait	3	5.6	4	11.4	-5.9	4	10.5	-5.0	
E. # w/ refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-121: Sample Report, Fall Risk Assessment in Elders

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

Fall Risk Assessment in Elders: List of patients 65 years or older with fall risk assessment, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC	
PATIENT2,LORETTA LYNN	000002	COMMUNITY #1	F	78	UP	
PATIENT17,NICOLE 333.99-07/01/08	000017	COMMUNITY #2	F	71	UP;AC	Abnormal Gait:
PATIENT18,VERONICA	000018	COMMUNITY #2	F	72	UP;AC	exam 37-12/01/08
PATIENT19,STEPHANIE 11/10/08	000019	COMMUNITY #2	F	76	UP;AC	Fall Injury: E883.9-
PATIENT87,MICHAEL JOHN V15.88-07/25/08	000087	COMMUNITY #3	M	81	UP;AC	Hx of Fall DX:
PATIENT88,KENNETH RAY	000088	COMMUNITY #3	M	85	UP;AC	ref exam 37-11/16/08

Figure 2-122: Sample Patient List, Fall Risk Assessment in Elders

2.10.16 Palliative Care (*new topic*)

Denominators

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

Numerators

The total number of Active Clinical patients with at least one palliative care visit during the Report Period. Broken down by age groups: <18, 18-54, >55.

The total number of palliative care visits for Active Clinical patients during the Report Period. Broken down by age groups: <18, 18-54, >55.

Logic Description

Age is calculated at the beginning of the Report Period.

Palliative care visit definition: POV V66.7.

Patient List Description

List of patients with a palliative care visit.

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*** IHS 2008 Selected Measures with Community Specified Report ***					
DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2008 to Dec 31, 2008					
Previous Year Period: Jan 01, 2007 to Dec 31, 2007					
Baseline Period: Jan 01, 2000 to Dec 31, 2000					

Palliative Care					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/At Least 1 Palliative Care Visit	14	0	+14	0	+14
A. Total # of Patients <18 w/At Least 1 Palliative Care Visit	0	0	+0	0	+0
B. Total # of Patients 18-54 w/At Least 1 Palliative Care Visit	9	0	+9	0	+9
C. Total # of Patients 55+ w/At Least 1 Palliative Care Visit	5	0	+5	0	+5
Total # of Palliative Care Visits	15	0	+15	0	+15
A. Total # of Palliative Care Visits-Pts <18	0	0	+0	0	+0
B. Total # of Palliative Care Visits-Pts 18-54	9	0	+9	0	+9
C. Total # of Palliative Care Visits-Pts 55+	6	0	+6	0	+6

Figure 2-123: Sample Report, Palliative Care

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

Palliative Care: List of patients with a palliative care visit.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,JOHN	900094	BRAGGS	M	57	AC	1 visit: 05/01/08
PATIENT2,ROBERT	900185	BRAGGS	M	59	AC	1 visit: 06/01/08
PATIENT3,JAMES	900176	BRAGGS	M	67	AC	1 visit: 05/31/08
PATIENT4,TONYA	110295	BROKEN ARROW	F	78	AC	1 visit: 06/01/08
PATIENT5,RITA ANN	107987	BROKEN ARROW	F	96	AC	2 visits: 06/01/08; 06/07/08

Figure 2-124: Sample Patient List, Palliative Care

3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT User Support (IHS) by:

Phone: (505) 248-4371 or
(888) 830-7280

Fax: 505-248-4297

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

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