

SAMPLE NATIONAL GPRA REPORT – CRS 2005

Cover Page

*** IHS 2005 National GPRA Clinical Performance Report ***

Date Report Run: Oct 15, 2005

Site where Run: DEMO SITE

Report Generated by: LASTNAME, FIRST MI

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Indicators: GPRA Denominators and Numerators and Selected Other
Clinical Denominators and Numerators

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 23.4.4

Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:

1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

USER POPULATION:

1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of the Report period, regardless of the clinic type.

See last page of this report for Performance Summary.

Community Taxonomy Name: SAMPLE GPRA COMMUNITY

The following communities are included in this report:

COMMUNITY #1	COMMUNITY #2
COMMUNITY #3	COMMUNITY #4
FACILITY #1	FACILITY #2
FACILITY #3	FACILITY #4
FACILITY #5	RURAL SITE #1
URBAN SITE #1	URBAN SITE #2

PLEASE NOTE: This is a sample National GPRA report compiled from various sources for CRS 2005 (BGP version 5.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes Prevalence

Denominator(s):

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

Numerator(s):

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

Anyone diagnosed with Diabetes during the Report Period.

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

During FY 2005, 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.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	24,005		23,943			23,717		
# w/ any DM DX	2,214	9.2	2,065	8.6	+0.6	1,786	7.5	+1.7
# w/ DM DX w/in past year	1,590	6.6	1,488	6.2	+0.4	1,449	6.1	+0.5
# Male User Pop	11,367		11,343			11,287		
# w/ any DM DX	963	8.5	914	8.1	+0.4	780	6.9	+1.6
# w/DM DX w/in past year	708	6.2	683	6.0	+0.2	655	5.8	+0.4
# Female User Pop	12,638		12,600			12,430		
# w/ any DM DX	1,251	9.9	1,151	9.1	+0.8	1,006	8.1	+1.8
# w/ DM DX w/in past year	882	7.0	805	6.4	+0.6	794	6.4	+0.6

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Age Specific Diabetes Prevalence

	TOTAL USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	7,975	2,617	2,034	3,348	3,081	2,213	1,272	1,465
# w/ DM DX ever	11	15	45	188	343	545	470	597
% w/ DM DX ever	0.1	0.6	2.2	5.6	11.1	24.6	36.9	40.8
# w/DM DX in past yr	3	7	17	105	228	399	380	451
% w/DM DX in past yr	0.0	0.3	0.8	3.1	7.4	18.0	29.9	30.8
PREVIOUS YEAR PERIOD								
Total # User Pop	8,227	2,542	1,957	3,417	3,059	2,114	1,229	1,398
# w/ DM DX ever	11	15	43	175	321	506	437	557
% w/ DM DX ever	0.1	0.6	2.2	5.1	10.5	23.9	35.6	39.8
# w/DM DX in past yr	3	9	17	100	215	370	353	421
% w/DM DX in past yr	0.0	0.4	0.9	2.9	7.0	17.5	28.7	30.1
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	+0.0	+0.0	+0.5	+0.6	+0.7	+1.4	+0.9
w/DM DX in past yr	-0.0	-0.1	-0.0	+0.2	+0.4	+0.5	+1.2	+0.7
BASELINE REPORT PERIOD								
Total # User Pop	8,551	2,456	2,014	3,339	3,016	1,894	1,157	1,290
# w/ DM DX ever	11	15	36	144	299	419	391	471
% w/ DM DX ever	0.1	0.6	1.8	4.3	9.9	22.1	33.8	36.5
# w/DM DX in past yr	2	13	20	105	228	352	334	395
% w/DM DX in past yr	0.0	0.5	1.0	3.1	7.6	18.6	28.9	30.6
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-0.0	+0.4	+1.3	+1.2	+2.5	+3.2	+4.2
w/DM DX in past yr	-0.0	-0.3	-0.2	-0.0	-0.2	-0.6	+1.0	+0.2

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005
 Previous Year Period: Jul 01, 2003 to Jun 30, 2004
 Baseline Period: Jul 01, 1999 to Jun 30, 2000

Age Specific Diabetes Prevalence

	MALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	3,994	1,312	972	1,576	1,435	937	551	590
# w/ DM DX ever	5	7	16	82	162	258	213	220
% w/ DM DX ever	0.1	0.5	1.6	5.2	11.3	27.5	38.7	37.3
# w/DM DX in past yr	1	4	9	48	111	199	168	168
% w/DM DX in past yr	0.0	0.3	0.9	3.0	7.7	21.2	30.5	28.5
PREVIOUS YEAR PERIOD								
Total MALE User Pop	4,145	1,241	941	1,612	1,384	925	533	562
# w/ DM DX ever	5	8	17	78	151	256	195	204
% w/ DM DX ever	0.1	0.6	1.8	4.8	10.9	27.7	36.6	36.3
# w/DM DX in past yr	2	6	10	47	107	196	158	157
% w/DM DX in past yr	0.0	0.5	1.1	2.9	7.7	21.2	29.6	27.9
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	-0.1	-0.2	+0.4	+0.4	-0.1	+2.1	+1.0
w/DM DX in past yr	-0.0	-0.2	-0.1	+0.1	+0.0	+0.0	+0.8	+0.5
BASELINE REPORT PERIOD								
Total MALE User Pop	4,330	1,218	957	1,598	1,325	831	488	540
# w/ DM DX ever	4	8	12	65	135	205	170	181
% w/ DM DX ever	0.1	0.7	1.3	4.1	10.2	24.7	34.8	33.5
# w/DM DX in past yr	1	7	8	56	113	178	140	152
% w/DM DX in past yr	0.0	0.6	0.8	3.5	8.5	21.4	28.7	28.1
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-0.1	+0.4	+1.1	+1.1	+2.9	+3.8	+3.8
w/DM DX in past yr	-0.0	-0.3	+0.1	-0.5	-0.8	-0.2	+1.8	+0.3

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 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005
 Previous Year Period: Jul 01, 2003 to Jun 30, 2004
 Baseline Period: Jul 01, 1999 to Jun 30, 2000

Age Specific Diabetes Prevalence

	FEMALE USER POPULATION							
	Age Distribution							
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	3,981	1,305	1,062	1,772	1,646	1,276	721	875
# w/ DM DX ever	6	8	29	106	181	287	257	377
% w/ DM DX ever	0.2	0.6	2.7	6.0	11.0	22.5	35.6	43.1
# w/DM DX in past yr	2	3	8	57	117	200	212	283
% w/DM DX in past yr	0.1	0.2	0.8	3.2	7.1	15.7	29.4	32.3
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	4,082	1,301	1,016	1,805	1,675	1,189	696	836
# w/ DM DX ever	6	7	26	97	170	250	242	353
% w/ DM DX ever	0.1	0.5	2.6	5.4	10.1	21.0	34.8	42.2
# w/DM DX in past yr	1	3	7	53	108	174	195	264
% w/DM DX in past yr	0.0	0.2	0.7	2.9	6.4	14.6	28.0	31.6
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	+0.1	+0.2	+0.6	+0.8	+1.5	+0.9	+0.9
w/DM DX in past yr	-0.0	-0.0	+0.1	+0.3	+0.7	+1.0	+1.4	+0.8
BASELINE REPORT PERIOD								
Total FEMALE User Pop	4,221	1,238	1,057	1,741	1,691	1,063	669	750
# w/ DM DX ever	7	7	24	79	164	214	221	290
% w/ DM DX ever	0.2	0.6	2.3	4.5	9.7	20.1	33.0	38.7
# w/DM DX in past yr	1	6	12	49	115	174	194	243
% w/DM DX in past yr	0.0	0.5	1.1	2.8	6.8	16.4	29.0	32.4
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.0	-0.0	+0.5	+1.4	+1.3	+2.4	+2.6	+4.4
w/DM DX in past yr	+0.0	-0.3	-0.4	+0.4	+0.3	-0.7	+0.4	-0.1

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Glycemic Control

Denominator(s):

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

Numerator(s):

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

GPRA Numerator: Poor Control. Patients with HbA1c greater than (>) 9.5.

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

First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. Counts most recent HbA1c test during the Report period. HbA1c defined as: CPT 83036; LOINC taxonomy; or site-defined taxonomy DM AUDIT HGB A1C TAX. Without result is defined as HbA1c documented but with no value.

Poor Glycemic Control: During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as HbA1c > 9.5) does not increase above the FY 2004 level.

Improved Glycemic Control: During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as HbA1c < 7) at the FY 2004 level.

HbA1c documented: IHS Performance: FY 2004 - 76.1%, FY 2003 - 75%; HP 2010 Goal: 50%

Glycemic Control (<7): IHS Performance: FY 2004 - 26%, FY 2003 - 28%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/HbA1c done w/ or w/o result	1,081	76.6	929	71.3	+5.3	925	80.0	-3.5
# w/HbA1c >9.5	229	16.2	181	13.9	+2.3	250	21.6	-5.4
# w/HbA1c <7	367	26.0	185	14.2	+11.8	239	21.5	-21.5

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Blood Pressure Control

Denominator(s):

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

Numerator(s):

Patients with Blood Pressure documented during the Report Period.
GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. CIRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. 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.

During FY 2005, increase the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.

Controlled BP: IHS Performance: FY 2004 - 34.6%, FY 2003 - 37%; IHS 2010 Goal: 50%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/ BPs Documented	1,317	93.3	1,203	92.3	+0.9	1,055	91.3	+2.0
# w/Controlled BP < 130/80	446	31.6	377	28.9	+2.7	367	31.7	-0.2

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Lipids Assessment

Denominator(s):

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

Numerator(s):

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

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

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done during the Report Period. Test Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy; site defined taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. 3) HDL: CPT 83718; LOINC taxonomy; site-defined taxonomy DM AUDIT HDL TAX. 4) Triglyceride: 84478; LOINC taxonomy; site defined taxonomy DM AUDIT TRIGLYCERIDE TAX.

During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia at the FY 2004 level.

Patients Assessed: IHS Performance: IHS FY 2004 - 51.9%, FY 2003 - 47.5%;
HP 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/ LDL done	441	31.2	0	0.0	+31.2	161	13.9	+17.3
A. # w/LDL =<100	1	0.1	0	0.0	+0.1	67	5.8	-5.7

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Nephropathy Assessment

Denominator(s):

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

Numerator(s):

Patients with positive urine protein test or, if test is negative, a microalbuminuria test, regardless of result, during the Report Period. Patients with Estimated GFR with result during the Report Period. GPRA Numerator: Patients who have had both 1) positive urine protein test or any microalbuminuria test, regardless of result AND 2) an Estimated GFR during the Report period.

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. For microalbuminuria and positive urine protein, CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character is P or p; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site defined taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site defined taxonomy DM AUDIT MICROALBUMINURIA TAX 3) Estimated GFR defined as site defined taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3.

During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.

Assessment: IHS FY Performance: FY 2004 - 41.2%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/pos urine protein or any microalbuminuria	701	49.6	181	13.9	+35.8	0	0.0	+49.6
# w/est GFR with result	333	23.6	0	0.0	+23.6	0	0.0	+23.6
# w/both (GPRA)	205	14.5	0	0.0	+14.5	0	0.0	+14.5

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetic Retinopathy

Denominator(s):

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

Numerator(s):

GPRA Numerator: Patients receiving any retinal screening during 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-ophthalmology retinal screening clinics.

Other Eye Exam defined as: Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics, and non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92250, 92002, 92004, 92012, 92014, 92015. Diabetic retinal exam defined as: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam or Refusal Exam 03.

During FY 2005, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2004 rate.

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

Eye Exam: IHS Performance: FY 2004 - 47.5%, FY 2003 - 49%; IHS 2010 Goal: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/any Retinal screening	806	57.1	748	57.4	-0.3	669	57.9	-0.8

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Diabetes: Access to Dental Services

Denominator(s):

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

Numerator(s):

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

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

During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.

IHS Performance: FY 2004 - 36.2%, FY 2003 - 36%; HP 2010 Goal: 75%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,412		1,303			1,156		
# w/dental visit in past yr	379	26.8	325	24.9	+1.9	283	24.5	+2.4

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Previous Year Period: Jul 01, 2003 to Jun 30, 2004

Baseline Period: Jul 01, 1999 to Jun 30, 2000

Access to Dental Services

Denominator(s):

GPRA Denominator: All patients in the User Population.

Numerator(s):

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

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

During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.

IHS Performance: FY 2004 - 23.7%, FY 2003 - 25%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	24,005		23,943			23,717		
# w/dental visit in past yr	3,905	16.3	3,960	16.5	-0.3	4,251	17.9	-1.7

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
DEMO HOSPITAL

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Dental Sealants

Denominator(s):

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

Numerator(s):

GPRA Numerator: The total number of dental sealants during the Report Period.

Age of the patient is calculated at the beginning of the Report Period. Sealants defined as V Dental ADA code 1351.

During FY 2005, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.

IHS Performance: FY 2004 - 232,182, FY 2003 Performance: TBD

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented (GPRA)	2,089	2,845	-756	5,554	-3,465

*** IHS 2005 National GPRA Clinical Performance Indicator Report ***
 DEMO HOSPITAL

Report Period: Jul 01, 2004 to Jun 30, 2005
 Previous Year Period: Jul 01, 2003 to Jun 30, 2004
 Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Influenza

Denominator(s):

B: GPRA Denominator. 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.

Numerator(s):

GPRA Numerator: Patients with Influenza vaccine documented during the Report Period, including refusals in past year. Documented patient refusals (REF) or not medically indicated (NMI)

Age of the patient is calculated at the beginning of the Report Period. Influenza vaccine defined as: 1) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 2) POV: V04.8, V04.81, or V06.6; 3) CPT: 90655-90660, 90724; 4) ICD Procedure code: 99.52; 5) Refusal Immunization 88, 111, 15, 16.

In FY 2005, maintain FY 2004 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

>65 Vaccine Rate: IHS Performance: FY 2004 - 53.5%, FY 2003 - 51%; HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active Clinical Patients								
65 and older (GPRA)	1,203		1,154			1,074		
Total # w/Flu vaccine documented	816	67.8	691	59.9	+8.0	604	56.2	+11.6
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Active Diabetic Pts	1,412		1,303			1,156		
Total # w/Flu vaccine documented	998	70.7	760	58.3	+12.4	622	53.8	+16.9
A. # Refusals w/ % of Total IZ	1	0.1	0	0.0	+0.1	0	0.0	+0.1

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Adult Immunizations: Pneumovax

Denominator(s):

GPRA Denominator: All Active Clinical patients ages 65 or older.
 Active Diabetic patients, defined as all Active Clinical patients
 diagnosed with diabetes prior to the Report Period, AND at least 2 visits
 during the Report Period, AND 2 DM-related visits ever.

Numerator(s):

GPRA Numerator: Patients with Pneumococcal vaccine documented at any time
 before the end of the Report Period, including refusals in past year.
 Documented patient refusals (REF) or not medically indicated (NMI).

Age of the patient is calculated at the beginning of the Report Period.
 Pneumovax definitions: 1) Immunization (CVX) codes: 33 Pneumo
 Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6;
 V03.89, V03.82; 3) V Procedure: 99.55; 4) CPT: 90669, 90732; 5) Refusal
 Immunization 33, 100, 109.

In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels
 among non-institutionalized adult patients age 65 years and older.

>65 Vaccine Rate: IHS Performance - FY 2004 - 67.1%, FY 2003 - 65%;
 HP 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	1,203		1,154			1,074		
Total # w/Pneumovax documented	971	80.7	903	78.2	+2.5	779	72.5	+8.2
A. # Refusals w/ % of Total IZ	1	0.1	0	0.0	+0.1	0	0.0	+0.1
Active Diabetic Pts	1,412		1,303			1,156		
Total # w/Pneumovax documented	1,197	84.8	1,072	82.3	+2.5	939	81.2	+3.5
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Childhood Immunizations

Denominator(s):

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

Numerator(s):

GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.
Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.
Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.
Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

Age of the patient is calculated at the beginning of the Report period. Therefore the age range will be adjusted to 7-23 months. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

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

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

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an

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immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.

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

- Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: DTaP: 20, 50, 106, 107, 110; DTP: 1, 22, 102; DT: 28; Td: 9; Tetanus: 35, 112; Pertussis: 11; OPV: 2, 89; IPV: 10, 89, 110; MMR: 3, 94; M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 22, 46-49; 50, 51, 102; Hepatitis B: 8, 42-45, 51, 102, 104; Varicella: 21, 94.

NOTE: In the definitions for all immunizations shown below, the Immunization Program Numerators will include only CVX and CPT codes.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723, 90749.

- DTP IZ definitions: 1) Immunization (CVX) codes : 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711, 90720; 4) Procedure 99.39.

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702.

- Td IZ definitions: 1) Immunization (CVX) code 9; 2) POV V06.5; 3) CPT 90718.

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*.

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- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*.
- Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*.
- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.
- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110; 2) POV V04.0, V06.3; 3) CPT: 90698, 90711, 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79.
- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.
- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708.
- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709.
- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*.
- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*.
- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0.
- HiB definitions: 1) Immunization (CVX) codes: 22, 46-49, 50, 51, 102; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2.
- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104; 2) CPT: 90636, 90723, 90731, 90740, 90743-90748. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3.

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- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: POV or PCC Problem List (active or inactive) 052*, 053*. Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208.

During FY 2005, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2004.

HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months (GPRA)	545		538			568		
# w/ 4 3 1 3 3 combo or Dx/Contraind/ Refusal (GPRA)	388	71.2	371	69.0	+2.2	356	62.7	+8.5
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	405	74.3	387	71.9	+2.4	398	70.1	+4.2
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	460	84.4	447	83.1	+1.3	432	76.1	+8.3
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	453	83.1	465	86.4	-3.3	474	83.5	-0.3
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	431	79.1	434	80.7	-1.6	435	76.6	+2.5
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	421	77.2	433	80.5	-3.2	429	75.5	+1.7

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Cancer Screening: Pap Smear Rates

Denominator(s):

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

Numerator(s):

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

A: Patients with documented refusal in past year.

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 CRS 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. Hysterectomy defined as V Procedure: 68.4-68.8 or CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525. Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2 Screen Mal Neop-Cervix; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175; 5) Womens Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-defined taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.

IHS Performance - FY 2004 - 57.0%, FY 2003 - 61%; IHS 2010 Goal: 90%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical								
21-64 years (GPRA)	4,470		4,376			4,379		
# w/Pap Smear recorded								
w/in 3 years	2,771	62.0	2,701	61.7	+0.3	2,809	64.1	-2.2
A. # Refusals								
w/ % of Total Pap	1	0.0	0	0.0	+0.0	0	0.0	+0.0

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Cancer Screening: Mammogram Rates

Denominator(s):

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

Numerator(s):

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

Age of the patient is calculated at the beginning of the Report period. The difference between the age range in the indicator definition and the logic is because CRS looks back 2 years for a procedure; i.e., when a patient who was 52 in the Report period would have been 50. Bilateral mastectomy defined as: 1) V CPT: 19180.50 OR 19180 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral); 19200.50 OR 19200 w/modifier 09950; 19220.50 OR 19220 w/modifier 09950; 19240.50 OR 19240 w/modifier 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48. Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47; Screening Mammogram definitions: 1) V Radiology or V CPT: 76090 Mammogram; unilateral; 76091 Mammogram; bilateral; 76092 Mammogram; screening; G0206, Diagnostic Mammography, unilateral; G0204, Diagnostic Mammography, bilateral; G0202 Screening Mammography, bilateral; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat; 5) Refusal (in past year): V Radiology Mammogram for CPT 76090, 76091, 76092, G0206, G0204, G0202.

During FY 2005, maintain the proportion of eligible Female patients who have had mammography screening within the last 2 years at the FY 2004 rate.

IHS Performance: FY 2004 - 38.7%, FY 2003 - 40%; IHS 2010 Goal: 70%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	778		726			698		
# w/Mammogram recorded w/in 2 years	397	51.0	356	49.0	+2.0	340	48.7	+2.3
A. # Refusals w/ % of Total Mammograms	1	0.3	0	0.0	+0.3	0	0.0	+0.3

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Colorectal Cancer Screening

Denominator(s):

Active Clinical patients ages 52 and older without any documented diagnosis of colorectal cancer.

Numerator(s):

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

A: Patients with documented refusal in the past year.

Age is calculated at the beginning of the Report period. Colorectal cancer defined as any POV ever: 153.*, 154.0, 154.1, 197.5. CRC Screening defined as: 1. Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site defined taxonomy BGP GPRA FOB TESTS; 2. Rectal Screen: V76.41; V Procedure 48.24-29, 89.34 Rectal Exam; V Exam 14; 3. Flexible Sigmoidoscopy: V Procedure 45.22-45.25, 45.42; CPT 45330-45345, G0104; 4. Double contrast barium enema: CPT or VRad: 74270-74280, G0106, G0120; 5. Colonoscopy: V76.51 Colon screening; CPT 44388-44394, 44397, 44388-44394, 45355, 45378-45385, 45387, 45325 (old), G0105, G0121. 6. Refusals in past year: 1. FOBT: V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205; 2. Rectal Screen: Exam 14; 3. Flexible Sigmoidoscopy: V Radiology CPT 45330-45345, G0104; 4. Double contrast barium enema: V Radiology CPT: 74270-74280, G0106, G0120; 5. Colonoscopy: V Radiology CPT 44388-44394, 44397, 44388-44394, 45355, 45378-45385, 45387, 45325 (old), G0105, G0121.

For FY 2005, establish the screening rate baseline for Colorectal Cancer.

IHS FY 2004 Goal: TBD

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients => 52	2,630		2,492			2,341		
# w/ CRC screening	800	30.4	706	28.3	+2.1	733	31.3	-0.9
A. # Refusals w/ % of Total CRC	1	0.1	1	0.1	-0.0	0	0.0	+0.1

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Tobacco Use and Exposure Assessment

Denominator(s):

GPRA Denominator: Active Clinical patients ages 5 and older.

Numerator(s):

GPRA Numerator: Patients who have been screened for tobacco use during the Report period.

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

A: Patients identified as current smokers during the Report Period.

B: Patients identified as current smokeless tobacco users during the Report Period.

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

Ages are calculated at beginning of Report period. Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.*-648.*, 651.*-676.*) during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months. An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857. Tobacco screening is defined as at least one of the following (time frame for pregnant female patients is the past 20 months): 1. Any health factor for category Tobacco documented during Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1*, V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS" . Tobacco users defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless; 2. Diagnosis codes 305.1, 305.10, 305.11, 305.12 or V15.82; 3. Dental code 1320. Smokers defined as (time frame for pregnant female patients is the past 20 months): 1. Health Factors: Current Smoker or Current Smoker and Smokeless; 2. Diagnosis codes 305.1, 305.10, 305.11, 305.12 or V15.82; 3. Dental code 1320. Smokeless defined as (time frame for pregnant female patients is the past 20 months): Health Factors: Current Smokeless or Current Smoker and Smokeless. ETS defined as (time frame for pregnant female patients is the past 20 months): Health Factor Smoker in Home or Exposure to Environmental Tobacco Smoke.

During FY 2005, rates of screening for tobacco use will be maintained at FY 2004 rates.

Screening: IHS Performance: FY 2004 - 26.5%

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Tobacco Use and Exposure Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5 (GPRA)	14,101		13,642			13,695		
# w/Tobacco Screening	200	1.4	229	1.7	-0.3	165	1.2	+0.2
# Tobacco Users	98	0.7	73	0.5	+0.2	91	0.7	+0.0
A. # Smokers	98	0.7	72	0.5	+0.2	91	0.7	+0.0
B. # Smokeless Tobacco Users	0	0.0	1	0.0	-0.0	0	0.0	+0.0
# exposed to ETS/ smoker in home	1	0.0	0	0.0	+0.0	0	0.0	+0.0

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Alcohol Screening (FAS Prevention)

Denominator(s):

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

Numerator(s):

GPRA Numerator: Patients screened for alcohol use during the Report Period.

Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) Any Alcohol Health Factor A2) Screening diagnosis V11.3 (history of alcoholism), V79.1 (screening for alcoholism); B) Diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS diagnoses 10, 27, 29. C) Patient education codes containing "CD-" or "-CD".

During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate.

IHS Performance: FY 2004 - 6.8%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	4,067		3,999			4,036		
# w/any alcohol screening	100	2.5	96	2.4	+0.1	116	2.9	-0.4

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Intimate Partner (Domestic) Violence Screening

Denominator(s):

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

Numerator(s):

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

Age is calculated at beginning of the Report Period. Screening is defined as at least one of the following: A) PCC Exam code 34 or BHS IPV/DV exam; B) Diagnosis (POV or current PCC or BHS Problem List): 995.50, 995.51, 995.53, 995.54, 995.59 (child maltreatment), 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS diagnoses 43.*, 44.* C1) Patient education codes containing "DV-" or "-DV"; C2) IPV/DV counseling: V61.11. Refusals defined as: A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV".

During FY 2005, the IHS will ensure that 15% of women between the ages of 15 and 40 are screened for domestic violence.

IHS Performance: FY 2004 - 4.2%; IHS FY 2004 Target: 15%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	3,581		3,499			3,557		
# w/IPV/DV screening or refusal	114	3.2	77	2.2	+1.0	101	2.8	+0.3

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Depression/Anxiety Screening

Denominator(s):

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

Numerator(s):

Patients screened/counseled/diagnosed with depression or anxiety disorders at any time during the Report period.
 A: Patients screened for or counseled about depression during the Report period.
 B: Patients with a diagnosis of depressive, anxiety and/or adjustment disorders during the Report period.

Age is calculated at beginning of the Report period. Diabetes diagnosis defined as POV 250.00-250.93. Ischemic heart disease diagnosis defined as: POV 410.0-412.*, 414.0-414.9, 428.*, 429.2. Screening and counseling are defined as: POV V79.0; or as any national patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression). Depressive, anxiety and/or adjustment disorders diagnoses are defined as at least two visits with POV 296.*, 300.*, 301.13, 308.3, 309.*, 311.* or BHS codes 14, 15, 18, 24 during the Report period.

Increase the proportion of at risk patients who are screened for depressive, anxiety, and/or adjustment disorders.

No stated target.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	1,412		1,303			1,156		
# w/ Depression screening or DX	102	7.2	90	6.9	+0.3	75	6.5	+0.7
A. # screened/counseled for depression	2	0.1	0	0.0	+0.1	0	0.0	+0.1
B. # w/depression/ anxiety DX	100	7.1	90	6.9	+0.2	75	6.5	+0.6

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Obesity Assessment

Denominator(s):

GPRA Denominator: All Active Clinical patients ages 2 through 74.

Numerator(s):

GPRA Numerator: Patients for whom a BMI could be calculated
 For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.
 For those with a BMI calculated, patients considered obese using BMI and standard tables.
 Total of overweight and obese.

Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables.

During FY 2005, each Area will increase the number of patients for whom BMI data can be measured by 5%.

BMI Available: IHS Performance: FY 2004 - 58.8%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74 (GPRA)	14,885		14,436			14,487		
# w/BMI calculated (GPRA)	3,051	20.5	2,625	18.2	+2.3	2,918	20.1	+0.4
A. # Overweight	668	4.5	643	4.5	+0.0	732	5.1	-0.6
B. # Obese	1,073	7.2	982	6.8	+0.4	1,041	7.2	+0.0
C. # Overweight/Obese	1,741	11.7	1,625	11.3	+0.4	1,773	12.2	-0.5

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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	1,605	1,918	2,722	1,184	2,064	2,030	1,617	1,745
# w/ BMI calculated	576	542	792	177	272	316	250	126
% w/BMI calculated	35.9	28.3	29.1	14.9	13.2	15.6	15.5	7.2
# Overweight	93	86	176	44	70	86	68	45
% Overweight	16.1	15.9	22.2	24.9	25.7	27.2	27.2	35.7
# Obese	120	148	188	88	151	184	140	54
% Obese	20.8	27.3	23.7	49.7	55.5	58.2	56.0	42.9
# Overweight or Obese	213	234	364	132	221	270	208	99
% Overweight or Obese	37.0	43.2	46.0	74.6	81.3	85.4	83.2	78.6
PREVIOUS YEAR PERIOD								
Total # Active Clin	1,611	1,891	2,632	1,082	2,043	1,994	1,498	1,685
# w/ BMI calculated	507	229	571	206	303	367	265	177
% w/BMI calculated	31.5	12.1	21.7	19.0	14.8	18.4	17.7	10.5
# Overweight	102	39	120	56	81	104	73	68
% Overweight	20.1	17.0	21.0	27.2	26.7	28.3	27.5	38.4
# Obese	120	62	137	94	156	203	146	64
% Obese	23.7	27.1	24.0	45.6	51.5	55.3	55.1	36.2
# Overweight or Obese	222	101	257	150	237	307	219	132
% Overweight or Obese	43.8	44.1	45.0	72.8	78.2	83.7	82.6	74.6
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.4	+16.1	+7.4	-4.1	-1.7	-2.8	-2.2	-3.3
Overweight	-4.0	-1.2	+1.2	-2.3	-1.0	-1.1	-0.3	-2.7
Obese	-2.8	+0.2	-0.3	+4.1	+4.0	+2.9	+0.9	+6.7
Overweight or Obese	-6.8	-0.9	+1.0	+1.8	+3.0	+1.8	+0.6	+4.0
BASELINE REPORT PERIOD								
Total # Active Clin	1,560	2,253	2,509	1,125	2,049	2,017	1,400	1,574
# w/ BMI calculated	407	456	600	175	318	351	292	319
% w/BMI calculated	26.1	20.2	23.9	15.6	15.5	17.4	20.9	20.3
# Overweight	62	76	124	47	106	102	100	115
% Overweight	15.2	16.7	20.7	26.9	33.3	29.1	34.2	36.1
# Obese	77	92	153	85	151	193	155	135
% Obese	18.9	20.2	25.5	48.6	47.5	55.0	53.1	42.3

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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
# Overweight or Obese	139	168	277	132	257	295	255	250
% Overweight or Obese	34.2	36.8	46.2	75.4	80.8	84.0	87.3	78.4
CHANGE FROM BASE YR % w/ BMI calculated	+9.8	+8.0	+5.2	-0.6	-2.3	-1.8	-5.4	-13.0
Overweight	+0.9	-0.8	+1.6	-2.0	-7.6	-1.8	-7.0	-0.3
Obese	+1.9	+7.1	-1.8	+1.1	+8.0	+3.2	+2.9	+0.5
Overweight or Obese	+2.8	+6.3	-0.2	-0.9	+0.4	+1.4	-4.1	+0.2

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Cardiovascular Disease and Cholesterol Screening

Denominator(s):

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

Numerator(s):

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

Age is calculated at the beginning of the Report period. The difference between the age range 18 and older in the definition and 23 and older in the logic is because CRS 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. Counts all Y instances reported, regardless of the results of the measurement. Total Cholesterol definition: CPT 82465; LOINC taxonomy; site-defined taxonomy DM AUDIT CHOLESTEROL TAX. LDL definition: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX.

During FY 2005, establish the baseline cholesterol screening rate for adult patients.

Chol Screen: HP 1998 baseline: 67%; HP 2010 target: 80% -- High
Cholesterol: HP2010 target: 17%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 23 (GPRA)	8,363		8,080			7,939		
# w/Cholesterol screen w/in 5 yrs	1,448	17.3	1,332	16.5	+0.8	893	11.2	+6.1

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Prenatal HIV Testing

Denominator(s):

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

Numerator(s):

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

A: Number of documented refusals in past 20 months.

Pregnancy is defined as at least two visits with POV V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857. Pregnant patients with any HIV diagnosis ever are excluded, defined as: POV or Problem List codes 042.0-044.9, V08, or 795.71. HIV counseling: V65.44; or patient education codes containing "HIV-" or patient education codes containing HIV diagnosis 042.0-044.9, V08, 795.71. HIV test: CPTs 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site defined taxonomy BGP GPRA HIV TESTS; or Refusal Lab Test HIV in the past 20 months.

In FY 2005, establish baseline screening rates for HIV in pregnancy.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Female Pts w/no HIV (GPRA)	520		485			545		
# w/HIV test (GPRA)	309	59.4	43	8.9	+50.6	58	10.6	+48.8
A. # refusals w/ % of total tests	2	0.6	0	0.0	+0.6	0	0.0	+0.6

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Public Health Nursing

Denominator(s):

- GPRA Indicator: Number of visits by PHNs in any setting, including Home.
- A. Number of visits to patients ages 0-28 days (Neonate) in any setting.
 - B. Number of visits to patients ages 29 days - 12 months (infants) in any setting.
 - C. Number of visits to patients ages 1-64 years in any setting.
 - D. Number of visits to patients ages 65 and older (Elders) in any setting.
- GPRA Indicator: Number of visits by PHNs in Home setting.
- A. Number of Home visits to patients age 0-28 days (Neonate)
 - B. Number of Home visits to patients age 29 days to 12 months (Infants)
 - C. Number of Home visits to patients ages 1-64 years
 - D. Number of Home visits to patients aged 65 and over (Elders).

Numerator(s):

No numerator: count of visits only.

PHN visit is defined as any visit with primary or secondary provider code 13 or 32, or clinic 45. Home visits defined as clinic 11 or Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 32.

During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels.

IHS Performance - FY 2004 - 422,361, FY 2003 - 359,089

	REPORT PERIOD	PREV YR % PERIOD	CHG from % PREV YR	BASE PERIOD	CHG from % BASE
Total # PHN Visits - Any Setting	12,290	11,254	+1,036	9,975	+2,315
A. Ages 0-28 days	0	0	+0	0	+0
B. Ages 29 days - 12 months	1,540	1,558	-18	912	+628
C. Ages 1-64 years	9,012	7,779	+1,233	6,821	+2,191
D. Ages 65+	1,738	1,917	-179	2,242	-504
Total # PHN Visits - Home Setting	5,100	5,781	-681	4,551	+549
A. Ages 0-28 days	0	0	+0	0	+0

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Public Health Nursing (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
B. Ages 29 days- 12 months	767		985		-218	871		-104
C. Ages 1-64 years	3,116		3,406		-290	2,638		+478
D. Ages 65+	1,217		1,390		-173	1,042		+175

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GPRA PERFORMANCE SUMMARY PAGE					
	Site Current	Site Previous	Site Baseline	National 2004	2010 GOAL
DIABETES GROUP					
*Diabetes DX Ever	9.2%	8.6%	7.5%	10.0%	TBD
*Documented HbA1c	76.6%	71.3%	80.0%	76.1%	50%
Poor Glycemic Control >9.5	16.2%	13.9%	21.6%	16.7%	TBD
Ideal Glycemic Control <7	26.0%	14.2%	19.3%	26.2%	40.0%
*BP Assessed	93.3%	92.3%	91.3%	TBD	TBD
Controlled BP <130/80	31.6%	28.9%	31.7%	34.6%	50.0%
LDL Assessed	31.2%	0.0%	13.9%	51.9%	70.0%
Nephropathy Assessed	14.5%	0.0%	0.0%	41.2%	70.0%
Retinopathy Exam	57.1%	57.4%	57.9%	47.5%	TBD
*Depression Assessed	7.2%	6.9%	6.5%	--	--
*Influenza Vaccine	70.7%	58.3%	53.8%	--	--
*Pneumovax Vaccine Ever	84.8%	82.3%	81.2%	--	--
Dental Access Diabetes	26.8%	24.9%	24.5%	36.3%	75.0%
DENTAL GROUP					
Dental Access General	16.3%	16.5%	17.9%	23.7%	40.0%
Sealants	2089	2845	5554	232,182	TBD
IMMUNIZATIONS					
Influenza 65+	67.8%	59.9%	56.2%	53.5%	90.0%
Pneumovax Ever 65+	80.7%	78.2%	72.5%	67.1%	90.0%
Childhood 19-35 mos	71.2%	69.0%	62.7%		80%
CANCER-RELATED					
Pap Smear Rates 21-64	62.0%	61.7%	64.1%	57.0%	90.0%
Mammogram Rates 52-64	51.0%	49.0%	48.7%	38.7%	70.0%
*Colorectal Cancer 52+	30.4%	28.3%	31.3%	TBD	TBD
Tobacco Assessment 5+	1.4%	1.7%	1.2%	26.5%	TBD
*Tobacco Use Prevalence	0.7%	0.5%	0.7%	TBD	TBD
BEHAVIORAL HEALTH					
FAS Prevention 15-44	2.5%	2.4%	2.9%	6.8%	TBD
IPV/DV Screen 15-40	3.2%	2.2%	2.8%	4.2%	15.0%
CARDIOVASCULAR DISEASE-RELATED					
BMI Measured 2-74	20.5%	18.2%	20.1%	58.8%	TBD
*Assessed as Obese	7.2%	6.8%	7.2%	TBD	TBD
Cholesterol Screening 23+	17.3%	16.5%	11.2%	--	80.0%
Prenatal HIV Testing	59.4%	8.9%	10.6%	TBD	TBD
Public Health Nursing	12290	11254	9975	422,361	TBD

(* = Not GPRA indicator for FY 2005)