

8.0 Indicator Logic

This section provides the following information for each indicator topic:

- GPRA indicator description from the IHS Annual Performance Report to Congress;
- Definitions of all denominators and numerators for each indicator topic;
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for.
- Key changes to logic from previous year, if any.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- Patient list example.

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

8.1 Indicator Logic Basics

8.1.1 Logic Example

The GPRA indicator example used in above was Women’s Health: Pap Smear Rates: maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2003 levels.

For GPRA+, the GPRA indicator definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 18 through 64, excluding those with documented history of hysterectomy. (The clinical *owner* of the indicator has determined based on current medical guidelines that “eligible” women are defined as ages 18-64.)
- Numerator (those from the denominator who meet the criteria for the indicator): patients with documented pap smear or refusal in past three years; displays refusals separately.

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

Begin with the Active Clinical population definition (see section 3.4.3 above) and find the subset of females aged 21 through 64 on the beginning day of the Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back three (3) years for a test when a patient who is currently 21 would have been 18);

- Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes V45.77, 68.3-68.7 or 68.9 any time before the end of the Report period.
- For this denominator, check for a pap smear in the following order:
 - 1) V Lab is checked for a lab test called PAP SMEAR and for any site-defined pap smear lab test documented in the BGP PAP SMEAR TAX.
 - 2) Purpose of Visit is checked for a Diagnosis of V76.2-SCREEN MAL NEOP-CERVIX or V72.3 - GYNECOLOGIC EXAMINATION.
 - 3) V Procedures is checked for a procedure of 91.46.
 - 4) V CPT is checked for the following CPT codes: a) 88141-88150; b) 88152-88158; c) 88164-88167.
 - 5) The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear.
 - 6) V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see *GPRA+ Technical Manual Appendix A* for specific codes).
 - 7) Refusals is checked for exam codes 15 (pelvic) or Lab Test Pap Smear.

For a detailed description of the logic for each indicator included in GPRA+, see section 8.0 Indicator Logic.

8.1.2 GPRA+ Denominator Definitions

The denominator is the total population that is being reviewed for a specific indicator. The Active Clinical population is the denominator definition used for most GPRA indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. Prior to FY 2003, the standard IHS User Population denominator definition was used (see below).

Active Clinical population is defined as:

- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native. This data item is entered and updated during the patient registration process.
- Must reside in a community specified in the community taxonomy specified by the user.
- Must be alive during the entire time frame.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

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

The second visit can be EITHER to one of the core medical clinics listed above OR to one of the following additional medical clinics:

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

IHS User Population is defined as:

- First three definitions from Active Clinical population above, and
- Must have been seen at least once in the 3 years prior to the end of the time period, regardless of the clinic type.

8.1.3 Age Ranges

For the purposes of GPRA+ 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.

8.1.4 Standard Health Care Codes

8.1.4.1 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. GPRA+ searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

8.1.4.2 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. GPRA+ searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

8.1.4.3 LOINC

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

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; by the end of FY 2003, over 25 sites had converted to LOINC codes for their lab tests. GPRA+ software began to incorporate LOINC codes into its logic for the new indicators included in version 2.1. For version 3.0, LOINC taxonomies have been included for all appropriate indicators.

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

See GPRA+ Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

8.2 Diabetes Related Indicator Topics

8.2.1 Diabetes Prevalence

GPRA Indicator Description: During FY 2004, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Denominator: All GPRA 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).

Numerator(s): 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 in *the year prior* to the end of the Report period.

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

Key Logic Changes: None.

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

XYZ		Jan 06, 2004						Page 1	
*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Oct 01, 2002 to Sep 30, 2003									
Previous Year Period: Oct 01, 2001 to Sep 30, 2002									
Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Diabetes Prevalence									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# User pop	8,626		8,509			8,378			
# w/ any DM DX	1,118	13.0	1,020	12.0	+1.0	947	11.3	+1.7	
# w/ DM DX w/in past year	815	9.4	736	8.6	+0.8	656	7.8	+1.6	
# Male User pop	3,684		3,630			3,574			
# w/ any DM DX	403	10.9	373	10.3	+0.7	333	9.3	+1.6	
# w/DM DX w/in past year	285	7.7	274	7.5	+0.2	232	6.5	+1.2	
# Female User pop	4,942		4,879			4,804			
# w/ any DM DX	715	14.5	647	13.3	+1.2	614	12.8	+1.7	
# w/ DM DX w/in past year	530	10.7	462	9.5	+1.3	424	8.8	+1.9	

Figure 8-1: Sample Summary Report, Diabetes Prevalence Indicator Topic

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	2,861	869	964	1,502	1,151	704	349	226
# w/ DM DX ever	15	22	58	151	277	277	189	129
% w/ DM DX ever	0.5	2.5	6.0	10.1	24.1	39.3	54.2	57.1
# w/DM DX in past yr	6	13	31	112	173	218	161	101
% w/DM DX in past yr	0.2	1.5	3.2	7.5	15.0	31.0	46.1	44.7
PREVIOUS YEAR PERIOD								
Total # User Pop	2,865	879	969	1,469	1,127	673	330	197
# w/ DM DX ever	15	17	48	139	258	264	167	112
% w/ DM DX ever	0.5	1.9	5.0	9.5	22.9	39.2	50.6	56.9
# w/DM DX in past yr	7	11	30	88	179	207	133	81
% w/DM DX in past yr	0.2	1.3	3.1	6.0	15.9	30.8	40.3	41.1
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	+0.6	+1.1	+0.6	+1.2	+0.1	+3.5	+0.2
w/DM DX in past yr	-0.0	+0.2	+0.1	+1.5	-0.9	+0.2	+5.8	+3.6
BASELINE REPORT PERIOD								
Total # User Pop	2,878	849	958	1,476	1,071	647	304	195
# w/ DM DX ever	12	16	40	140	245	239	147	108
% w/ DM DX ever	0.4	1.9	4.2	9.5	22.9	36.9	48.4	55.4
# w/DM DX in past yr	6	11	23	89	160	181	114	72
% w/DM DX in past yr	0.2	1.3	2.4	6.0	14.9	28.0	37.5	36.9
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.1	+0.6	+1.8	+0.6	+1.2	+2.4	+5.8	+1.7
w/DM DX in past yr	+0.0	+0.2	+0.8	+1.4	+0.1	+3.0	+8.6	+7.8

Figure 8-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
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*** IHS FY04 Clinical Performance Indicator Patient List ***
      DEMO SITE
      Reporting Period: Oct 01, 2002 to Sep 30, 2003
      Random Patient List

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Diabetes Prevalence

DM Prevalence: All Diabetic Patients with most recent Diagnosis

PATIENT NAME      HRN      COMMUNITY      SEX AGE      VALUE
-----
PATIENT,SOPHIA    000000  COMMUNITY #2   F   44   09/19/01  250.02
PATIENT,BERTHA    111111  COMMUNITY #2   F   50   05/23/01  250.00
PATIENT,RAY       222222  COMMUNITY #2   M   61   09/13/01  250.00
PATIENT,JOSHUA    333333  COMMUNITY #3   M   82   07/11/00  250.00
    
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Figure 8-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

8.2.2 Diabetes: Glycemic Control

GPRA Indicator Description: During FY 2004, establish the baseline of patients with diagnosed diabetes that have poor glycemic control (defined as greater than (>) 9.5).

GPRA Indicator Description: During FY 2004, increase the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as less than (<) 7).

Denominators: All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-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 at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Numerators:

GPRA Numerator: Number of patients with a Hemoglobin A1c documented in year prior to the end of Current Report period, regardless of result.

Very Poor Control. Patients with HbA1c equal to or greater than (=>) 12.

Poor Control. Patients with HbA1c greater than (>) 9.5 or less than (<) 12.

GPRA Numerator: Total of Poor and Very Poor Control, patients with HbA1c greater than (>) 9.5).

Fair Control. Patients with HbA1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control. Patients with HbA1c equal to or greater than (=>) 7 and less than (<) 8.

GPRA Numerator: Ideal Control. Patients with HbA1c less than (<) 7.

Without Result. Patients with HbA1c documented but no value.

Logic Description: GPRA+ searches RPMS for the most recent Hemoglobin A1c test in the year prior to the end of the Report period. For Active Adult Diabetic

denominator, “primary clinic” is defined by the Diabetes Program as the following clinic codes: 01 General; 06 Diabetic; 13 Internal Medicine; 20 Pediatrics; 24 Well Child; or 28 Family Practice.

GPRA+ uses the following definitions:

	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
HgbA1C	83036	yes	DM AUDIT HGB A1C TAX

Key Logic Changes: Uses HbA1c tests only, not glucose. Definition of Ideal control has changed to less than (<) 7 from less than or equal to (<=) 7. Added Poor Control as a GPRA indicator.

Patient List Description: A list of all diabetic patients, with their denominator identifier. The date of the Hemoglobin A1c and its value, if any.

Indicator Source: IHS Diabetes Standards of Care.

GPRA Indicator Past Performance and Targets:

Hemoglobin A1c Documented:

IHS FY 2002 Performance	73%
IHS FY 2003 Performance	75%
HP 2010 Goal	50%

Poor Glycemic control:

IHS FY 2002 Performance	18%
IHS FY 2003 Performance	17%

Good Glycemic control:

IHS FY 2002 Performance	25%
IHS FY 2003 Performance	28%
IHS 2010 Goal	40%

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*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Oct 01, 2002 to Sep 30, 2003									
Previous Year Period: Oct 01, 2001 to Sep 30, 2002									
Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Diabetes: Glycemic Control									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop w/ DM DX									
> 1 yr prior to									
report end date	981		919			833			
# w/HgbA1c done w/									
or w/o result	633	64.5	617	67.1	-2.6	517	62.1	+2.5	
# w/HgbA1c =>12	23	2.3	35	3.8	-1.5	72	8.6	-6.3	
# w/HgbA1c >9.5									
and < 12	118	12.0	123	13.4	-1.4	137	16.4	-4.4	
# w/HgbA1c => 8									
& =< 9.5	139	14.2	128	13.9	+0.2	91	10.9	+3.2	
# w/HgbA1c=>7									
& < 8	127	12.9	94	10.2	+2.7	82	9.8	+3.1	
# w/HgbA1c < 7	226	23.0	236	25.7	-2.6	135	16.2	+6.8	
# w/HgbA1c									
w/o Result	0	0.0	1	0.1	-0.1	0	0.0	+0.0	
Active Diabetic Pts									
(GPRA Denominator)	645		607			545			
# w/HgbA1c done w/									
or w/o result									
(GPRA)	582	90.2	555	91.4	-1.2	490	89.9	+0.3	
# w/HgbA1c =>12									
(GPRA)	21	3.3	28	4.6	-1.4	64	11.7	-8.5	
# w/HgbA1c >9.5									
and < 12 (GPRA)	105	16.3	107	17.6	-1.3	131	24.0	-7.8	
# w/HgbA1c => 8									
& =< 9.5	127	19.7	120	19.8	-0.1	89	16.3	+3.4	
# w/HgbA1c=>7									
& < 8	122	18.9	89	14.7	+4.3	81	14.9	+4.1	
# w/HgbA1c < 7									
(GPRA)	207	32.1	210	34.6	-2.5	125	22.9	+9.2	
# w/HgbA1c									
w/o Result	0	0.0	1	0.2	-0.2	0	0.0	+0.0	
Active Adult Diabetic									
Patients	487		419			360			
# w/HgbA1c done w/									
or w/o result	453	93.0	400	95.5	-2.4	329	91.4	+1.6	
# w/HgbA1c =>12	16	3.3	25	6.0	-2.7	45	12.5	-9.2	
# w/HgbA1c >9.5									
and < 12	90	18.5	88	21.0	-2.5	99	27.5	-9.0	
# w/HgbA1c => 8									
& =< 9.5	108	22.2	95	22.7	-0.5	67	18.6	+3.6	
# w/HgbA1c=>7									
& < 8	98	20.1	59	14.1	+6.0	45	12.5	+7.6	
# w/HgbA1c < 7	141	29.0	132	31.5	-2.6	73	20.3	+8.7	
# w/HgbA1c									
w/o Result	0	0.0	1	0.2	-0.2	0	0.0	+0.0	

Figure 8-4: Sample Report, Diabetes: Glycemic Control Topic

List of Diabetic Patients with denominator identified & most recent HgA1c value, if any.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MARVIN	000000	COMMUNITY #4	M	74	UP, AC, AAD; 09/14/02 5.2
PATIENT, PETER	111111	COMMUNITY #4	M	77	UP, AC, AAD; 12/14/01 5.1
PATIENT, SOPHIA	222222	COMMUNITY #2	F	44	UP, AC, AAD; 08/19/02 12.2
PATIENT, RAY	333333	COMMUNITY #2	M	61	UP, AC, AAD; 05/18/02 6.9
PATIENT, JOSHUA	444444	COMMUNITY #3	M	82	UP; u
PATIENT, DANIELLE	555555	SITE, URBAN	F	27	UP, AC, AAD; 04/13/02 6.2
PATIENT, DANIELLE	666666	SITE, URBAN	F	52	UP, AC; u
PATIENT, ELLIE	777777	SITE, URBAN	F	61	UP, AC, AAD; u
PATIENT, ELIZABETH	888888	SITE, URBAN	F	69	UP, AC, AAD; 09/04/02 6.5
PATIENT, BERNARD	999999	SITE, URBAN	M	56	UP, AC; u
PATIENT, JERRY	000002	SITE, URBAN	M	61	UP, AC, AAD; 05/01/02 7.0
PATIENT, LEON	000003	SITE, URBAN	M	64	UP; u

Figure 8-5: Sample Patient List, Diabetes: Glycemic Control

8.2.3 Diabetes: Blood Pressure Control

GPRA Indicator Description: During FY 2004, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control (defined as <130/80) by 2% over FY 2003 level.

Denominators: All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

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 at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):

Patients with Blood Pressure documented during year prior to end of Report period.

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

Patients with BP that is not controlled.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. GPRA+ uses mean of last 3

Blood Pressures documented on non-ER visits in the year prior to the end of the Report period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

GPRA+ uses the following definition:

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

Key Logic Changes for Previous Year: Controlled blood pressure is defined as less than (<) 130/80, rather than less than or equal to (<=) 130.80.

Patient List Description: A list of all diabetic patients, with their denominator identifier. Displays the mean blood pressure value, if any, and designates CON for Controlled or UNC for Not Controlled.

Indicator Source: IHS Diabetes Standards of Care.

GPRA Indicator Past Performance and Targets for Blood Pressure Control:

IHS FY 2002 Performance	36.1%
IHS FY 2003 Performance	37.3%
IHS 2010 Goal	50%

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*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Oct 01, 2002 to Sep 30, 2003									
Previous Year Period: Oct 01, 2001 to Sep 30, 2002									
Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Diabetes: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX	981		919			833			
# w/ BPs documented	681	69.4	646	70.3	-0.9	572	68.7	+0.8	
# w/controlled BP < 130/80	396	40.4	377	41.0	-0.7	322	38.7	+1.7	
# w/Not controlled BP	285	29.1	269	29.3	-0.2	250	30.0	-1.0	
Active Diabetic Pts (GPRA Denominator)	645		607			545			
# w/ BPs documented	606	94.0	571	94.1	-0.1	513	94.1	-0.2	
# w/Controlled BP < 130/80 (GPRA)	353	54.7	329	54.2	+0.5	286	52.5	+2.3	
# w/Not controlled BP	253	39.2	242	39.9	-0.6	227	41.7	-2.4	
Active Adult Diabetic Patients	487		419			360			
# w/ BPs documented	444	91.2	386	92.1	-1.0	342	95.0	-3.8	
# w/Controlled BP < 130/80	263	54.0	231	55.1	-1.1	191	53.1	+0.9	
# w/Not controlled BP	181	37.2	155	37.0	+0.2	151	41.9	-4.8	

Figure 8-6: Sample Report, Diabetes: Blood Pressure Control Topic

List of Patients w/ denominator identified & Mean BP, if any						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	

PATIENT, MARVIN	999999	COMMUNITY #4	M	74	UP, AC, AAD; 142/77	UNC
PATIENT, PETER	888888	COMMUNITY #4	M	77	UP, AC, AAD; 125/72	CON
PATIENT, JOSHUA	777777	FACILITY #3	M	82	UP; u	
PATIENT, DANIELLE	666666	SITE, URBAN	F	27	UP, AC, AAD; 127/60	CON
PATIENT, ELLIE	555555	SITE, URBAN	F	61	UP, AC, AAD; 134/53	UNC
PATIENT, BERNARD	444444	SITE, URBAN	M	56	UP, AC; u	
PATIENT, BERT	333333	SITE, URBAN	M	61	UP, AC, AAD; 124/71	CON

Figure 8-7: Sample Patient List, Diabetes: Blood Pressure Control

8.2.4 Diabetes: Lipids Assessment

Indicator Description: During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia by 2% over FY 2003 level (i.e., LDL cholesterol).

Denominators: All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-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 at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Numerators: Patients who have had *EITHER* a Lipid Profile (Panel) *OR* an LDL, an HDL and Triglyceride (TG) (all three) in the year prior to the end of the Report period.

GPRA Numerator: Patients with LDL completed in the prior year, regardless of result.

HEDIS Numerator: Patients with LDL results of less than or equal to (\leq) 130. A) LDL \leq 100. B) LDL 101-129.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done in year prior to end of Report period.

GPRA+ uses the following to define the tests:

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

Key Logic Changes from Previous Year: None.

Patient List Description: A list of all diabetic patients, with their denominator identifier. Lipid Profile (Panel) is indicated by “LP;” the date of most recent LDL tests is listed, with the value, if any.

Indicator Source: IHS Diabetes Standards of Care.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	43.7%
IHS FY 2003 Performance	47.6%
HP 2010 Goal	70%

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Diabetes: Lipids Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop w/ DM DX	981		919			833			
# w/Lipid Profile OR TG & HDL & LDL recorded	310	31.6	349	38.0	-6.4	324	38.9	-7.3	
# w/ LDL done	151	15.4	175	19.0	-3.6	92	11.0	+4.3	
# w/LDL < 130	90	9.2	143	15.6	-6.4	59	7.1	+2.1	
A. # of patients w/LDL result =< 100	62	6.3	94	10.2	-3.9	36	4.3	+2.0	
B. # w/LDL 101-129	28	2.9	49	5.3	-2.5	23	2.8	+0.1	
Active Diabetic Pts (GPRA Denominator)	645		607			545			
# w/Lipid Profile OR TG & HDL & LDL recorded	285	44.2	315	51.9	-7.7	305	56.0	-11.8	
# w/ LDL done (GPRA)	136	21.1	151	24.9	-3.8	86	15.8	+5.3	
# w/LDL < 130	81	12.6	124	20.4	-7.9	55	10.1	+2.5	
A. # of patients w/LDL result =< 100	58	9.0	84	13.8	-4.8	33	6.1	+2.9	
B. # w/LDL 101-129	23	3.6	40	6.6	-3.0	22	4.0	-0.5	
Active Adult Diabetic Patients	487		419			360			
# w/Lipid Profile OR TG & HDL & LDL recorded	196	40.2	202	48.2	-8.0	199	55.3	-15.0	
# w/ LDL done	97	19.9	91	21.7	-1.8	53	14.7	+5.2	
# w/LDL < 130	58	11.9	77	18.4	-6.5	35	9.7	+2.2	
A. # of patients w/LDL result =< 100	42	8.6	51	12.2	-3.5	24	6.7	+2.0	
B. # w/LDL 101-129	16	3.3	26	6.2	-2.9	11	3.1	+0.2	

Figure 8-8: Sample Report, Diabetes: Lipid Assessment

List of Patients w/ denominator identified & Documented Lipid Values, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MARVIN SAMUEL	999999	COMMUNITY #2	M	60	UP, AC, AAD; LP; 12/06/01 126
PATIENT, TRAVIS X	123456	COMMUNITY #4	M	28	UP, AAD;
PATIENT, HAROLD S	654321	COMMUNITY #2	M	31	UP, AC, AAD; LP; 02/20/02 97
PATIENT, CHRISTINE BOWEN	963741	COMMUNITY #3	F	50	UP, AAD; LP
PATIENT, ERNESTINE MARIA	159359	COMMUNITY #3	F	60	UP, AAD;
PATIENT, REGINALD	789459	COMMUNITY #3	M	30	UP, AC, AAD; LP
PATIENT, BERNARD	456123	COMMUNITY #3	M	55	UP, AC, AAD;
PATIENT, LORENA B	543219	SITE, RURAL	F	28	UP, AC, AAD; LP; 02/05/02 139
PATIENT, ELIZABETH REGIN	998877	SITE, RURAL	F	38	UP, AC, AAD;
PATIENT, JERRY R	001122	SITE, URBAN	M	61	UP, AC, AAD; LP; 08/12/02 150

Figure 8-9: Sample Patient List, Diabetes: Lipids Assessment

8.2.5 Diabetes: Nephropathy Assessment

GPRA Indicator Description: During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 2% over FY 2003 level.

Denominators: All User Population patients diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-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 at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s):

GPRA Numerator: Total patients with nephropathy assessment, defined as patients with positive urine protein test or microalbuminuria test, regardless of result, (if negative urine protein) done in year prior to the end of the Report period.

~~A: Patients with Estimated GFR with result in prior year.~~

~~B: Patients with positive urine protein test or microalbuminuria test, regardless of result, (if negative urine protein) done in year prior to the end of the Report period.~~

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file at least one year prior to the end of the Report period. ~~Numerator A: patients with any value in VLab Est GFR. Numerator B:~~ GPRA+ searches for last

microalbuminuria test done in year prior to end of Report period, regardless of result (positive or negative). If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Microalbuminuria	82043, 82044	Yes	DM AUDIT MICROALBUMINURIA TAX
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX

Key Logic Changes from Previous Year: ~~Added Estimated GFR result as another means to meet the indicator.~~ None.

Patient List Description: A list of all diabetic patients, with ~~their~~ denominator identifier. The date of any tests described in the numerator, with the value, if any. ~~Estimated GFR is indicated by "GFR;"~~ mMicroalbuminuria test is indicated by "M;" Urine Protein by "U."

Indicator Source: IHS Diabetes Standards of Care.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	35%
IHS FY 2003 Performance	37.6%
IHS 2010 Goal	70%

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Diabetes: Nephropathy Assessment									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX	981		919			833			
# w/ Nephropathy assessment	134	13.7	133	14.5	-0.8	130	15.6	-1.9	
Active Diabetic Pts (GPRA Denominator)	645		607			545			
# w/ Nephropathy assessment (GPRA)	123	19.1	124	20.4	-1.4	118	21.7	-2.6	
Active Adult Diabetic Patients	487		419			360			
# w/ Nephropathy assessment	91	18.7	82	19.6	-0.9	83	23.1	-4.4	

Figure 8-10: Sample Report, Diabetes: Nephropathy Assessment

DM Nephropathy: List of Patients w/ denom identified, test & value						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
PATIENT, SOPHIA ANNA	789456	COMMUNITY #2	F	44	UP,AC,AAD;	
PATIENT, RAY	654987	COMMUNITY #2	M	61	UP,AC,AAD; 02/22/02	M
PATIENT, JOSHUA P	951357	COMMUNITY #3	M	82	UP;	
PATIENT, PETER STANLEY	765432	COMMUNITY #4	M	77	UP,AC,AAD; 12/14/01	U 6
PATIENT, DANIELLE	654321	SITE, URBAN	F	27	UP,AC,AAD; 10/26/01	M
PATIENT, DAISY MARIE	159623	SITE, URBAN	F	52	UP,AC;	
PATIENT, ELLIE F	362951	SITE, URBAN	F	61	UP,AC,AAD; 02/05/02	U NEGATIVE
PATIENT, BERNARD	528741	SITE, URBAN	M	56	UP,AC;	
PATIENT, BERT LOGAN	999999	SITE, URBAN	M	61	UP,AC,AAD; 07/26/02	U NEGATIVE
PATIENT, JERRY	888888	SITE, URBAN	M	61	UP,AC,AAD; 05/01/02	U 3+
PATIENT, LEON FREDERIC	001254	SITE, URBAN	M	64	UP;	

Figure 8-11: Sample Patient List, Diabetes: Nephropathy Assessment

8.2.6 Diabetic Retinopathy

GPRA Indicator Description: During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.

NOTE: The GPRA indicator reported at the national level only applies to a few test sites for FY04. This indicator is included here because all sites are expected to report on this indicator beginning in FY05. The numerator is currently defined very broadly for retinal screening.

Denominators: All **User Population patients** diagnosed with diabetes (250.00-250.93) at least one year prior to end of Report period.

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period (Denominator 2), AND at least 2 visits in the past year, AND 2 diabetes-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 at least one year prior to the end of the Report period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the year prior to the end of the Report period; and 5) never have had a creatinine value greater than 5.

Numerator(s): Patients receiving any retinal screening in the year prior to the end of the Report period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthamology retinal screening clinics.

A: Patients receiving diabetic retinal exam (or documented refusal) in prior year.

B: Patients receiving other eye exams in year prior to the end of Report period, defined as: Non-DNKA visit to ophthalmology, optometry clinics, or Non-DNKA visit to an optometrist or ophthalmologist.

Logic Description: DM AUDIT CREATININE TAX taxonomy is used for Denominator 4.

GPRA+ searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic eye exam		VExam: 03
Tele-ophthalmology retinal screening clinics		Clinic code: A2
NON-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	Provider codes: 24, 79, 08
Non-DNKA visit to ophthalmology or optometry	92250	Clinic codes: 17, 18, 64
Refusal of a diabetic eye exam		Refusals Exam: 03

Key Logic Changes from Previous Year: None.

Patient List Description: A list of all diabetic patients, with their denominator identifier. The date of any screenings described in the numerator with the code.

Indicator Source: IHS Diabetes Standards of Care.

Indicator Targets:

IHS FY 2002 Performance	49%
IHS FY 2003 Performance	48.8%
IHS 2010 Goal	IHS target not set yet

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Diabetic Retinopathy									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX	981		919			833			
# w/any Retinal screening	349	35.6	316	34.4	+1.2	245	29.4	+6.2	
A. # w/ Diabetic Retinal exam or refusal	32	3.3	26	2.8	+0.4	5	0.6	+2.7	
B. # w/Other Eye exams	317	32.3	290	31.6	+0.8	240	28.8	+3.5	
Active Diabetic Pts GPRA Denominator	645		607			545			
# w/any Retinal screening (GPRA)	316	49.0	272	44.8	+4.2	221	40.6	+8.4	
A. # w/ Diabetic Retinal Exam or refusal	27	4.2	11	1.8	+2.4	3	0.6	+3.6	
B. # w/Other Eye Exams	289	44.8	261	43.0	+1.8	218	40.0	+4.8	
Active Adult Diabetic Patients	487		419			360			
# w/any Retinal screening	231	47.4	175	41.8	+5.7	144	40.0	+7.4	
A. # w/ Diabetic Retinal Exam	21	4.3	8	1.9	+2.4	2	0.6	+3.8	
B. # w/Other Eye exams	210	43.1	167	39.9	+3.3	142	39.4	+3.7	

Figure 8-12: Sample Report, Diabetic Retinopathy

Diabetes Retinopathy: List of Diabetic patients w/denominator identified & eye exam status, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,SOPHIA	951263	COMMUNITY #2	F	44	UP,AC,AAD;
PATIENT,RAY	985236	COMMUNITY #2	M	61	UP,AC,AAD;02/22/03 Prov: 08
PATIENT,JOSHUA R	912345	COMMUNITY #3	M	82	UP;
PATIENT,MARVIN THOMAS	987125	COMMUNITY #4	M	74	UP,AC,AAD; CPT 92014
PATIENT,PETER	962457	COMMUNITY #4	M	77	UP,AC,AAD;
PATIENT,DANIELLE	123456	SITE,URBAN	F	27	UP,AC,AAD;10/26/02 Cl: A2
PATIENT,SANDRA MARIE	654321	SITE,URBAN	F	52	UP,AC;
PATIENT,ELIZABETH	958741	SITE,URBAN	F	69	UP,AC,AAD;09/04/03 Cl: 18

Figure 8-13: Sample Patient List, Diabetic Retinopathy

8.2.7 Diabetes and Mental Health

Indicator Description: Increase the proportion of diabetic patients screened for depressive, anxiety and/or adjustment disorders.

Denominator(s): Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator(s): Patients screened for or counseled about depression in the year prior to the end of the Report period.

Patients with a diagnosis of depressive, anxiety and/or adjustment disorders during year prior to end of Report period.

Logic Description: Diabetes diagnosis defined as POV 250.00-250.93. Screening and counseling are defined as: POV 79.0; or as any national patient education codes containing "DEP-". Depressive, anxiety and adjustment disorders diagnoses are defined as at least two visits with POV 296.*, 300.*, 301.13, 308.3, 309.*, 311.* or Behavioral Health System (BHS) codes 14, 15, 18, 24 in the year prior to end of Report period.

Key Logic Changes from Previous Year: Added numerator for counseling and education about depression. Fine tuned the diagnosis codes for accuracy. For sites who do not pass BHS data to PCC, GPRA+ searches directly in BHS. Changed patient list to display diabetics who have *not* been screened for depression.

Patient List Description: List of diabetic patients not screened for or diagnosed with depressive and anxiety disorders.

Indicator Targets: TBD

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Diabetes and Mental Health									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Diabetic Pts	645		607			545			
# screened for or counseled about depression	15	2.3	8	1.3	+1.0	0	0.0	+2.3	
# w/depression diagnosis	119	18.4	104	17.1	+1.3	78	14.3	+4.1	

Figure 8-14: Sample Report, Diabetes and Mental Health

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DM Depression: Pts NOT screened for/diagnosed w/depression

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME           HRN      COMMUNITY  SEX AGE  VALUE
-----
PATIENT, MARVIN FORD   963852  COMMUNITY #4  M   74
PATIENT, PETER        741852  COMMUNITY #4  M   77
PATIENT, SANDRA M     852369  COMMUNITY #2  F   44
PATIENT, RAY          123456  COMMUNITY #2  M   61
PATIENT, DONNA JANE   123457  SITE, URBAN   F   27
PATIENT, ELIZABETH    123458  SITE, URBAN   F   69
PATIENT, JERRY        123459  SITE, URBAN   M   61

```

Figure 8-15: Sample Patient List, Diabetes and Mental Health

8.2.8 Diabetes: Access to Dental Services

Indicator Definition: During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 2% over the FY 2003 level.

Denominator:

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

Numerator: Patients with documented dental visit during year prior to end of Report period.

Indicator Logic: Dental exam is defined as V Dental ADA codes 0000 or 0190, or V Exam code 30 (dental).

Key Logic Changes from Previous Year: None.

Patient List Description: List of Active Diabetic patients and date of dental visit and code, if any.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	36%
IHS FY 2003 Performance	36.2%
HP 2010 Goal	75%

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-----
Diabetes: Access to Dental Services

Denominator(s):
GPRA Denominator: Active Diabetic patients, defined as all Active Clinical
patients diagnosed with diabetes at least one year prior to the end of
Report period, AND at least 2 visits in the past year, AND 2 DM-related
visits ever

Numerator(s):
Patients with documented dental visit during year prior to end of Report
period.

Searches for V Dental ADA codes 0000 or 0190 or VExam 30.

During FY 2004, increase the proportion of patients with diagnosed
diabetes who obtain access to dental services by 2% over the FY 2003
level.

IHS FY 2002 Performance: 36%; IHS FY 2003 Performance: 36%; HP 2010 Goal:
75%
    
```

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	645		607			545		
# w/dental visit in past yr	170	26.4	159	26.2	+0.2	152	27.9	-1.5

Figure 8-16: Sample Report, Diabetes and Dental Access

```

DM Dental: Diabetic Pts and documented dental visits, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
    
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PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,SOPHIA	789456	COMMUNITY #2	F	44	
PATIENT,RAY	852147	COMMUNITY #2	M	61	08/16/03;0190
PATIENT,MARVIN	963147	COMMUNITY #4	M	74	02/09/03;0000
PATIENT,PETER	966325	COMMUNITY #4	M	77	10/01/02;0000
PATIENT,DANIELLE	998754	SITE,URBAN	F	27	
PATIENT,ELIZABETH	012365	SITE,URBAN	F	69	09/06/03;0190
PATIENT,JERRY	854796	SITE,URBAN	M	61	01/14/03;0000

Figure 8-17: Sample Patient List, Diabetes and Dental Access

8.3 Dental Indicator Topics

8.3.1 Access to Dental Services

Indicator Description: During FY 2004, maintain the proportion of the AI/AN population that obtain access to dental services at the FY 2003 level.

Denominator: All patients in the User Population.

Numerator: Patients with documented dental visit during year prior to end of Report period.

Logic Description: Dental exam is defined as V Dental ADA codes 0000 or 0190, or V Exam code 30 (dental).

Key Logic Changes from Previous Year: None.

Patient List Description: List of patients with documented dental visit only, with date and code.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	24.9%
IHS FY 2003 Performance	24.6%
IHS 2010 Goal	40%

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Access to Dental Services								
Denominator(s):								
GPRA Denominator: All patients in the User Population.								
Numerator(s):								
Patients with documented dental visit during year prior to end of Report period.								
Searches for V Dental ADA codes 0000 or 0190 or VExam 30.								
During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.								
IHS FY 2002 Performance: 25%; IHS FY 2003 Performance: 25%; IHS 2010 Goal: 40%								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
# User Population	8,626		8,509			8,378		
# w/dental visit in past year	1,678	19.5	1,623	19.1	+0.4	1,683	20.1	-0.6

Figure 8-18: Sample Report, Access to Dental Services

Access to Dental Services: List of patients with documented dental service

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,CHRIS F	123006	COMMUNITY #4	F	31	12/26/02;0190
PATIENT,HENRY	123005	COMMUNITY #4	M	9	09/14/03;0000
PATIENT,PETER JONATHA	123004	COMMUNITY #4	M	77	08/01/03;0000
PATIENT,JOSIE	123003	COMMUNITY #1	F	63	09/06/03;30
PATIENT,VALERIE KATHL	123002	COMMUNITY #2	F	15	07/10/03;0000
PATIENT,LENA	123001	COMMUNITY #2	F	38	02/23/03;0000
PATIENT,ADAM ROGER	123000	COMMUNITY #2	M	9	11/09/02;0000
PATIENT,FRED M	123654	COMMUNITY #2	M	16	04/13/03;30
PATIENT,RAY	123524	COMMUNITY #2	M	61	08/16/03;0190
PATIENT,SHERRY	789456	SITE,RURAL	F	47	05/23/03;0190
PATIENT,ANDREA	123456	SITE,URBAN	F	10	04/06/03;0000
PATIENT,DONNA ELIZAB	012345	SITE,URBAN	F	27	03/05/03;0190

Figure 8-19: Sample Patient List, Access to Dental Services

8.3.2 Dental Sealants

Indicator Description: During FY 2003, maintain the number of sealants placed per year in AI/AN children at the FY 2002 level.

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

Numerator: The total number of dental sealants (code 1351) during the year prior to the end of the Current Report period. Breakout by the following age groups: <12, 12-18, >18.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Age breakouts are based on Healthy People 2010 age groups for dental sealants. The V Dental file in PCC is searched for any documented ADA code 1351.

Key Logic Changes from Previous Year: None.

Patient List Description: Displays list of patients who had sealants and the number of sealants received in the year prior to the end of the Current Report period.

Indicator Past Performance and Targets:

IHS FY 2001 Performance	212,612
IHS FY 2002 Performance	227,945

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Dental Sealants								
Denominator(s):								
No denominator. This indicator is a total count only, not a percentage.								
Numerator(s):								
The total number of dental sealants during the year prior to the end of the Report period.								
Age of the patient is calculated at the beginning of the Report period.								
Sealants defined as V Dental ADA code 1351.								
During FY 2004, maintain the number of sealants placed per year in patients at the FY 2003 level.								
IHS FY 2002 Performance: 227,945; IHS FY 2003 Performance: TBD								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	CHG from % BASE	
Total # of Sealants documented (GPRA Denominator)	1,592		895		+697	1,384	+208	
# Dental Sealants documented < 12	985	61.9	618	69.1	+367	776	56.1 +209	
# Dental Sealants documented 12-18	494	31.0	203	22.7	+291	565	40.8 -71	
# Dental Sealants documented >18	113	7.1	74	8.3	+39	43	3.1 +70	

Figure 8-20: Sample Report, Dental Sealants

Dental Sealants: Patients w/number of sealants in report period

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, PAMELA	999991	COMMUNITY #2	F	22	1 sealants
PATIENT, HENRY	999990	COMMUNITY #2	M	9	4 sealants
PATIENT, MIKE	999992	COMMUNITY #2	M	16	4 sealants
PATIENT, RILEY	999993	COMMUNITY #3	F	14	8 sealants
PATIENT, VALERIE	999994	COMMUNITY #3	F	15	4 sealants
PATIENT, SARAH	999995	COMMUNITY #3	F	18	3 sealants
PATIENT, ERIC	999996	COMMUNITY #3	M	8	2 sealants
PATIENT, ARTHUR	999997	COMMUNITY #3	M	15	14 sealants
PATIENT, FRED	999998	COMMUNITY #3	M	16	5 sealants
PATIENT, STACY	999989	SITE, URBAN	F	12	1 sealants
PATIENT, CELESTE	999987	SITE, URBAN	F	19	5 sealants

Figure 8-21: Sample Patient List, Dental Sealants

8.4 Immunization Indicator Topics

8.4.1 Adult Immunizations: Influenza

GPRA Indicator Definition: In FY 2003, maintain FY 2002 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

Denominator(s):

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 at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

All User Population patients ages 50 or older. **A:** All User Population patients ages 50-64. **B:** All User Population patients ages 65 and older.

Numerator: Patients in the denominator with Influenza vaccine documented in the year prior to the end of the Report period, including refusals.

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

	CPT Codes	ICD and Other Codes
Influenza Vaccine	90655, 90657-90660, 90724	Immunization (CVX) Code: 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal POV: V04.8, V06.6 ICD Procedure: 99.52 Refusals: Immunization codes 15, 16, 88, 111

Key Logic Changes from Previous Year: Updated Immunization (CVX) and CPT codes. Added Refusal as a means to meet the indicator.

Patient List Description: List of Patients ages 50 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Influenza Vaccine, if any, and corresponding code.

GPRA Indicator Past Performance and Targets for Patients => 65:

IHS FY 2002 Performance	51.4%
IHS FY 2003 Performance	51.2%
HP 2010 Goal	90%

Performance Improvement Tips:

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

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Adult Immunizations: Influenza								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients ages 50 or older	665		610			573		
Total # w/Flu vaccine documented	341	51.3	304	49.8	+1.4	276	48.2	+3.1
A. Active Clinical Patients ages 50-64	487		456			432		
Total # w/Flu vaccine documented	230	47.2	206	45.2	+2.1	184	42.6	+4.6
B. Active Clinical Patients 65 and older (GPRA Denominator)	178		154			141		
Total # w/Flu vaccine documented (GPRA)	111	62.4	98	63.6	-1.3	92	65.2	-2.9
Active Diabetic Pts	645		607			545		
Total # w/Flu vaccine documented	396	61.4	377	62.1	-0.7	342	62.8	-1.4
# User Population 50 and older	871		800			756		
Total # w/Flu vaccine documented	352	40.4	312	39.0	+1.4	280	37.0	+3.4
A. # User Population ages 50-64	645		603			561		
Total # w/Flu vaccine documented	238	36.9	211	35.0	+1.9	185	33.0	+3.9
B. # User Population 65 and older	226		197			195		
Total # w/Flu vaccine documented	114	50.4	101	51.3	-0.8	95	48.7	+1.7

Figure 8-22: Sample Report, Adult Immunizations: Influenza

List of Patients >= 50 yrs or DM DX with date of Influenza Vaccine, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, PAUL	999123	COMMUNITY #4	M	69	UP;
PATIENT, MARVIN	888123	COMMUNITY #4	M	74	UP,AC,AD; 01/03/03 V04.8
PATIENT, CHRIS	777123	COMMUNITY #4	M	85	UP,AC,;
PATIENT, JOSIE	666123	COMMUNITY #1	F	63	UP,AC; 01/01/03 Imm 88
PATIENT, DOUGLAS	555123	COMMUNITY #1	M	51	UP;
PATIENT, SOPHIA	444123	COMMUNITY #2	F	44	AD; 02/22/03 Imm 88
PATIENT, RITA	333123	COMMUNITY #2	F	69	UP,;
PATIENT, CELESTE	222123	COMMUNITY #2	F	73	UP,AC; 12/05/02 Imm 88
PATIENT, MARVIN	111123	COMMUNITY #2	M	62	UP,AC,; 01/09/03 Imm 111
PATIENT, ABRAHAM	000123	COMMUNITY #2	M	81	UP,AC;
PATIENT, JOSHUA	991234	COMMUNITY #3	M	24	AD;
PATIENT, DANIELLE	898134	SITE, URBAN	F	27	AD; 01/30/03 Imm 88
PATIENT, NANETTE	887123	SITE, URBAN	F	50	UP,;
PATIENT, ELLIE	632145	SITE, URBAN	F	61	UP,AC,; 11/30/02 90657

Figure 8-23: Sample Patient List, Adult Immunization: Influenza

8.4.2 Adult Immunizations: Pneumococcal

GPRA Indicator Definition: In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.

Denominator(s): GPRA Denominator: All Active Clinical patients ages 65 or older at beginning of Report period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of Report period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.

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

Numerators: Patients in the denominator with pneumovax documented *at any time* prior to the end of the Report period.

A. For Active Diabetic patients only, with pneumovax documented in the past five years.

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

	CPT Codes	ICD and Other Codes
Pneumovax	90669, 90732	<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> <p>Refusals: Immunization codes 33, 100, 109</p>

Key Logic Changes from Previous Year: Updated Immunization (CVX) and CPT codes. Added Refusal as means to meet the indicator.

Patient List Description: List of Patients ages 65 or older OR with Diabetes diagnosis, with appropriate denominator identified. Displays date of Pneumovax, if any, and corresponding code.

GPRA Indicator Past Performance and Targets:

IHS FY 2002 Performance	64%
IHS FY 2003 Performance	65%
HP 2010 Goal for % of patients => 65	90%

Performance Improvement Tips:

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

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Adult Immunizations: Pneumovax									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts ages 65 & older (GPRA Denominator)	178		154			141			
Total # w/Pneumovax documented (GPRA)	142	79.8	122	79.2	+0.6	108	76.6	+3.2	
Active Diabetic Pts	645		607			545			
Total # w/Pneumovax documented	520	80.6	485	79.9	+0.7	448	82.2	-1.6	
Total # w/Pneumovax documented in past 5 yrs	268	41.6	288	47.4	-5.9	261	47.9	-6.3	
# User Population ages 65 & older	226		197			195			
Total # w/Pneumovax documented	150	66.4	132	67.0	-0.6	125	64.1	+2.3	

Figure 8-24: Sample Report, Adult Immunization: Pneumococcal

Pneumovax: Patients >=65 yrs or DM DX w/ influenza code & date, if any					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

PATIENT, PAUL	771234	COMMUNITY #4	M	69	UP;
PATIENT, MARVIN	661234	COMMUNITY #4	M	74	UP,AC,AD; 12/07/94 Imm 33
PATIENT, PETER	551234	COMMUNITY #4	M	77	UP,AC,AD; 09/06/03 99.55
PATIENT, CHRIS	441234	COMMUNITY #4	M	85	UP,AC;
PATIENT, SOPHIA	331234	FACILITY #2	F	44	AD; 09/20/97 Imm 33
PATIENT, RITA	221234	FACILITY #2	F	69	UP;
PATIENT, CELESTE	111234	FACILITY #2	F	73	UP,AC; 09/23/98 V03.89
PATIENT, RAY	888123	FACILITY #2	M	61	AD; 12/15/01 Imm 100
PATIENT, ABRAHAM	999258	FACILITY #2	M	81	UP,AC; 10/18/96 Imm 33
PATIENT, JOSHUA	888258	FACILITY #3	M	24	AD;
PATIENT, LUCAS	666258	FACILITY #3	M	84	UP;
PATIENT, DANIELLE	555258	SITE, URBAN	F	27	AD; 01/30/02 Imm 33
PATIENT, ELIZABETH	444258	SITE, URBAN	F	69	UP,AC,AD; 10/17/96 90732
PATIENT, DEBBIE	333258	SITE, URBAN	F	77	UP;
PATIENT, LOUISE	222258	SITE, URBAN	F	81	UP,AC; 01/02/95 Imm 33
PATIENT, JERRY	111258	SITE, URBAN	M	37	AD;

Figure 8-25: Sample Patient List, Adult Immunization: Pneumococcal

8.5 Cancer Related Indicator Topics

8.5.1 Women's Health: Pap Smear

GPRA Indicator Description: During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels. [For FY 2004, “eligible women” has been defined as ages 18 through 64.]

Denominator(s): 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: Patients who had a Pap Smear documented in the three years prior to the end of the Report period. Documented refusals are counted in this numerator.

A. Patients with documented refusal.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because GPRA+ looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	58550-54, 58150-58294	V Procedure: 68.3 – 68.7 or 68.9		
Pap Smear	88141–88150; 88152–88158; 88164–88167	VLab: PAP SMEAR POV: V72.3 - Gynecologic Examination; V76.2-Screen Mal Neop-Cervix V Procedure: 91.46 Women's Health Tracking: procedure called Pap Smear	yes	BGP GPRA PAP SMEAR
Refusal		Refusals: Exam 15 (pelvic) or Lab Test Value Pap Smear		

Key Logic Changes from Previous Year: Added LOINC taxonomy and site-defined taxonomy for those sites using lab test names that are not Pap Smear.

Patient List Description: A list of all female patients ages 21 through 64, with their denominator identifier. Displays date of pap smear, if any, and test code or file location.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	62%
IHS FY 2003 Performance	61%
IHS 2010 Goal	90%

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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Women's Health: Pap Smear Rates
IHS FY 2002 Performance: 62%; IHS FY 2003 Performance: 61%; IHS 2010 Goal: 90%

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical								
21-64 years								
(GPRA Denominator)	1,956		1,972			1,932		
# w/Pap Smear recorded								
w/in 3 years (GPRA)	1,330	68.0	1,341	68.0	-0.0	1,300	67.3	+0.7
A. # Refusals								
w/ % of Total Pap	1	0.1	0	0.0	+0.1	1	0.1	-0.0
# Female User Pop								
21-64 years								
	2,585		2,535			2,471		
# w/Pap Smear recorded								
w/in 3 years	1,384	53.5	1,392	54.9	-1.4	1,356	54.9	-1.3
A. # Refusals								
w/ % of Total Pap	1	0.1	0	0.0	+0.1	1	0.1	-0.0

Figure 8-26: Sample Report, Womens Health: Pap Smear

WH Pap Smear: Women 21-64 w/denom identified & doc test/refusal

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, PAMELA	999999	COMMUNITY #4	F	22	UP, AC;
PATIENT, PAMELA	888888	COMMUNITY #4	F	22	UP; 01/01/01 VLab
PATIENT, CHRIS	777777	COMMUNITY #4	F	31	UP;
PATIENT, TESS	666666	COMMUNITY #4	F	38	UP;
PATIENT, LOUISE	555555	COMMUNITY #4	F	43	UP, AC; 02/01/02 VLab
PATIENT, JOSIE	444444	COMMUNITY #1	F	63	UP, AC; 02/12/99 V72.3
PATIENT, MARILYN	333333	COMMUNITY #2	F	22	UP, AC; 03/21/01 VLab
PATIENT, SYDNEY	222222	COMMUNITY #2	F	23	UP, AC; 03/02/02 WH
PATIENT, GRETA	111111	COMMUNITY #2	F	23	UP;
PATIENT, GLADYS	000000	COMMUNITY #2	F	25	UP, AC;
PATIENT, MARILYN	123322	COMMUNITY #2	F	26	UP, AC; 08/01/01 V72.3
PATIENT, HORTENCE	987654	COMMUNITY #2	F	40	UP;
PATIENT, CELESTE	321012	COMMUNITY #2	F	45	UP, AC;
PATIENT, BERTHA	000001	COMMUNITY #2	F	50	UP;
PATIENT, SHERRY	000002	SITE, RURAL	F	47	UP, AC;
PATIENT, KATHERINE	000003	SITE, URBAN	F	22	UP;

Figure 8-27: Sample Patient List, Women's Health: Pap Smear

8.5.2 Women's Health: Mammogram

GPRA Indicator Description: During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 rate. [For FY 2004, "eligible women" has been defined as ages 50 through 64.]

Denominator(s): GPRA Denominator: Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy.

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy.

HEDIS Denominator: Female Active Clinical patients ages 52 through 69.

Numerator(s): All patients who had a Mammogram documented in the two years prior to the end of the Report period, including documented refusals.

A: Patients with documented refusal.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 50-64 in the definition and 52-64 in the logic is because GPRA+ looks back 2 years for a procedure, i.e., when a patient who was 52 at the beginning of the Report period would have been 50.

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy		V Procedure: 85.42, 85.44, 85.46, 85.48
Mammogram	VRad or VCPT: 76090–76092	POV: V76.11, V76.12 V Procedure: 87.35 – 87.37 Women’s Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal		Procedure 87.35 – 87.37

Key Logic Changes from Previous Year: Age range for GPRA Denominator has been changed to 50-64 from 50-69.

Patient List Description: A list of all female patients ages 52 through 69 at the beginning of the Report period, with their denominator identifier. Displays date of mammogram, if any, and procedure code or file location.

Indicator Past Performance and Targets:

IHS FY 2002 Performance	42%
IHS FY 2003 Performance	40%
IHS 2010 Goal	70%

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 Code, Date Refused).

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Women's Health: Mammogram Rates									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Active Clinical Women									
52-64 years									
(GPRA Denominator)									
	274		250			233			
# w/Mammogram recorded									
w/in 2 years (GPRA)									
	122	44.5	116	46.4	-1.9	101	43.3	+1.2	
A. # Refusals w/ % of									
Total Mammograms									
	0	0.0	1	0.9	-0.9	2	2.0	-2.0	
# User Pop Women									
52-64 years									
	345		314			283			
# w/Mammogram recorded									
w/in 2 years									
	124	35.9	121	38.5	-2.6	102	36.0	-0.1	
A. # Refusals w/ % of									
total Mammograms									
	0	0.0	1	0.8	-0.8	2	2.0	-2.0	

Figure 8-28: Sample Report, Women's Health: Mammogram Rates

WH Mammogram Rates: Women 52-69 w/denominator and Mammogram/refusal					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, JOSIE	000000	FACILITY #1	F	63	UP,AC;
PATIENT, MAGGIE	111111	FACILITY #2	F	54	UP,AC; 10/14/01 V76.12
PATIENT, RITA	222222	FACILITY #2	F	69	UP;
PATIENT, DALE	333333	SITE, URBAN	F	53	UP,AC; 01/22/03 ref
PATIENT, NANETTE	444444	SITE, URBAN	F	57	UP;
PATIENT, ROXANNE	555555	SITE, URBAN	F	58	UP,AC; 12/09/01 76091
PATIENT, ELLIE	564789	SITE, URBAN	F	61	UP,AC; 10/16/02 V76.12
PATIENT, ELIZABETH	123456	SITE, URBAN	F	69	UP,AC; 12/07/01 76092

Figure 8-29: Sample Patient List, Women's Health: Mammogram Rates

8.5.3 Colorectal Cancer Screening

Developmental Indicator Description: Increase the proportion of eligible AI/AN patients (ages 50 and older) who have had screening for Colorectal Cancer (CRC).

Denominator(s): All Active Clinical patients ages 52 and older at beginning of the Report period.

All GPRA User Population patients ages 52 and older at beginning of the Report period.

Numerator(s): Patients who have had CRC screening, defined as any of the following: 1) a Fecal Occult Blood test or Rectal Exam in the two (2) years prior to the end of the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the last 5 years; or 3) colonoscopy in the last 10 years.

A. Patients who have had a Fecal Occult Blood test in the past two years.

B. Patients with Rectal Exam in past two years.

Logic Description: Age is calculated at the beginning of the Report period. The difference between the age range 50 and older in the definition and 52 and older in the logic is because GPRA+ looks back 2 years for a test, i.e., when a patient who was 52 at the beginning of the Report period would have been 50. GPRA+ identifies the tests and procedures described in the numerators above in the following order:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Fecal Occult Blood lab test (FOBT)	82274, G0107		yes	BGP GPRA FOB TESTS
Rectal Exam		POV: V76.41 Screening for Rectal V Procedure: 48.24-29, 89.34 Rectal Exam V Exam: 14		
Flexible Sigmoidoscopy	45330-45345	V Procedure: 45.24		
Double contrast barium enema	VCPT or VRad: 74280, 74275, 74270	V Procedure 87.64	yes	
Rigid procto-sigmoidoscopy	45300 - 45327	V Procedure: 48.21-23		
Colonoscopy	45355 - 45387; 45325	POV: V76.51 Colon screening V Procedure: 45.21, 45.22, 45.23, 45.25		

Key Logic Changes from Previous Year: Updated all codes for procedures.

Patient List Definition: List of patients ages 52 and older, with appropriate denominator indicated. Date and code of any test or procedure meeting the numerator definition, if any.

Indicator Targets: TBD

Performance Improvement Tips:

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

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Colorectal Cancer Screening									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
52 and older	577		521			485			
# w/screening	113	19.6	125	24.0	-4.4	96	19.8	-0.2	
A. # w/FOB test in past 2 yrs	17	2.9	27	5.2	-2.2	23	4.7	-1.8	
B. # w/ rectal exam in past 2 yrs	90	15.6	94	18.0	-2.4	73	15.1	+0.5	
Total User Population									
52 and older	753		681			635			
# w/screening	114	15.1	130	19.1	-4.0	97	15.3	-0.1	
A. # w/FOB test in past 2 yrs	17	2.3	28	4.1	-1.9	23	3.6	-1.4	
B. # w/ rectal exam in past 2 yrs	91	12.1	99	14.5	-2.5	74	11.7	+0.4	

Figure 8-30: Sample Report, Colorectal Cancer Screening

Colorectal Cancer Screening: List Pts =>52 and CRC screening, if any						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE	
PATIENT, JOSIE	999999	COMMUNITY #1	F	63	UP, AC;	
PATIENT, DOUGLAS	888888	COMMUNITY #1	M	56	UP;	
PATIENT, CELESTE	444444	COMMUNITY #2	F	73	UP, AC;	
PATIENT, RAY	222222	COMMUNITY #2	M	61	UP, AC; 03/26/01 RECTAL EXAM	
PATIENT, MARVIN	111111	COMMUNITY #2	M	62	UP; 06/10/02 FOB V LAB	
PATIENT, LUCAS	000124	COMMUNITY #3	M	84	UP, AC;	
PATIENT, PAUL	000001	COMMUNITY #4	M	69	UP;	
PATIENT, PETER	000003	COMMUNITY #4	M	77	UP; 07/18/02 DRE 89.34	
PATIENT, CHRIS	000004	COMMUNITY #4	M	85	UP, AC; 10/06/91 COLO 45.21	
PATIENT, DANIELLE	000005	SITE, URBAN	F	52	UP, AC;	
PATIENT, ROBERTA	000007	SITE, URBAN	F	58	UP;	
PATIENT, ELLEN	000008	SITE, URBAN	F	61	UP, AC; 01/26/01 FOB V LAB	

Figure 8-31: Sample Patient List, Colorectal Cancer Screening

8.6 Prevention Related Indicator Topics

8.6.1 Alcohol Screening (FAS Prevention)

GPRA Indicator Definition: During FY 2004, establish a baseline rate for alcohol use in female patients of child-bearing age [defined as ages 15 to 44].

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

Female User Population patients ages 15 to 44.

Numerator(s): Patients who have received any alcohol screen in the year prior to the end of the Report period.

A: Patients with any Alcohol Health Factor or other screening in prior year.

B: Patients with alcohol-related diagnoses in prior year.

C: Patients with alcohol-related patient education or counseling in prior year.

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

	CPT Codes	ICD and Other Codes
Alcohol Screening		V POV: V11.3 (history of alcoholism), V79.1 (screening for alcoholism)
Alcohol Diagnosis		V POV or current Problem List: 303.*, 305.0*, 291.*, 357.5* BHS Problem List: 10, 27, 29
Alcohol Education		PFE codes: containing "CD-" (Chemical Dependency)

Key Logic Changes from Previous Year: Added alcohol-related diagnoses and education as means to meet the screening indicator.**Patient List Description:** A list of women ages 15 through 44 with appropriate denominator indicated who have NO alcohol Health Factor recorded.

Indicator Targets: No HP2010 indicator for Alcohol screening.

IHS target FY 2005	5% over FY04 (TBD)
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DEMO SITE									
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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Alcohol Screening (FAS Prevention)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical ages 15-44									
(GPRA Denominator)	1,983		2,016			1,986			
# w/any alcohol screening (GPRA)	132	6.7	131	6.5	+0.2	125	6.3	+0.4	
A. # w/alcohol health factor/other screening	76	3.8	36	1.8	+2.0	38	1.9	+1.9	
B. # w/alcohol related diagnosis	56	2.8	90	4.5	-1.6	87	4.4	-1.6	
C: # w/alcohol related patient education	41	2.1	12	0.6	+1.5	5	0.3	+1.8	
Female User Population ages 15-44									
	2,689		2,656			2,613			
# w/any alcohol screening	137	5.1	136	5.1	-0.0	129	4.9	+0.2	
A. # w/alcohol health factor or other screening	76	2.8	38	1.4	+1.4	39	1.5	+1.3	
B. # w/alcohol related diagnosis	60	2.2	93	3.5	-1.3	90	3.4	-1.2	
C: # w/alcohol related patient education	42	1.6	12	0.5	+1.1	5	0.2	+1.4	

Figure 8-32: Sample Report, Alcohol Screening (FAS Prevention)

Alcohol Screening (FAS Prevention): Female pts w/NO screening									
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE				

PATIENT,AUBREY JANE	1111	COMMUNITY #1	F	15	UP,AC;				
PATIENT,DEBORAH J.	2222	COMMUNITY #1	F	19	UP;				
PATIENT,SHIRLEY ROSE	1234	COMMUNITY #1	F	21	UP,AC;				
PATIENT,SARA H	5678	COMMUNITY #1	F	29	UP;				
PATIENT,ELOISE	5555	COMMUNITY #2	F	31	UP,AC;				
PATIENT,CRYSTAL	6555	COMMUNITY #2	F	35	UP,AC;				
PATIENT,ANGELENA MA	6666	COMMUNITY #3	F	36	UP;				
PATIENT,MERCI L	7777	COMMUNITY #4	F	37	UP;				
PATIENT,DARLENA MARIA	8888	COMMUNITY #4	F	40	UP,AC;				

Figure 8-33: Sample Patient List, Alcohol Screening (FAS Prevention), Patients NOT Screened

8.6.2 Intimate Partner (Domestic) Violence Screening (New Indicator)

GPRA Indicator Definition: For FY 2004, ensure that 15% of eligible women patients between the ages of 18 and 40 are screened for domestic violence at direct care facilities.

Denominator(s): Female Active Clinical patients ages 13 and older.

GPRA Denominator: Female Active Clinical patients ages 16-24.

Female User Population patients ages 13 and older.

Numerator(s): Patients screened for domestic violence at any time in the year prior to the end of the Report period.

A: Patients with documented IPV/DV exam.

B: Patients with IPV/DV related diagnoses.

C: Patients provided with education or counseling about Domestic Violence

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes to define numerators.

	CPT Codes	ICD and Other Codes
IPV/DV Screening		V Exam: code 34
IPV/DV Diagnosis		V POV or current Problem List: 995.80, 995.81, V15.41, V15.42, V15.49 BHS Problem List: 43.*, 44.*
IPV/DV Education		PFE codes: containing “DV-” (Domestic Violence)
IPV/DV Counseling		V POV: V61.11

Patient List Description: A list of women ages 13 and older with appropriate denominator indicated who have NOT been screened.

Indicator Targets: No HP2010 indicator for Intimate Partner Violence screening.

IHS target FY 2004	15%
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Domestic Violence Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Female Active Clinical ages 13 and older									
	2,782		2,758			2,697			
# w/screening	39	1.4	56	2.0	-0.6	41	1.5	-0.1	
A. # w/documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	37	1.3	55	2.0	-0.7	41	1.5	-0.2	
C: # provided DV education	4	0.1	2	0.1	+0.1	0	0.0	+0.1	
# Female Active Clinical ages 16-24 (GPRA Denominator)									
	729		744			729			
# w/screening (GPRA)	5	0.7	20	2.7	-2.0	12	1.6	-1.0	
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	4	0.5	20	2.7	-2.1	12	1.6	-1.1	
C: # provided DV education	2	0.3	1	0.1	+0.1	0	0.0	+0.3	
# Female User Pop 13 and older									
	3,691		3,597			3,520			
# w/screening	42	1.1	56	1.6	-0.4	42	1.2	-0.1	
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	40	1.1	55	1.5	-0.4	42	1.2	-0.1	
C: # provided DV education	5	0.1	2	0.1	+0.1	0	0.0	+0.1	

Figure 8-34: Sample Report, Domestic Violence Screening Domestic Violence Screening: Female patients not screened

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MAURINA	31747	COMMUNITY #1	F	13	UP;;
PATIENT, TOBY	15744	COMMUNITY #1	F	26	UP;AC;
PATIENT, VIVIAN ELIZABE	11864	COMMUNITY #1	F	38	UP;AC;
PATIENT, SHIRLEY A	18890	COMMUNITY #1	F	55	UP;AC;
PATIENT, DELORES	18585	COMMUNITY #2	F	18	UP;AC;GP
PATIENT, CARMEN DONNA	27766	COMMUNITY #2	F	39	UP;AC;
PATIENT, BETTY LOU	34874	COMMUNITY #2	F	61	UP;AC;

Figure 8-35: Sample Patient List, Domestic Violence Screening.

8.6.3 Prenatal HIV Testing and Education

Indicator Definition: Increase the proportion of pregnant women screened for HIV during prenatal health care visits. [Based on HP 2010 developmental indicator 25-17, screening for sexually transmitted diseases including HIV infection.]

GPRA FY 2005 Indicator Definition: In FY 2005, establish baseline screening rates for HIV in pregnancy.

Denominator: All pregnant female patients with no recorded HIV diagnosis in POV or problem list.

Numerators: Patients who received counseling or patient education about HIV and testing during the past year.

Patients who received HIV test during the year prior to the end of the Report period, including refusals. **A.** Number of documented refusals.

Logic Description: Pregnancy is defined as at least two pregnancy-related visits during the year prior to the end of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy		V POV: V22.0-V23.9, 640-648, 651-676		
HIV diagnosis		V POV or Problem List: 042.0-044.9, V08, 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391	Refusal: Lab Test HIV	yes	BGP HIV TEST TAX
HIV Counseling		V POV: 65.44 HIV Counseling Patient education codes: containing "HIV-" or HIV diagnosis		

Key Logic Changes from Previous Year: None.

Patient List Description: A list of pregnant women with no recorded HIV diagnosis who have NOT received an HIV test.

Indicator Targets:

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS target	TBD

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
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Prenatal HIV Testing								
Pregnant Active Clinical								
w/ no HIV	229	243			201			
# w/HIV education	1	0.4	7	2.9	-2.4	1	0.5	-0.1
# w/HIV test	150	65.5	159	65.4	+0.1	43	21.4	+44.1
A. # test refusals	0	0.0	0	0.0	+0.0	1	0.5	-0.5

Figure 8-36: Sample Report, Prenatal HIV Testing

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
Prenatal HIV Testing: List of Pregnant Patients w/o documented screening					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					

PATIENT, AUDREY JANE	40004	COMMUNITY #1	F	18	
PATIENT, DEBORA	40008	COMMUNITY #1	F	22	
PATIENT, SHIRLEY ROSE	10009	COMMUNITY #1	F	36	
PATIENT, SARA LOUISE	40005	COMMUNITY #1	F	40	
PATIENT, SANDY	40002	COMMUNITY #2	F	27	
PATIENT, CRYSTAL	40005	COMMUNITY #2	F	31	
PATIENT, ANGELA MARGARET	40001	COMMUNITY #3	F	21	
PATIENT, NORMA L	40007	COMMUNITY #3	F	37	
PATIENT, CHARLIE	10000	COMMUNITY #4	F	26	

Figure 8-37: Sample Patient List, Prenatal HIV Testing

8.6.4 Chlamydia Screening

Indicator Definition: Increase the proportion of female patients ages 16 through 24 who have annual chlamydia screening.

Denominator(s): Female Active Clinical patients ages 16 through 24.

Female User Population patients ages 16 through 24.

Numerator(s): Patients tested for chlamydia in year prior to end of Report period.

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	87110, 87270, 87320, 87485-87, 87490-92, 87810	V POV: V73.88, V73.98	yes	BGP GPRA CHLAMYDIA TESTS

Key Logic Changes from Previous Year: New indicator.

Patient List Description: A list of women ages 16 through 24 without a documented chlamydia test.

Indicator Targets: TBD

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Baseline Period: Oct 01, 2000 to Sep 30, 2001								

Chlamydia Testing								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 16-24	729		744			729		
#/Chlamydia Screen	74	10.2	0	0.0	+10.2	0	0.0	+10.2
Female User Population ages 16-24	1,022		1,006			996		
# w/Chlamydia Screen	77	7.5	0	0.0	+7.5	0	0.0	+7.5

Figure 8-38: Sample Report Chlamydia Testing

Chlamydia Testing: List of Female pts 16-24 w/no documented screening					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

PATIENT, AYSHA ANNE	40001	COMMUNITY #1	F	19	UP;AC
PATIENT, CLARISSE LOUISE	40002	COMM #2	F	16	UP;
PATIENT, CHERYL	40003	COMM #2	F	24	UP;AC
PATIENT, SUSAN MARIA	40004	COMMUNITY #3	F	16	UP;AC
PATIENT, FELICITY IRENE	40005	COMMUNITY #3	F	18	UP;
PATIENT, LINDA MONICA	12345	COMMUNITY #3	F	21	UP;AC
PATIENT, MELISSA	54321	COMMUNITY #3	F	23	UP;

Figure 8-39: Sample Patient List, Female Patients Not Screened for Chlamydia

8.6.5 Obesity Assessment

GPRA Indicator Definition: For FY 2004, establish a baseline rate for BMI available for children and adults.

Proposed GPRA FY 2005: Each Area will increase the number of patients for whom BMI data can be measured by 5% over FY 2004. Each Area will generate a standard age-specific report of BMIs on children and adults.

Denominators: Active Clinical patients ages 2 through 74 at beginning of Report period. 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.

User Population patients ages 2 through 74 at beginning of Report period.

Numerators: Patients for whom a BMI could be calculated.

For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Total of all overweight patients.

Logic Description: Age is calculated at the beginning of the Report period. Age group breakdowns are based on Healthy People 2010. GPRA+ 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 with last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables.

Key Logic Change from Previous Year: None.

Patient List Description: List of patients for whom a BMI can NOT be calculated, with appropriate denominator defined.

GPRA Indicator Targets:

IHS FY 2004 Target for % patients with BMI available	50%
------------------------------------------------------	-----

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 predefined 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.

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Obesity Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Users									
ages 2-74									
(GPRA Denominator)	5,682		5,643			5,543			
# w/BMI calculated									
(GPRA)	2,320	40.8	2,350	41.6	-0.8	2,090	37.7	+3.1	
# overweight	468	8.2	521	9.2	-1.0	446	8.0	+0.2	
# Obese	1,175	20.7	1,141	20.2	+0.5	983	17.7	+2.9	
# Overweight/Obese	1,643	28.9	1,662	29.5	-0.5	1,429	25.8	+3.1	
# User Population									
Patients ages 2-74									
	8,056		7,920			7,762			
# w/BMI calculated	2,669	33.1	2,687	33.9	-0.8	2,436	31.4	+1.7	
# overweight	556	6.9	589	7.4	-0.5	533	6.9	+0.0	
# Obese	1,324	16.4	1,285	16.2	+0.2	1,128	14.5	+1.9	
# Overweight/Obese	1,880	23.3	1,874	23.7	-0.3	1,661	21.4	+1.9	

Figure 8-40: Sample Report Summary Page, Obesity Assessment

Obesity Assessment (con't)								
	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	646	695	955	633	1,032	800	530	391
# w/ BMI calculated	296	304	434	344	435	260	163	84
% w/BMI calculated	45.8	43.7	45.4	54.3	42.2	32.5	30.8	21.5
# Overweight	53	39	85	84	98	53	32	24
% Overweight	17.9	12.8	19.6	24.4	22.5	20.4	19.6	28.6
# Obese	86	113	181	193	273	173	112	44
% Obese	29.1	37.2	41.7	56.1	62.8	66.5	68.7	52.4
# Overweight or Obese	139	152	266	277	371	226	144	68
% Overweight or Obese	47.0	50.0	61.3	80.5	85.3	86.9	88.3	81.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	625	713	947	655	1,050	791	503	359
# w/ BMI calculated	282	353	444	354	407	272	139	99
% w/BMI calculated	45.1	49.5	46.9	54.0	38.8	34.4	27.6	27.6
# Overweight	53	60	86	105	100	56	26	35
% Overweight	18.8	17.0	19.4	29.7	24.6	20.6	18.7	35.4
# Obese	66	143	182	184	247	174	96	49
% Obese	23.4	40.5	41.0	52.0	60.7	64.0	69.1	49.5
# Overweight or Obese	119	203	268	289	347	230	122	84
% Overweight or Obese	42.2	57.5	60.4	81.6	85.3	84.6	87.8	84.8
CHANGE FROM PREV YR %								
w/ BMI calculated	+0.7	-5.8	-1.4	+0.3	+3.4	-1.9	+3.1	-6.1
Overweight	-0.9	-4.2	+0.2	-5.2	-2.0	-0.2	+0.9	-6.8
Obese	+5.6	-3.3	+0.7	+4.1	+2.1	+2.6	-0.4	+2.9
Overweight or Obese	+4.8	-7.5	+0.9	-1.1	+0.0	+2.4	+0.6	-3.9
BASELINE REPORT PERIOD								
Total # Active Clin	601	705	934	667	1,079	763	468	326
# w/ BMI calculated	283	321	419	327	358	223	96	63
% w/BMI calculated	47.1	45.5	44.9	49.0	33.2	29.2	20.5	19.3
# Overweight	46	45	86	92	90	43	27	17
% Overweight	16.3	14.0	20.5	28.1	25.1	19.3	28.1	27.0
# Obese	62	125	177	171	204	146	60	38
% Obese	21.9	38.9	42.2	52.3	57.0	65.5	62.5	60.3
# Overweight or Obese	108	170	263	263	294	189	87	55
% Overweight or Obese	38.2	53.0	62.8	80.4	82.1	84.8	90.6	87.3
CHANGE FROM BASE YR %								
w/ BMI calculated	-1.3	-1.8	+0.6	+5.3	+9.0	+3.3	+10.2	+2.2
Overweight	+1.7	-1.2	-0.9	-3.7	-2.6	+1.1	-8.5	+1.6
Obese	+7.1	-1.8	-0.5	+3.8	+5.8	+1.1	+6.2	-7.9
Overweight or Obese	+8.8	-3.0	-1.5	+0.1	+3.2	+2.2	-2.3	-6.3

Figure 8-41: Sample Report, Age Breakout, Obesity Assessment

Obesity Assessment: Patients w/denominated identified with no BMI

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, DOUGLAS	123456	COMMUNITY #1	M	56	UP;
PATIENT, BONNIE	234567	COMMUNITY #2	F	3	UP;
PATIENT, SARAH	345678	COMMUNITY #2	F	18	UP, AC
PATIENT, TAMMY	456789	COMMUNITY #2	F	21	UP
PATIENT, VELMA	567891	COMMUNITY #2	F	34	UP, AC;
PATIENT, WENDY	678912	COMMUNITY #2	F	35	UP
PATIENT, HORTENCE	789123	COMMUNITY #2	F	40	UP, AC;
PATIENT, BERTHA	891234	COMMUNITY #2	F	50	UP
PATIENT, RITA	912345	COMMUNITY #2	F	69	UP
PATIENT, HENRY	000001	COMMUNITY #2	M	7	UP

Figure 8-42: Sample Patient List for Obesity Assessment Indicator, Patients with no BMI

8.6.6 Nutrition and Exercise Education for At Risk Patients

Indicator Definition: Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

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

A. Obese patients only. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010. Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever.

Numerators: Patients provided with medical nutrition counseling in the year prior to end of Report period.

Patients provided specific nutrition education in the prior year.

Patients provided specific exercise education in the prior year.

Patients provided with other related exercise and nutrition education.

Logic Description: Age of the patient is calculated at beginning of Report period. Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than (\Rightarrow) 25. Obese: Ages 19 and older, BMI equal to or greater than (\Rightarrow) 30. For ages 18 and under, definition based on standard tables. GPRA+ calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

GPRA+ uses 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) (or old code "-DT" (diet)).
Exercise education		V POV: V65.41 exercise counseling Patient education codes: ending "-EX" (exercise).
Related exercise and nutrition counseling		Patient education codes: ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Key Logic Changes from Previous Year: Added Overweight Patient denominator.
Added Medical Nutrition numerator.

Patient List Description: A list of at risk patients with the appropriate denominator identified with education code and date, if any.

Indicator Targets for Diabetic Education:

HP 1997 data	42%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75%

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Nutrition and Exercise Education for At Risk Patients									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# All Overweight Active Clinical patients =>6	1,504		1,543			1,321			
# w/medical nutrition counseling	70	4.7	35	2.3	+2.4	32	2.4	+2.2	
# specific nutrition education provided	126	8.4	145	9.4	-1.0	65	4.9	+3.5	
# w/exercise educ	51	3.4	53	3.4	-0.0	6	0.5	+2.9	
# w/ other exec or nutrition educ	48	3.2	60	3.9	-0.7	4	0.3	+2.9	
# Obese Active Clinical patients =>6	1,089		1,075			921			
# w/medical nutrition counseling	66	6.1	31	2.9	+3.2	27	2.9	+3.1	
# specific nutrition education provided	110	10.1	120	11.2	-1.1	55	6.0	+4.1	
# w/exercise educ	44	4.0	44	4.1	-0.1	4	0.4	+3.6	
# w/ other exec or nutrition educ	38	3.5	50	4.7	-1.2	3	0.3	+3.2	
# Active Diabetics	645		607			545			
# w/medical nutrition counseling	39	6.0	16	2.6	+3.4	41	7.5	-1.5	
# specific nutrition education provided	121	18.8	124	20.4	-1.7	86	15.8	+3.0	
# w/exercise educ	51	7.9	61	10.0	-2.1	12	2.2	+5.7	
# w/ other exec or nutrition educ	22	3.4	38	6.3	-2.8	2	0.4	+3.0	

Figure 8-43: Sample Report, Nutrition and Exercise Education for At Risk Patients

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Nutrition and Exercise Education (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	113	181	554	210	31
# Med Nutr Educ	4	10	35	17	0
% w/Med Nutr Educ	3.5	5.5	6.3	8.1	0.0
# w/spec nutr educ	5	14	60	31	0
% w/spec nutr ed	125.0	140.0	171.4	182.4	0.0
# w/exercise educ	4	8	21	11	0
% w/exercise ed	100.0	80.0	60.0	64.7	0.0
# w/other educ	3	10	18	7	0
% w/other educ	75.0	100.0	51.4	41.2	0.0

Figure 8-44: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education: List of at risk patients w/education, if any					
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE

PATIENT, CATHERINE	11111	COMM #1	F	65	OW,AD,OB
PATIENT, KATHLEEN	11112	COMMUNITY #2	F	35	OW
PATIENT, BERNARD, SR	11113	COMMUNITY #2	M	39	OW,OB
PATIENT, MARISSA G	11114	COMMUNITY #3	F	8	OW,OB
PATIENT, ANGELA DELORES	11115	COMMUNITY #3	F	39	OW
PATIENT, LORETTA SARAH	11116	COMMUNITY #3	F	42	OW,AD,OB
PATIENT, PHYLLIS ANN	11117	COMMUNITY #3	F	47	OW,AD,OB 06/11/03 V65.3;
PATIENT, CECELIA A	11118	COMMUNITY #3	F	62	OW,AD,OB
PATIENT, DARYL S	11119	COMMUNITY #3	M	9	OW
PATIENT, JOHN BERNARD	11101	COMMUNITY #3	M	11	OW,OB
PATIENT, ANTHONY CHARLES	11102	COMMUNITY #3	M	25	OW,OB
PATIENT, EDWARD JOHN	11103	COMMUNITY #3	M	30	OW
PATIENT, ANTHONY RYAN	11104	COMMUNITY #3	M	35	OW,OB 04/18/03 Prv: 29;04/18/03 V65.3;
PATIENT, ROBERT WALTER	11105	COMMUNITY #3	M	42	OW,AD
PATIENT, JULIAN THOMAS	11106	COMMUNITY #3	M	45	OW,AD 01/08/03 Prv: 29;03/26/03 V65.3;
PATIENT, CHARLES CELE	11107	COMMUNITY #3	M	51	OW,AD,OB04/17/03 Prv: 29;04/08/03 DM-N;04/08/03 DM-EX EX;04/08/03 DM-LA OTH
PATIENT, THERESA ELIZAB	11108	COMM #4	F	6	OW,OB
PATIENT, REBECCA CHRIS	11109	COMM #4	F	8	OW

Figure 8-45: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

8.6.7 Assessment for Tobacco Use and Exposure to Second Hand Smoke

GPRA Indicator Description: During FY 2004, establish a baseline rate for tobacco use screening.

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

Pregnant patients, defined as at least two visits with pregnancy POV during the year prior to the end of the Report period.

All User Population patients ages 5 and older.

Numerators: Patients who have been screened for tobacco use in the year prior to the end of the Report period.

Patients identified in past year as current tobacco users, both smokers and smokeless users.

A. Patients identified as current smokers in the past year.

B. Patients identified as current smokeless tobacco users in the past year.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) in the past year.

Logic Description: Age is calculated at the beginning of the Report period. Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented in past year; 2. Tobacco-related diagnosis; 3. Dental code 1320; 4. Tobacco-related patient education code.

GPRA+ uses the following codes:

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits in past year)		V POV: V22.0-V23.9, 640.*-648.*, 651.*-676.*
Tobacco users and Current Smokers		V POV or current Active Problem List: 305.1*, V15.82 Dental code: 1320
Patient education		PFE code: containing “TO-“ or “-TO”

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

Health Factor	Numerator
CEREMONIAL	Screened <u>(does NOT count as Smoker)</u>
CESSATION-SMOKELESS	Screened
CESSATION-SMOKER	Screened
CURRENT SMOKELESS	Screened; Tobacco Users; Smokeless User
CURRENT SMOKER	Screened; Tobacco Users; Smoker
NON-TOBACCO USER	Screened
PREVIOUS SMOKELESS	Screened
PREVIOUS SMOKER	Screened
SMOKE FREE HOME	Screened
SMOKER IN HOME	Screened; ETS
CURRENT SMOKER & SMOKELESS	Screened; Tobacco Users; Smoker; Smokeless User
EXPOSURE TO ENVIRONMENTAL TOBACCO SMOKE	Screened; ETS

Key Logic Changes from Previous Year: Tobacco cessation numerator has been moved to separate indicator topic. Patient list records patients with NO screening, rather than with screening.

Patient List Definition: List of patients with no Tobacco Health Factor or tobacco-related diagnosis in past year.

Indicator Targets: TBD

IHS 2004 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

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Tobacco Use and Exposure Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Active Clinical Patients									
ages => 5									
(GPRA Denominator)	9,486		8,209			7,483			
# w/Tobacco									
Screening (GPRA)	3,454	36.4	2,475	30.1	+6.3	2,551	34.1	+2.3	
# tobacco users	1,789	18.9	1,384	16.9	+2.0	1,256	16.8	+2.1	
A. # Smokers	1,736	18.3	1,381	16.8	+1.5	1,255	16.8	+1.5	
B. # Smokeless Tobacco									
Users	60	0.6	7	0.1	+0.5	3	0.0	+0.6	
# exposed to ETS/ smoker in home	31	0.3	5	0.1	+0.1	36	0.5	-0.2	
Active Clinical									
Pregnant women									
	305		267			230			
# w/Tobacco									
Screening	149	48.9	107	40.1	+8.8	115	50.0	-1.1	
# tobacco users	94	30.8	77	28.8	+2.0	79	34.3	-3.5	
A. # Smokers	92	30.2	77	28.8	+1.3	79	34.3	-4.2	
B. # Smokeless Tobacco									
Users	3	1.0	0	0.0	+1.0	0	0.0	+1.0	
# exposed to ETS/ smoker in home	2	0.7	0	0.0	+0.7	1	0.4	+0.2	

Figure 8-46: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment (cont.)

	TOTAL ACTIVE CLINICAL POPULATION					
	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
# Active Clinical	1,085	475	851	1,832	798	178
# Tobacco Screening	2	10	40	167	156	43
% w/Tobacco Screening	0.2	2.1	4.7	9.1	19.5	24.2
# Tobacco Users	0	4	14	78	51	8
% Tobacco Users	0.0	40.0	35.0	46.7	32.7	18.6
# Smokers	0	4	14	74	51	8
% Smokers	0.0	40.0	35.0	44.3	32.7	18.6
# Smokeless	0	0	0	4	0	0
% Smokeless	0.0	0.0	0.0	2.4	0.0	0.0
# Smokers receiving Cessation Counseling	0	0	0	0	0	0
% Smokers receiving Cessation Counseling	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	1,113	465	878	1,841	755	154
# Tobacco Screening	2	10	42	167	151	36
% w/Tobacco Screening	0.2	2.2	4.8	9.1	20.0	23.4
# Tobacco Users	1	7	25	74	45	6
% Tobacco Users	50.0	70.0	59.5	44.3	29.8	16.7
# Smokers	1	7	25	73	45	6
% Smokers	50.0	70.0	59.5	43.7	29.8	16.7
# Smokeless	0	0	0	1	0	0
% Smokeless	0.0	0.0	0.0	0.6	0.0	0.0
# Smokers receiving Cessation Counseling	0	0	0	0	0	0
% Smokers receiving Cessation Counseling	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	+0.0	-0.0	-0.1	+0.0	-0.5	+0.8
Tobacco Users	-50.0	-30.0	-24.5	+2.4	+2.9	+1.9
Smokers	-50.0	-30.0	-24.5	+0.6	+2.9	+1.9
Smokeless	+0.0	+0.0	+0.0	+1.8	+0.0	+0.0
Counseling	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 8-47: Sample Age Breakdown Report, Tobacco Use Assessment

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, JOSIE	100001	COMMUNITY #1	F	63	UP, AC;
PATIENT, SARAH	200002	COMMUNITY #2	F	18	UP;
PATIENT, MARILYN	200001	COMMUNITY #2	F	22	UP, AC, PREG;
PATIENT, SYDNEY	111111	COMMUNITY #2	F	23	UP;
PATIENT, GLADYS	111110	COMMUNITY #2	F	25	UP;
PATIENT, MARILYN	100006	COMMUNITY #2	F	26	UP, AC, PREG;
PATIENT, PRISCILLA	100009	COMMUNITY #2	F	26	UP;
PATIENT, RUTH	200004	COMMUNITY #2	F	37	UP, AC;
PATIENT, LENA	100003	COMMUNITY #2	F	38	UP;
PATIENT, LINDSAY	200002	COMMUNITY #2	F	43	UP;
PATIENT, SOPHIA	100007	COMMUNITY #2	F	44	UP, AC;

Figure 8-48: Sample Patient List, Tobacco Use Assessment

8.6.8 Tobacco Cessation

Indicator Definition: For FY 2004, increase the percentage of patients identified as tobacco users who are counseled on quitting.

Denominators: Active Clinical patients identified as current tobacco users at least one year prior to end of Report period.

User Population patients identified as current tobacco users at least one year prior to end of Report period.

Numerators: Patients who have received tobacco cessation counseling in year prior to the end of the Report period.

Patients counseled in prior year on smoking cessation medications.

Patients identified in prior year as quit tobacco use.

Logic Description: GPRA+ uses the following codes:

	ICD and Other Codes
Tobacco Users	<p>Tobacco Health Factors: Current Smoker; Current Smokeless; Current Smoker and Smokeless</p> <p>V POV or current Active Problem List: 305.1*, V15.82</p> <p>Dental code: 1320</p>
Tobacco Cessation Counseling	<p>PFE code: “TO-QT” (tobacco quit) or “TO-LA” (lifestyle adaptation)</p> <p>Dental code: 1320</p> <p>Clinic code: 94 (tobacco cessation clinic)</p>

ICD and Other Codes	
Tobacco Cessation Medication Counseling	Patient education code: "TO-M" (medications)
Quit Tobacco User	Tobacco Health Factors documented in prior year: Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless

Key Logic Changes from Previous Year: Separated tobacco cessation from tobacco use assessment indicator topic; added tobacco cessation medication counseling and quit tobacco use.

Patient List Description: List of Tobacco Users with counseling codes, if any.

Indicator Target: TBD

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Tobacco Cessation									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Tobacco Users	157		158			184			
# w/tobacco cessation counseling	7	4.5	1	0.6	+3.8	0	0.0	+4.5	
# counseled on smoking cessation medications	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
# who quit	2	1.3	1	0.6	+0.6	2	1.1	+0.2	
User Population Tobacco Users	173		170			202			
# w/tobacco cessation counseling	11	6.4	1	0.6	+5.8	0	0.0	+6.4	
# counseled on smoking cessation medications	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# who quit	2	1.2	1	0.6	+0.6	2	1.0	+0.2	

Figure 8-49: Sample Report, Tobacco Cessation

Tobacco Cessation: List of Tobacco Users w/counseling, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,ALBERTA LINDA	90000	COMMUNITY #1	F	38	
PATIENT,ROBERT M	90001	COMMUNITY #1	M	42	02/03/03 TO-M
PATIENT,MICHAEL CHARLES	90012	COMMUNITY #2	F	20	
PATIENT,KIMBERLY SONYA	90013	COMMUNITY #2	F	26	
PATIENT,MARIE ELIZABETH	90004	COMMUNITY #2	F	29	
PATIENT,TAMARA J	90050	COMMUNITY #2	F	34	07/10/03 ADA 1320
PATIENT,CAROL LEE	90007	COMMUNITY #2	F	38	

Figure 8-50: Sample Patient List Tobacco Cessation

8.7 Cardiovascular Disease Related Indicator Topics

8.7.1 Cardiovascular Disease Prevention: Cholesterol Screening

Indicator Definition: Increase the proportion of adults 18 through 65 who have had their blood cholesterol checked within the preceding 5 years. [Based on HP 2010 indicator 12.15.]

Denominators: All Active Clinical patients ages 23 through 65, broken down by gender.

All User Population patients ages 23 through 65, broken down by gender.

Numerator: Patient with documented cholesterol screening any time in the five years prior to the end of the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-65 in the definition and 23-65 in the logic is because GPRA+ looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18.

This indicator is met with either a Lipid Profile or a Total Cholesterol panel, e.g., an LDL value only will not count toward meeting the indicator. GPRA+ counts all Y instances reported, regardless of the results of the measurement.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lipid Profile (Panel)	80061	V77.91 (screening for lipoid disorders)	yes	DM AUDIT LIPID PROFILE TAX
Total Cholesterol	82465		yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from Previous Year: LDL only has been removed as a means for meeting this indicator.

Patient List Description: A list of patients ages 23 through 65 at the beginning of the Report period, with the appropriate denominator identified. Displays the date of the test that meets the numerator definition, if any, and the test code.

Indicator Targets:

HP 1998 baseline	67%
HP 2010 target for adults who have had blood cholesterol checked (12.15)	80%

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Cardiovascular Disease Prevention: Cholesterol Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical users									
ages 23-70	2,963		2,950			2,911			
# w/ Cholesterol screening	1,142	38.5	1,118	37.9	+0.6	1,114	38.3	+0.3	
# Male Active Clinical pop ages 23-70	988		985			976			
# w/ Cholesterol screening	409	41.4	415	42.1	-0.7	424	43.4	-2.0	
# Female Active Clinical pop ages 23-70	1,975		1,965			1,935			
# w/ Cholesterol screening	733	37.1	703	35.8	+1.3	690	35.7	+1.5	
# User Population users ages 23-70	4,181		4,100			4,016			
# w/ Cholesterol screening	1,238	29.6	1,200	29.3	+0.3	1,200	29.9	-0.3	
Total # of Male User Pop ages 23-70	1,608		1,589			1,550			
# w/ Cholesterol screening	467	29.0	456	28.7	+0.3	470	30.3	-1.3	
Total # Female User Pop 23-70 yrs	2,573		2,511			2,466			
# w/ Cholesterol screening	771	30.0	744	29.6	+0.3	730	29.6	+0.4	

Figure 8-51: Sample Report, Cholesterol Screening

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CVD: Patients w/denominator identified and cholesterol screen, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

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PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT,AUBREY JANE	999999	COMMUNITY #1	F	23	UP,AC;
PATIENT,DEBORAH J.	888888	COMMUNITY #1	F	28	UP,AC; 04/01/02 V77.91
PATIENT,SHIRLEY ROSE	777777	COMMUNITY #1	F	34	UP; 10/11/01 LP
PATIENT,SARA H	666666	COMMUNITY #1	F	37	UP,AC;
PATIENT,ZELDA	555555	COMMUNITY #1	F	41	UP; 08/12/02 CHOL
PATIENT,CRYSTAL	666666	COMMUNITY #1	F	45	UP;
PATIENT,ANGELENA MA	777777	COMMUNITY #1	F	49	UP; 01/15/02 80061
PATIENT,MERCI L	824978	COMMUNITY #1	F	62	UP,AC;
PATIENT,DARLENA MARIA	974309	COMMUNITY #1	F	65	UP; 09/18/01 LDL

Figure 8-52: Sample Patient List, Cholesterol Screening

8.7.2 Cardiovascular Disease Prevention: Lipids Assessment

Indicator Definition: For FY 2004, increase the proportion of patients ages 46 and older who have been assessed for dyslipidemia in the past five years.

Denominators: All Active Clinical patients ages 46 and over at the beginning of the Report period who are not diabetic (no diagnosis ever). Breakdown by gender.

All User Population patients ages 46 and over at the beginning of the Report period who are not diabetic (no diagnosis ever). Breakdown by gender. Active Diabetic patients ages 46 and older, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 diabetes-related visits ever. Broken out by gender.

Numerators: Patients who have had *either* a LIPID PROFILE *or* an LDL, an HDL and Triglyceride (TG) (all three) in the five years prior to the end of the Report period.

Patients with LDL completed, regardless of result.

Patients with LDL less than or equal to (<=) 100.

Patients with LDL 101 through 130.

Patients with LDL 131 through 160.

Patients with LDL greater than (>) 160.

Logic Description: Age of the patient is calculated at beginning of the Report period. For Denominator, no diabetes diagnosis ever (POV 250.00-250.93). For first two numerators, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerators, finds the last test done in the 5 years prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

Key Logic Changes from Previous Year: Age range has changed to 46 and older, from 45 and older.

Patient List Description: List of Patients ages 46 or older with appropriate denominator identified. The date of any tests described in the numerators, with the LDL value, if any.

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Cardiovascular Disease Prevention: Lipids Assessment									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
=>46 w/no DM DX	414		396			375			
# w/Lipid Profile OR TG&HDL&LDL recorded	188	45.4	177	44.7	+0.7	165	44.0	+1.4	
# w/LDL done regardless of result	100	24.2	93	23.5	+0.7	84	22.4	+1.8	
# w/LDL result =<100	30	7.2	25	6.3	+0.9	19	5.1	+2.2	
# w/LDL result 101-130	38	9.2	34	8.6	+0.6	28	7.5	+1.7	
# w/LDL result 131-160	16	3.9	13	3.3	+0.6	15	4.0	-0.1	
# w/LDL result >160	5	1.2	4	1.0	+0.2	3	0.8	+0.4	
User Population									
=>46 w/no DM DX	632		603			579			
# w/Lipid Profile OR TG&HDL&LDL recorded	205	32.4	193	32.0	+0.4	174	30.1	+2.4	
# w/LDL done regardless of result	105	16.6	99	16.4	+0.2	89	15.4	+1.2	
# w/LDL result =<100	30	4.7	25	4.1	+0.6	19	3.3	+1.5	
# w/LDL result 101-130	40	6.3	35	5.8	+0.5	28	4.8	+1.5	
# w/LDL result 131-160	16	2.5	13	2.2	+0.4	15	2.6	-0.1	
# w/LDL result >160	6	0.9	6	1.0	-0.0	5	0.9	+0.1	
Active Diabetic Patients									
=> 46	394		347			306			
# w/Lipid Profile OR TG&HDL&LDL recorded	352	89.3	311	89.6	-0.3	272	88.9	+0.5	
# w/LDL done regardless of result	193	49.0	164	47.3	+1.7	112	36.6	+12.4	
# w/LDL result =<100	114	28.9	88	25.4	+3.6	42	13.7	+15.2	
# w/LDL result 101-130	42	10.7	40	11.5	-0.9	29	9.5	+1.2	
# w/LDL result 131-160	11	2.8	10	2.9	-0.1	18	5.9	-3.1	
# w/LDL result >160	7	1.8	7	2.0	-0.2	3	1.0	+0.8	

Figure 8-53: Sample Report, CVD Prevention: Lipids Assessment

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CVD Prevention: Lipids Assessment: List Pts w/denominator & Lipid, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

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PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, MARVIN	96312	COMMUNITY #2	M	60	UP, AC; LP; 12/06/01 126
PATIENT, TRAVIS MARTIN	12345	COMMUNITY #4	M	46	AD;
PATIENT, SOPHIA ANNA	123456	COMMUNITY #2	F	45	UP; LP; 09/13/02 94
PATIENT, HAROLD S	741852	COMMUNITY #2	M	51	UP, AC; LP;
PATIENT, EMMA VALDEZ	99999	COMMUNITY #3	F	46	UP, AC; LP; 05/02/02 no result
PATIENT, CHRISTINE MARTI	888888	COMMUNITY #3	F	50	AD;
PATIENT, ERNESTINE LYMAN	77777	COMMUNITY #3	F	60	UP;
PATIENT, REGINALD	66666	COMMUNITY #3	M	51	UP, AC; LP
PATIENT, BERNARD S	555555	COMMUNITY #3	M	55	UP, AC;
PATIENT, LORENA	44444	SITE, RURAL	F	48	UP; LP; 02/05/02 139
PATIENT, ELIZABETH	333333	SITE, RURAL	F	67	AD;
PATIENT, CHARLENE ANN	222222	SITE, RURAL	F	73	UP;
PATIENT, LINDA	111111	SITE, URBAN	F	52	UP, AC;
PATIENT, JERRY P	000000	SITE, URBAN	M	61	AD; LP; 08/12/02 150

Figure 8-54: Sample Patient List, CVD Prevention: Lipids Assessment

8.7.3 Cardiovascular Disease Prevention: Blood Pressure Control

Indicator Definition: For FY 2004, increase the proportion of patients ages 18 and older who blood pressure has been assessed in past two years.

Denominators: All Active Clinical patients ages 20 and older who are not diabetic (no diagnosis ever). Broken down by gender.

All User Population patients ages 20 and older who are not diabetic (no diagnosis ever.) Broken down by gender.

Numerators: Patients with Blood Pressure (BP) value documented at least twice in the prior two years.

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

Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.

Patients with Stage 2 Hypertension BP, defined as $\Rightarrow 160/100$, i.e., the mean systolic value is equal to or greater than (\Rightarrow) 160 AND the mean diastolic value is equal to or greater than (\Rightarrow) 100.

Logic Description: Age of the patient is calculated at beginning of the Report period. The difference between the age range 18 and older in the definition and 20 and older in the logic is because GPRA+ looks back 2 years for BP values.

For Denominators, no diabetes diagnosis ever (POV 250.00-250.93). For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the 2 years prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

Patient List Description: A list of all patients ages 20 and older, with their denominator identifier and mean blood pressure value, if any.

GPRA Indicator Past Performance and Targets:

HP 2010 Goal for % of adults with high blood pressure (140/90)	16%
----------------------------------------------------------------	-----

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Cardiovascular Disease Prevention: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
ages 20 and older	2,507		2,544			2,556			
# w/ BPs									
documented	1,893	75.5	1,947	76.5	-1.0	1,960	76.7	-1.2	
# w/Normal BP	981	39.1	1,001	39.3	-0.2	950	37.2	+2.0	
# w/PRE HTN I BP	435	17.4	440	17.3	+0.1	478	18.7	-1.3	
# w/PRE HTN II BP	322	12.8	337	13.2	-0.4	359	14.0	-1.2	
# w/Stage 1									
HTN BP	143	5.7	154	6.1	-0.3	158	6.2	-0.5	
# w/Stage 2									
HTN BP	12	0.5	15	0.6	-0.1	15	0.6	-0.1	
User Pop Patients									
ages 20 and older	3,815		3,777			3,732			
# w/ BPs									
documented	1,920	50.3	1,964	52.0	-1.7	1,973	52.9	-2.5	
# w/Normal BP	995	26.1	1,009	26.7	-0.6	958	25.7	+0.4	
# w/PRE HTN I BP	437	11.5	442	11.7	-0.2	480	12.9	-1.4	
# w/PRE HTN II BP	329	8.6	342	9.1	-0.4	361	9.7	-1.0	
# w/Stage 1									
HTN BP	147	3.9	156	4.1	-0.3	159	4.3	-0.4	
# w/Stage 2									
HTN BP	12	0.3	15	0.4	-0.1	15	0.4	-0.1	

Figure 8-55: Sample Report, CVD Prevention: Blood Pressure Control

CVD: BP Control: List of Pts =>20 w/denominator & mean BP, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, JOSIE L	000000	COMMUNITY #1	F	63	UP,AC; 110/56 NORMAL
PATIENT, DOUGLAS	111111	COMMUNITY #1	M	56	UP; u
PATIENT, TRACY MARGARET	222222	COMMUNITY #2	F	52	UP,AC; 120/74 PRE STG 1
PATIENT, RITA SUE	444444	COMMUNITY #2	F	69	UP; u
PATIENT, CELESTE	555555	COMMUNITY #2	F	73	UP,AC; 131/81 PRE STG II
PATIENT, MAUDE	666666	COMMUNITY #2	F	76	UP,AC; u
PATIENT, ADAM CHARLES	777777	COMMUNITY #2	M	51	UP; u
PATIENT, RAY	666666	COMMUNITY #2	M	61	AD; 115/73 NORMAL
PATIENT, MARVIN G	555555	COMMUNITY #2	M	62	UP,AC; 134/82 PRE STG II
PATIENT, ABRAHAM SAUL	444444	COMMUNITY #2	M	81	UP,AC; 127/76 PRE STG 1
PATIENT, DALLAS R	222222	COMMUNITY #3	M	80	UP; u
PATIENT, PAUL	000001	COMMUNITY #4	M	69	UP; u
PATIENT, MARVIN	000002	COMMUNITY #4	M	74	AD; 114/61 NORMAL

Figure 8-56: Sample Patient List, CVD Prevention: Blood Pressure Control

8.7.4 Hypertension Control

Indicator Definition: For FY 2004, increase the proportion of hypertensive patients whose blood pressure is controlled, defined as $\leq 140/90$ (based on HEDIS definition).

Denominator: All Active Clinical patients ages 46 through 85 diagnosed with hypertension.

Numerators: Patients with Blood Pressure (BP) value documented at least twice in the prior two years.

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

Patients with Pre Hypertension I BP, defined as equal to or greater than (\Rightarrow) 120/80 and less than ($<$) 130/80, i.e., the mean systolic value is equal to or greater than (\Rightarrow) 120 and less than ($<$) 130 AND the mean diastolic value is equal to 80.

Patients with Pre Hypertension II BP, defined as $\Rightarrow 130/80$ and $<140/90$, i.e., the mean systolic value is equal to or greater than (\Rightarrow) 130 and less than ($<$) 140 AND the mean diastolic value is equal to or greater than (\Rightarrow) 80 and less than ($<$) 90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as $\Rightarrow 140/90$ and $<160/100$, i.e., the mean systolic value is equal to or greater than (\Rightarrow) 140 and less than ($<$) 160 AND the mean diastolic value is equal to or greater than (\Rightarrow) 90 and less than ($<$) 100.

Patients with Stage 2 Hypertension BP, defined as $\Rightarrow 160/100$, i.e., the mean systolic value is equal to or greater than (\Rightarrow) 160 AND the mean diastolic value is equal to or greater than (\Rightarrow) 100.

Logic Description: Age of the patient is calculated at beginning of the Report period. For Denominator, hypertension is defined as diagnosis (POV or problem list) 401.*– 405.* at least one year prior to end of Report period, and at least one hypertension POV during Report period.

For each of the numerators, GPRA+ uses the last 2 Blood Pressures documented on non-ER visits in the year prior to end of Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

Patient List Description: A list of all patients ages 46 through 85 diagnosed with hypertension, with their mean blood pressure value, if any.

Indicator Targets: TBD

REPORT PERIOD		%	PREV YR PERIOD		%	CHG from BASE PERIOD		%	CHG from BASE %		
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Hypertension Control											
Active Clinical Patients											
ages 46 through 85											
w/Hypertension		378	314			284					
# w/ BPs											
documented		349	92.3	294	93.6	-1.3	261	91.9	+0.4		
# w/Normal BP		83	22.0	71	22.6	-0.7	52	18.3	+3.6		
# w/PRE HTN I BP		76	20.1	62	19.7	+0.4	59	20.8	-0.7		
# w/PRE HTN II BP		94	24.9	60	19.1	+5.8	65	22.9	+2.0		
# w/Stage 1											
HTN BP		72	19.0	81	25.8	-6.7	67	23.6	-4.5		
# w/Stage 2											
HTN BP		24	6.3	20	6.4	-0.0	18	6.3	+0.0		

Figure 8-57: Sample Report, Hypertension Control

Hypertension Control: List of patients w/ Hypertension, w/ BP value, if any											
PATIENT NAME		HRN	COMMUNITY		SEX	AGE	VALUE				

PATIENT, YOLANDA RUTH		919559	COMMUNITY	#1	F	46	HTN PT;	129/81	PRE	STG	II
PATIENT, MABLE ANN		927108	COMMUNITY	#1	F	54	HTN PT;	116/60	NORMAL		
PATIENT, LEONA MARIE		934347	COMMUNITY	#1	F	57	HTN PT;	127/61	PRE	STG	1
PATIENT, CECELIA W		947706	COMMUNITY	#1	F	62	HTN PT;	100/62	NORMAL		
PATIENT, RICHARD W		956375	COMMUNITY	#1	M	46	HTN PT;	137/73	PRE	STG	II
PATIENT, MARVIN ROBERT		964704	COMMUNITY	#1	M	54	HTN PT;	131/77	PRE	STG	II
PATIENT, ALFRED		972713	COMMUNITY	#1	M	61	HTN PT;				
PATIENT, REUBEN JOSEPH		988672	COMMUNITY	#1	M	82	HTN PT;	119/64	NORMAL		
PATIENT, DELLA ANN		993401	COMMUNITY	#2	F	47	HTN PT;	151/91	STG	1	HTN
PATIENT, MARIA GRACE		916351	COMMUNITY	#2	F	60	HTN PT;	168/89	STG	2	HTN
PATIENT, CHRISTINE ANITA		923842	COMMUNITY	#2	F	61	HTN PT;	123/65	PRE	STG	1
PATIENT, CAROL JUNE		930903	COMMUNITY	#2	F	64	HTN PT;	u			
PATIENT, PATRICIA ANNE		944904	COMMUNITY	#2	F	70	HTN PT;	u			
PATIENT, CLARA MARIA		955025	COMMUNITY	#2	F	73	HTN PT;	152/73	STG	1	HTN
PATIENT, DONNA ELIZABETH		964356	COMMUNITY	#2	F	77	HTN PT;	156/75	STG	1	HTN
PATIENT, JANET J		974427	COMMUNITY	#2	F	85	HTN PT;	u			
PATIENT, DAVID JOHN		984518	COMMUNITY	#2	M	47	HTN PT;	128/78	PRE	STG	1
PATIENT, ROBERT ALLEN, JR		994759	COMMUNITY	#2	M	51	HTN PT;	161/80	STG	2	HTN

Figure 8-58: Sample Patient List, Hypertension Control

8.7.5 Cardiovascular Disease (CVD): Lipids Assessment

Indicator Definition: Increase the proportion of patients with ischemic heart disease who had a lipids assessment and whose LDL result was good.

Denominator: All patients diagnosed with cardiac disease at least one year prior to the end of the Report period and with at least two CVD-related visits any time in the previous year.

Numerator(s): Number of patients with a LIPID PROFILE OR having an LDL and HDL and Triglyceride (TG) (all three) in the previous year.

Patients with LDL completed, regardless of result.

Patients with LDL less than or equal to (\leq) 100.

Patients with LDL between 101 and 130.

Patients with LDL between 131 and 160.

Patients with LDL greater than ($>$) 160.

Logic Description: Denominator: one visit at least one year prior to end of Report period AND 2 or more visits any time in the year prior to the end of the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). For first two numerators, counts all Y instances reported, regardless of the results of the measurement. For each of the tests described in the numerators, finds the last test done in the year prior to the end of the Report period.

GPRA+ uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

Key Logic Changes from Previous Year: No changes.

Patient List Description: List of Patients diagnosed with cardiac disease, with test(s), date and value, if any.

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Cardiovascular Disease: Lipids Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Patients w/ CVD DX	30		23			10			
# w/Lipid Profile OR									
TG & HDL & LDL									
recorded	20	66.7	17	73.9	-7.2	5	50.0	+16.7	
# w/LDL done									
w or w/o result	5	16.7	8	34.8	-18.1	2	20.0	-3.3	
LDL <=100	3	10.0	3	13.0	-3.0	2	20.0	-10.0	
LDL 101-130	1	3.3	2	8.7	-5.4	0	0.0	+3.3	
LDL 131-160	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
LDL >160	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 8-59: Sample Report, Cardiovascular Disease and Lipids Assessment

Cardiovascular Disease: Lipids Assessment, list pts w/CVD, with LDL value									
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE				
PATIENT, CLARA JANET	88881	COMMUNITY #1	F	62	LP;				
PATIENT, ANGELA MARIE	88882	COMMUNITY #1	F	95	LP;				
PATIENT, JOSEPH DANIEL	99991	COMMUNITY #1	M	64	LP; 12/17/02	41			
PATIENT, GLADYS	89893	COMMUNITY #2	F	68	LP;				
PATIENT, ANNA MARGARET	98984	COMMUNITY #2	F	71					
PATIENT, EVELYN MAE	88885	COMMUNITY #2	F	77					
PATIENT, MARY CAROLE	99996	COMMUNITY #2	F	87	LP; 03/03/03	116			

Figure 8-60: Sample Patient List, Cardiovascular Disease and Lipids Assessment

8.8 Other Clinical Indicators

8.8.1 HIV Quality of Care

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

Denominator: All patients ages 13 and older with at least 2 visits with HIV POV diagnosis within the service area (i.e., not Contract paid for) in the year prior to the end of the Report period, including 1 HIV diagnosis in last 6 months.

Numerators: Patients who received CD4 test only (without PCR viral load) in the year prior to the end of the Report period.

Patients who received HIV viral load only (without CD4) in the year prior to the end of the Report period.

Patients who received both CD4 and HIV viral load tests in the year prior to the end of the Report period.

Total patients receiving tests.

Logic Description: Age of the patient is calculated at the beginning of the Report period. GPRA+ uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042.0-044.9; V08; 795.71		
CD4	86361		yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		yes	BGP HIV VIRAL TAX

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

Indicator Targets: TBD

HP2010 target for viral load testing	developmental
HP2010 baseline for CD4 testing	Nearly 100%

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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

HIV Quality of Care									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical >13 w/HIV DX	71		68			48			
# w/CD4 only	0	0.0	1	1.5	-1.5	0	0.0	+0.0	
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/both	70	98.6	65	95.6	+3.0	47	97.9	+0.7	
TOTAL # w/ tests	70	98.6	66	97.1	+1.5	47	97.9	+0.7	

Figure 8-61: Sample Report HIV Quality of Care

NOTE: No Patient List is available for this indicator.

8.8.2 Asthma Incidence and Hospitalization

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

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

All GPRA User Population patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Numerators: Patients who have had two asthma-related visits in the year prior to the end of the Report period or are categorized in the Asthma Register System (ARS) as persistent.

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

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

Key Logic Changes from Previous Year: Added Asthma Register System category as means to identify asthmatic patients.

Patient List Description: A list of patients who meet the Asthma diagnosis criteria in the numerator, with their appropriate denominator identified. Displays the date of the asthma diagnosis, with code; additionally displays the date of hospital admission with asthma diagnosis, designated as “H,” if any.

Indicator Targets:

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

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Asthma									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Total Active Clinical Patients									
	6,142		6,134			6,240			
# w/asthma	267	4.3	265	4.3	+0.0	253	4.1	+0.3	
under 5	30	11.2	27	10.2	+1.0	28	11.1	+0.2	
5-64	212	79.4	216	81.5	-2.1	214	84.6	-5.2	
65 and older	25	9.4	22	8.3	+1.1	11	4.3	+5.0	
# w/asthma hospitalization	21	7.9	13	4.9	+3.0	15	5.9	+1.9	
under 5	4	19.0	2	15.4	+3.7	1	6.7	+12.4	
5-64	13	61.9	10	76.9	-15.0	12	80.0	+18.1	
65 and older	4	19.0	1	7.7	+11.4	2	13.3	+5.7	

Figure 8-62: Sample Report, Asthma Indicator

Asthma: List of pts diagnosed with asthma w/asthma hospitalization									
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE				
PATIENT, AUBREY JANE	30049	COMMUNITY #1	F	5	AC; 11/15/01	493.1			
PATIENT, DEBORAH J.	30089	COMMUNITY #1	F	8	AC; 04/01/02	493.0;			
PATIENT, SHIRLEY ROSE	10009	COMMUNITY #1	F	10	AC; 10/11/01	493.0;	H 11/15/01		
PATIENT, SARA H	30059	COMMUNITY #1	F	12	AC; 06/13/02	493.0			
PATIENT, ELOISE	30029	COMMUNITY #1	F	17	AC; 09/02/01	493.1			
PATIENT, CRYSTAL	60059	COMMUNITY #1	F	21	AC; 04/31/02	493.0;	H 06/01/02		
PATIENT, ANGELENA MA	20019	COMMUNITY #1	F	24	AC; 01/15/02	493.2			
PATIENT, MERCI L	20079	COMMUNITY #1	F	29	AC; 06/27/02	493.0			
PATIENT, DARLENA MARIA	10030	COMMUNITY #1	F	35	AC; 09/18/01	493.1			

Figure 8-63: Sample Patient List, Asthma Indicator

8.8.3 Medications Education

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

Denominator(s): Active Clinical patients with medications dispensed at their facility during the year prior to the end of the Report period.

User Population patients with medications dispensed at their facility during the year prior to the end of the Report period.

Numerator: All patients in the denominator who were provided patient education about 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. GPRA+ 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.

GPRA+ uses the following patient education codes to define the numerators:

Medication Education	M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow up) M-L (Medication patient information literature) any PFE code containing "-M" (medication)
----------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Patient List Description: A list of patients identified as receiving medications dispensed at their facilities, with the appropriate denominator identified. Displays the date the patient received any medication education and the codes.

Indicator Targets:

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	95%
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Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Medications Education									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients receiving medications									
	4,144		4,198			4,202			
# patients receiving medication educ									
	1,586	38.3	77	1.8	+36.4	43	1.0	+37.2	
User Pop Patients receiving medications									
	4,745		4,813			4,826			
# patients receiving medication educ									
	1,644	34.6	79	1.6	+33.0	43	0.9	+33.8	

Figure 8-64: Sample Report, Medications Education

Medications Education: List of patients receiving medication w/med education, if any

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, ISAAC PATRICK	91341	COMMUNITY #1	M	48	UP,AC;
PATIENT,ALEXANDER	99022	COMMUNITY #1	M	51	UP,AC; 07/21/03 M-I
PATIENT,EDWARD SAMUEL	59083	COMMUNITY #1	M	55	UP,AC;
PATIENT,EDMUND	92214	COMMUNITY #1	M	61	UP,AC; 06/27/03 M-I
PATIENT,JUSTIN ALEX	84335	COMMUNITY #1	M	66	UP,AC;
PATIENT,ANGELO LUIS	83646	COMMUNITY #1	M	81	UP,AC; 02/03/03 M-I
PATIENT,MARGARET L	86127	COMMUNITY #2	F	29	UP,AC; 09/26/03 M-I
PATIENT,ADRIENNE GRACI	84248	COMM #3	F	17	UP,AC; 03/06/03 M-L
PATIENT,BROOK ASHLEY	94479	COMM #3	F	25	UP,AC; 11/19/02 M-I
PATIENT,LYNN JANELLE	94680	COMM #3	F	26	UP,AC;
PATIENT,KRISTINE MARGAR	95158	COMM #3	F	27	UP,AC; 12/30/02 HTN-M
PATIENT,MARIA LOUISE	96808	COMM #3	F	28	UP,AC;
PATIENT,DONNA RACHEL	84207	COMM #3	F	28	UP,AC; 03/11/03 M-I
PATIENT,DARLENE ELIZA	87606	COMM #3	F	42	UP,AC; 03/18/03 DM-M

Figure 8-65: Sample Patient List, Medications Education

8.8.4 Public Health Nursing

Indicator Definition: During FY 2004, maintain the total number of public health nursing (PHN) services (primary and secondary treatment and preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.

Patient Data**Denominator:** All User Population patients.**Numerators :** Patients served by PHNs in any setting.

Patients served by PHNs in Home setting.

Visit Data**Denominators: GPRA Denominator:** Total number of PHN visits in any setting.**GPRA Denominator:** Total number of PHN visits in Home setting.**Numerators:** Neonate (0-28 days);

Infants (29 days - 12 months);

Patients ages 1-64.

Elders (age 65 and older).

Logic Description: A PHN visit is defined as any visit with primary or secondary provider code of 13 or 32, or clinic code 45. Visits in any setting include all PHN visits. Visits in the home setting include any visit with a clinic code of 11 or a location of encounter of HOME; the location used for HOME is entered by the user in the Site Parameters menu option from the System Setup menu (section 4.1 Site Parameters).**Key Logic Changes from Previous Year:** None.**Patient List Description:** List of any patient who has received PHN visit of any type, indicating number of PHN visits in any setting and number of Home visits.**GPRA Indicator Past Performance and Targets:**

	All PHN visits	PHN Home visits
IHS FY 2002 Performance	343,874	156,263
IHS FY 2003 Performance	359,089	160,650
IHS 2010 Goal	None currently	None currently

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*** IHS FY04 Clinical Performance Report ***									
DEMO SITE									
Report Period: Oct 01, 2002 to Sep 30, 2003									
Previous Year Period: Oct 01, 2001 to Sep 30, 2002									
Baseline Period: Oct 01, 2000 to Sep 30, 2001									

Public Health Nursing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE	
All User Population patients	8,626		8,509			8,378			
# patients served by PHNs in any Setting	1,212	14.1	1,625	19.1	-5.0	1,713	20.4	-6.3	
# patients served by PHNs in a Home Setting	665	7.7	980	11.5	-3.8	1,073	12.8	-5.1	
Total # PHN visits - any Setting	3,396		4,063		-667	4,626		-1,230	
A. 0-28 days any Setting	36		37		-1	57		-21	
B. 29d-12m any Setting	339		347		-8	315		+24	
C. age 1-64 any Setting	2,670		3,482		-812	4,066		-1,396	
D. age 65+ any Setting	351		197		+154	188		+163	
Total # of PHN Visits - Home Setting	896		1,940		-1,044	2,128		-1,232	
A. 0-28 days Home Setting	19		27		-8	43		-24	
B. age 29d-12m Home Setting	142		201		-59	166		-24	
C. age 1-64 Home Setting	664		1,592		-928	1,802		-1,138	
D. age 65+ Home Setting	71		120		-49	117		-46	

Figure 8-66: Sample Report, Public Health Nursing

Public Health Nursing: Patients with PHN visits documented

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
PATIENT, FLORENCE	555551	COMMUNITY #2	F	2	3 all PHN; 2 home
PATIENT, SYDNEY	444441	COMMUNITY #2	F	23	1 all PHN; 0 home
PATIENT, CELESTE	333331	COMMUNITY #2	F	73	1 all PHN; 0 home
PATIENT, RAY	222221	COMMUNITY #2	M	61	1 all PHN; 0 home
PATIENT, SHERRY	000012	SITE, RURAL	F	47	2 all PHN; 1 home
PATIENT, CHRIS	999991	SITE, URBAN	M	0	1 all PHN; 1 home
PATIENT, JON	888881	SITE, URBAN	M	2	1 all PHN; 0 home
PATIENT, RALPH	777771	SITE, URBAN	M	2	1 all PHN; 0 home
PATIENT, JOHN	666661	SITE, URBAN	M	8	1 all PHN; 0 home

Figure 8-67: Sample Patient List, Public Health Nursing .