

## Clinical Reporting System (CRS) Version 5.1 (2005) Indicator List and Definitions, as of June 20, 2005

The following indicators will be reported in the **Clinical Reporting System (CRS) 2005 National GPRA report**. Indicators marked with an asterisk (\*) will not be reported in the *IHS Annual Report to Congress* but are included for agency use. Changes/additions from CRS Version 5.0 Patch 1 are shown in red, bold italic type. Definitions for all indicator topics included in CRS begin on page 2.

### DIABETES GROUP

\*Diabetes DX Ever  
\*Documented HbA1c  
Poor Glycemic Control  
Good (ideal) Glycemic) Control  
\*BP Assessed  
Controlled BP  
LDL Assessed  
Nephropathy Assessed  
Retinopathy Exam  
\*Depression/Anxiety Screen  
\*Influenza Vaccine  
\*Pneumovax  
Dental Access Diabetes

### DENTAL GROUP

Dental Access General  
Dental Sealants  
***Topical Fluoride***

### IMMUNIZATIONS

Influenza Vaccine 65+  
Pneumovax 65+  
Childhood Immunizations (4:3:1:3:3)

### CANCER SCREENING

Pap Smear Rates  
Mammogram Rates  
\*Colorectal Cancer Screen  
Tobacco Assessment  
\*Tobacco Use Prevalence

### BEHAVIORAL HEALTH

FAS Prevention  
DV/IPV Screen 15-40

### CARDIOVASCULAR DISEASE-RELATED

Obesity Assessment  
\*Assessed as Obese  
CVD and Cholesterol Screening

### OTHER CLINICAL

Prenatal HIV Testing  
Public Health Nursing

### DENOMINATOR DEFINITIONS

#### NOTES:

1. ***Effective with Version 5.1, all patients with name "DEMO,PATIENT" will be automatically excluded for all denominators.***
2. **For all indicators, patient age is calculated as of the beginning of the Report Period.**

#### • ***Active Clinical Population for National GPRA Reporting***

- Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. Refer to the CRS 2005 User Manual for listing of these clinics.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

#### • ***Active Clinical Population for Local Reports***

- Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. Refer to the CRS 2005 User Manual for listing of these clinics.
- Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

#### • ***GPRA User Population for National GPRA Reporting***

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
- Must reside in a community specified in the site's GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

#### • ***GPRA User Population for Local Reports***

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report Period.

- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
<b>DIABETES GROUP</b>	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominator:</b> User Population patients.</p> <p><b>Numerators:</b> 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period.</p> <p><b>Patient List:</b> List of diabetic patients with most recent diagnosis</p>
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson	<p><b>See related Diabetes topics below for identification of changes for this topic.</b></p> <p><b>Denominator:</b> <u>Active Diabetic patients</u>, defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever.</p> <p><b>Numerators:</b> 1) Patients with Hemoglobin A1c documented during the Report Period, regardless of result. 2) Patients with Blood Pressure documented during the Report Period. 3) Patients with LDL completed during the Report Period, regardless of result. 4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period. 5) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam. 6) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam.</p> <p><b>Definitions:</b> For specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy.</p> <p><b>Patient List:</b> List of diabetic patients with documented tests, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Diabetes: Poor Glycemic Control Diabetes: Ideal Glycemic Control Diabetes Program/ Dr. Charlton Wilson	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) <b>GPRA: <u>Active Diabetic patients</u></b>; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>2) All GPRA User Population patients diagnosed with diabetes prior to the Report Period.</p> <p>3) Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least 2 DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than 5.</p> <p><b>Numerators:</b></p> <p>1) HgA1c documented during the Report Period.</p> <p>2) <b>GPRA: <u>Poor control</u></b> greater than (&gt;) 9.5</p> <p>3) <b><u>Very poor control</u></b> HgA1c equals or greater than (=&gt;) 12</p> <p>4) Poor control HgA1c greater than (&gt;) 9.5 or less than (&lt;) 12 5) <b><u>Fair control</u></b> HgA1c equals or greater than (=&gt;) 8 and less than or equal to (&lt;=) 9.5</p> <p>6) <b><u>Good control</u></b> HgA1c equals or greater than (=&gt;) 7 and less than (&lt;) 8</p> <p>7) <b>GPRA: <u>Ideal control</u></b> HgA1c less than (&lt;) 7</p> <p>8) Undetermined HgA1c (no result)</p> <p><b>Definitions:</b></p> <p>1) <b>HgA1c:</b> CPT 83036, <i>LOINC taxonomy (changes to codes included in LOINC taxonomy)</i> or site-defined taxonomy DM AUDIT HGB A1C TAX</p> <p>2) <b>Creatinine (for Active Adult Diabetic denominator):</b> CPT 82540, 82565-75; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy)</i>; site-defined taxonomy DM AUDIT CREATININE TAX.</p> <p><b>GPRA Description - Poor Glycemic Control:</b> During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as HbA1c &gt; 9.5) does not increase above the FY 2004 level (17.0%).</p> <p><b>GPRA Description - Improved Glycemic Control:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as HbA1c &lt; 7) at the FY 2004 level (27.0%).</p> <p><b>Patient List:</b> All patients diagnosed with Diabetes, with date and value of HgA1c, if any.</p>
Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p><b>Numerators:</b> 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period)</p> <p>2) <b>GPRA: Controlled BP</b>, &lt; 130/80</p> <p>3) Not controlled BP</p> <p><b>Definitions:</b></p> <p>1) <b>Blood Pressure</b> - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. 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.</p> <p>2) <b>Creatinine (for Active Adult Diabetic denominator):</b> CPT 82540, 82565-75; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy)</i>; site-defined taxonomy DM AUDIT CREATININE TAX.</p> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level (35.0%).</p> <p><b>Patient List:</b> All patients diagnosed with Diabetes, with mean BP value if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Diabetes: Lipids Assessment Diabetes Program/ Dr. Charlton Wilson	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p><b>Numerators:</b></p> <ol style="list-style-type: none"> <li>1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result</li> <li>2) <b>GPRA:</b> Patients with LDL completed, regardless of result</li> <li>3) LDL &lt; 130; 3A) LDL &lt;= 100; 3B) LDL 101-129</li> </ol> <p><b>Definitions:</b> 1) <b>Lipid Profile:</b> CPT 80061; LOINC taxonomy; site-defined taxonomy DM AUDIT LIPID PROFILE TAX.</p> <ol style="list-style-type: none"> <li>2) <b>LDL:</b> CPT 83721; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX</li> <li>3) <b>HDL:</b> CPT 83718; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT HDL TAX</li> <li>4) <b>Triglyceride (TG):</b> CPT 84478; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT TRIGLYCERIDE TAX</li> <li>5) <b>Creatinine (for Active Adult Diabetic denominator):</b> CPT 82540, 82565-75; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT CREATININE TAX</li> </ol> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level (53.0%).</p> <p><b>Patient List:</b> All patients diagnosed with Diabetes, with date of tests and LDL value, if any.</p>
Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p><b>Numerators:</b></p> <ol style="list-style-type: none"> <li>1) <b>GPRA:</b> Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period.</li> <li>2) Patients with Estimated GFR with result during the Report Period.</li> <li>3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result during the Report Period.</li> </ol> <p><b>Definitions:</b> 1) <b>Urine Protein:</b> <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT URINE PROTEIN TAX</p> <ol style="list-style-type: none"> <li>2) <b>Microalbuminuria:</b> CPT codes 82043, 82044; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT MICROALBUMUNURIA TAX</li> <li>3) <b>Estimated GFR:</b> Taxonomy BGP ESTIMATED GFR TAX, LOINC 33914-3</li> <li>4) <b>Creatinine (for Active Adult Diabetic denominator):</b> CPT 82540, 82565-75; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT CREATININE TAX.</li> </ol> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level (42.0%).</p> <p><b>Patient List:</b> All patients diagnosed with Diabetes, with date of tests and value, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p><b>Numerator: GPRA:</b> Patients receiving any retinal screening during the Report Period or refusal of a diabetic eye exam. Retinal screening is defined as a diabetic retinal exam or other eye exam. 1A) Patients receiving or refusing a diabetic retinal exam. 1B) Patients receiving other eye exams.</p> <p><b>Definitions:</b> 1) <b>Diabetic Eye Exam:</b> Clinic Code A2 (Diabetic Retinopathy) or Exam Code 03 (Diabetic Eye Exam)</p> <p>2) <b>Other Eye Exam:</b> 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</p> <p>3) <b>Refusal of Diabetic Eye Exam:</b> Exam Code 03</p> <p>4) <b>Creatinine (for Active Adult Diabetic denominator):</b> CPT 82540, 82565-75; <b>LOINC taxonomy (changes to codes included in LOINC taxonomy);</b> site-defined taxonomy DM AUDIT CREATININE TAX.</p> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate (National Rate: 47.0%, Designated Sites Rate: 55.0%). 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.</p> <p><b>Patient List:</b> All patients diagnosed with Diabetes, with date of screening and code, if any.</p>
Oral Health – Diabetic Access to Dental Services Dental Program/ Dr. Patrick Blahut	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p><b>Numerators:</b> 1) <b>GPRA:</b> Patients with a documented dental visit during the Report Period, including refusals. 1A) Patients with documented refusal during the Report Period.</p> <p><b>Definitions:</b> 1) <b>Dental Visit:</b> <i>For non-CHS visits, searches for V Dental</i> ADA Code 0000 or 0190 or Exam Code 30. <i>For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.</i></p> <p>2) <b>Refusal of Dental Exam:</b> <i>For non-CHS visits, searches for</i> Exam Code 30</p> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level (37.0%).</p> <p><b>Patient List:</b> All diabetic patients with date of dental visit or refusal and code, if any.</p>
<b>DENTAL GROUP</b>	
Oral Health – Access to Dental Services Dental Program/ Dr. Patrick Blahut	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> GPRA User Population patients.</p> <p><b>Numerators:</b> 1) <b>GPRA:</b> Patients with documented dental visit during the Report Period, including refusals. 1A) Patients with documented refusal.</p> <p><b>Definitions:</b> 1) <b>Dental Visit:</b> <i>For non-CHS visits, searches for V Dental</i> ADA Code 0000 or 0190, Exam Code 30. <i>For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.</i></p> <p>2) <b>Refusal of Dental Exam:</b> <i>For non-CHS visits, searches for</i> Exam Code 30</p> <p><b>GPRA Description:</b> During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level (24.0%).</p> <p><b>Patient List:</b> Patients with documented dental visit or refusal, with date and code.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>GPRA Numerator:</b> Count only (no percentage comparison to denominator). Total number of dental sealants during the Report Period. Age breakouts (HP 2010): &lt;12; 12-18; &gt;18.</p> <p><b>Definitions: Dental Sealant:</b> ADA Code 1351</p> <p><b>GPRA Description:</b> During FY 2005, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level (287,158 sealants, reported from NPIRS).</p> <p><b>Patient List:</b> Patients who had sealants and the number of sealants received.</p>
<i>Oral Health – Topical Fluoride Dental Program/Dr. Patrick Blahut</i>	<p><i>New CRS indicator for Version 5.1 and new GPRA indicator for 2005</i></p> <p><i>Numerators:</i></p> <p><i>1) GPRA: The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.</i></p> <p><i>2) GPRA: The total number of patients with at least one topical fluoride treatment during the Report Period.</i></p> <p><i>Definitions: Topical Fluoride Application: V Dental ADA codes 1201, 1203, 1204, 1205; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications indicator.</i></p> <p><i>GPRA Description: During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum of four applications per patient per year AND (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.</i></p> <p><i>Patient List: Patients who received at least one topical fluoride application during Report Period.</i></p>
<b>IMMUNIZATION GROUP</b>	
Adult Immunizations: Influenza Epi Program/ Amy Groom, MPH	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominators:</b> 1) Active Clinical patients ages 50 or older. 1A) Ages 50-64. 1B) <b>GPRA:</b> Ages 65 and older.</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p><b>Numerators:</b> 1) Patients with influenza vaccine documented during the Report Period or with documented refusal.</p> <p>2) Documented patient refusals (REF) or not medically indicated (NMI).</p> <p><b>Definitions:</b> 1) <b>Influenza Vaccine:</b> Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52</p> <p>2) <b>Refusal of Influenza Vaccine:</b> Immunization/CVX codes: 15, 16, 88, or 111</p> <p><b>GPRA Description:</b> In FY 2005, maintain FY 2004 influenza vaccination rates (54.0%) among non-institutionalized adults aged 65 years and older.</p> <p><b>Patient List:</b> Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.</p>

<b>Indicator Topic Name and Owner/Contact</b>	<b>General Definition</b> (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Adult Immunizations: Pneumococcal Epi Program/ Amy Groom, MPH	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominators:</b> 1) <b>GPRA:</b> Active Clinical patients ages 65 or older.            2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p><b>Numerators:</b> 1) Patients with pneumovax documented ever or who have refused a pneumovax vaccine in the past year.            1A) <b>For Active Diabetics denominator only.</b> Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year.            2) Documented patient refusals (REF) or not medically indicated (NMI).</p> <p><b>Definitions:</b> 1) <b>Pneumovax Vaccine:</b> Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669            2) <b>Refusal of Pneumovax Vaccine:</b> Immunization/CVX codes 33, 100, 109</p> <p><b>GPRA Description:</b> In FY 2005, maintain the FY 2004 rate (69.0%) for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.</p> <p><b>Patient List:</b> Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Childhood Immunizations Epi Program/ Amy Groom, MPH	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators: GPRA:</b> Active Clinical patients ages 19-35 months at end of Report Period.</p> <p><b>Numerators:</b> 1) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>2) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>3) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>4) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>5) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>6) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal.</p> <p>Also included for numerators 1-6 are sub-numerators:</p> <p>A) Patients with a documented refusal.</p> <p>B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal.</p> <p>7) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, including refusals, contraindications, and evidence of disease).</p> <p>8) Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR), including refusals, contraindications, and evidence of disease.</p> <p>9) <b>GPRA:</b> 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.</p> <p>9A) Patients with a documented refusal.</p> <p>9B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal.</p> <p>10) <b>Immunization Program Numerator:</b> Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease.</p> <p>11) <b>Immunization Program Numerator:</b> Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR) NOT including refusals, contraindications, and patients with evidence of disease.</p> <p>12) <b>Immunization Program Numerator:</b> Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.</p> <p><b>Definitions:</b> <i>Added CVX code 110 to Hepatitis B definition, including refusals for Hepatitis B.</i> Detailed descriptions of all codes for these immunizations are listed in the CRS 2005 User Manual, due to length.</p> <p><b>GPRA Description:</b> During FY 2005, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2004 (72.0%, reported by Immunization Program).</p> <p><b>Patient List:</b> Patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
<b>CANCER SCREENING GROUP</b>	
Cancer Screening: Pap Smear Rates Epi Program/ Dr. Nathaniel Cobb	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> Female Active Clinical patients ages <b>21 (previously 18)</b><sup>1</sup> through 64 without a documented history of hysterectomy.</p> <p><b>Numerators:</b> 1) Patients with documented pap smear in past three years or refusal in past year. 1A) Patients with documented refusal in past year.</p> <p><b>Definitions:</b> 1) <b>Hysterectomy:</b> V Procedure: 68.4-68.8; CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525. 2) <b>Pap Smear:</b> A) V Lab: PAP SMEAR; B) POV: V76.2, <b>V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix;</b> C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, <b>Q0091 Screening Pap Smear;</b> E) Women's Health: Procedure called Pap Smear; F) <b>LOINC taxonomy (changes to codes included in LOINC taxonomy);</b> G) Site-defined taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear</p> <p><b>GPRA Description:</b> 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 (58.0%).</p> <p><b>Patient List:</b> All patients in the denominator, with date and code of test, if any.</p>
Cancer Screening: Mammogram Rates Epi Program/ Dr. Nathaniel Cobb	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominator: GPRA:</b> Female Active Clinical patients ages <b>52 (previously 50)</b><sup>2</sup> through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.</p> <p><b>Numerators:</b> 1) <b>GPRA:</b> Patients with documented mammogram in past two years or refusal in <i>past year</i>. 1A) Patients with documented refusal in past year.</p> <p><b>Definitions:</b> 1) <b>Bilateral Mastectomy:</b> V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) <b>Unilateral Mastectomy:</b> Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) <b>Mammogram:</b> A) V Radiology or V CPT: 76090, 76091, 76092, G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) <b>Refusal Mammogram:</b> V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202.</p> <p><b>GPRA Description:</b> 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 (40.0%).</p> <p><b>Patient List:</b> Patients in the denominator, with date and code of procedure, if any.</p>

<sup>1</sup> There is no change to the program logic. The actual logic always checked for age range 21-64.

<sup>2</sup> There is no change to the program logic. The actual logic always checked for age range 52-64.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Colorectal Cancer Screening	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator:</b> Active Clinical patients ages 51-80 (<i>to match HEDIS logic, changed from 52 and older</i>) without a documented history of colorectal cancer, broken out by gender.</p> <p><b>Numerators:</b> 1) Patients who have had colorectal screening or a documented refusal, defined as any of the following: a Fecal Occult Blood test (FOBT) (<i>removed "or rectal exam"</i>) in the past two years; flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years.</p> <p style="padding-left: 20px;">A) Patients with documented refusal in the past year.</p> <p style="padding-left: 20px;">B) Patients with Fecal Occult Blood test in the past two years.</p> <p style="padding-left: 20px;"><i>2) Patients with Rectal Exam in past two years. (Revised from sub-numerator of numerator 1)</i></p> <p><b>Definitions:</b> 1) Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, <b>V10.05</b>.</p> <p style="padding-left: 20px;">2) <b>Fecal Occult Blood lab test (FOBT):</b> CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site-defined taxonomy BGP GPRA FOB TESTS</p> <p style="padding-left: 20px;">3) <b>Rectal Exam:</b> V76.41; V Procedure 48.24-29, 89.34; V Exam 14 <i>or refusal in past year for Exam 14</i>.</p> <p style="padding-left: 20px;">4) <b>Flexible Sigmoidoscopy:</b> V Procedure <i>45.24, 45.42 (changed from 45.22-45.25)</i>, 45.42; CPT 45330-45345, G0104</p> <p style="padding-left: 20px;">5) <b>Double Contrast Barium Enema:</b> CPT or VRad: 74270-74280, G0106, G0120</p> <p style="padding-left: 20px;">6) <b>Colonoscopy:</b> <i>V Procedure 45.22, 45.23, 45.25 (additions)</i>, V POV 76.51; CPT 44388-44394, 44397, 45355, <i>45378-45387 (added 45386)</i>, 45325 (old), G0105, G0121</p> <p style="padding-left: 20px;">7) <b>Screening Refusals:</b> (<i>Clarified the exact tests program looks for.</i>) A. <b>FOBT:</b> V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205; B. <b>Flexible Sigmoidoscopy:</b> V Radiology CPT 45330-45345, G0104; C. <b>Double contrast barium enema:</b> V Radiology CPT: 74270-74280, G0106, G0120; D. <b>Colonoscopy:</b> V Radiology CPT 44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121.</p> <p><b><u>Proposed GPRA 2006 Description:</u></b> <i>For FY 2006, establish the baseline screening rate for Colorectal Cancer.</i></p> <p><b>Patient List:</b> Patients ages <i>51-80</i>, with date and code of any related test or procedure, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Tobacco Use Assessment	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010).</p> <p>2) Pregnant female patients with no documented miscarriage or abortion during the past 20 months.</p> <p><b>Numerators:</b> 1) <b>GPRA:</b> Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator).</p> <p>2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users.</p> <p>2A) Current smokers.</p> <p>2B) Current smokeless tobacco users</p> <p>3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator).</p> <p><i>Revised method for calculating percentage for numerators 2 &amp; 3 to use numerator 1 (vs. Active Clinical denominator) as the denominator.</i></p> <p><i>Revised method for calculating percentages for numerators 2A &amp; 2B to use numerator 2 (vs. Active Clinical denominator) as the denominator.</i></p> <p><b>Definitions:</b> 1) <b>Pregnancy:</b> At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.</p> <p>2) <b>Miscarriage:</b> Occurring after the second pregnancy POV. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) <b>Abortion:</b> Occurring after the second pregnancy POV. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p> <p>4) <b>Tobacco Screening:</b> A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List <i>305.1 (revised from 305.1*)</i>, V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing “TO-”, “-TO”, or “-SHS”.</p> <p>5) <b>Tobacco Users:</b> A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) POV <i>305.1 (removed 305.10, 305.11, 305.12)</i> or V15.82. C) Dental 1320</p> <p>6) <b>Current Smokers:</b> A) Health Factors: Current Smoker, Current Smoker and Smokeless. B) <i>305.1 (removed 305.10, 305.11, 305.12)</i> or V15.82. C) Dental code 1320</p> <p>7) <b>Current Smokeless:</b> A) Health Factors: Current Smokeless, Current Smoker and Smokeless</p> <p>8) <b>Environmental Tobacco Smoke (ETS):</b> Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke</p> <p><b>GPRA Description:</b> During FY 2005, rates of screening for tobacco use will be maintained at FY 2004 rates (27.0%).</p> <p><b>Patient List:</b> Patients with no screening identified.</p>

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Tobacco Cessation	<p><b>Changes for Version 5.1, as shown below</b></p> <p><b>Denominator:</b> Active Clinical patients identified as current tobacco users prior to the Report Period.</p> <p><b>Numerators:</b> 1) Patients who have received tobacco cessation counseling during the Report Period.</p> <p>2) Patients counseled during the Report Period on smoking cessation medications.</p> <p>3) Patients identified during the Report Period as having quit tobacco use.</p> <p><b>Definitions:</b></p> <p>1) <b>Current Tobacco Users:</b> A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) Tobacco-related Diagnoses (POV or active Problem List): <i>305.1 (removed 305.10, 305.11, 305.12)</i> or V15.82. C) Dental code 1320</p> <p>2) <b>Tobacco Cessation Counseling:</b> Patient Education codes containing “TO-Q”, code TO-LA; Clinic Code 94, or Dental Code 1320</p> <p>3) <b>Smoking Cessation Medications:</b> Patient Education code TO-M</p> <p>4) <b>Quit Smoking:</b> POV or Current Active Problem List 305.13, Health Factors Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless.</p> <p><b>Patient List:</b> Patients with counseling, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
<b>BEHAVIORAL HEALTH GROUP</b>	
Alcohol Screening (FAS Prevention) Indicator	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p><b>Numerators: GPRA:</b> Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report Period.</p> <ul style="list-style-type: none"> <li>A) Patients with any Alcohol Health Factor or other screening.</li> <li>B) Patients with alcohol-related diagnoses.</li> <li>C) Patients with alcohol-related patient education or counseling.</li> </ul> <p><b>Definitions:</b></p> <ul style="list-style-type: none"> <li>1) <b>Alcohol Screening:</b> Any Alcohol Health Factor; Other Screening: V11.3; V79.1, <i>or BHS problem code 29.1</i></li> <li>2) <b>Alcohol-related Diagnoses:</b> POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS <i>POV</i> 10, 27, 29</li> <li>3) <b>Alcohol Education:</b> All Patient Education codes containing <i>“AOD-” or “-AOD” or old codes containing “CD-” or “-CD”</i></li> </ul> <p><b>GPRA Description:</b> During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate (7.0%).</p> <p><b>Patient List:</b> Women <u>not</u> screened.</p>
Intimate Partner (Domestic) Violence Screening Dr. Theresa Cullen/ Denise Grenier, MSW	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) Female Active Clinical patients ages 13 and older at beginning of Report Period. 1A) <b>GPRA:</b> Female Active Clinical patients ages 15-40.</p> <p><b>Numerators: GPRA:</b> Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.</p> <ul style="list-style-type: none"> <li>A) Patients with documented IPV/DV exam.</li> <li>B) Patients with IPV/DV related diagnoses.</li> <li>C) Patients provided with IPV/DV patient education or counseling.</li> <li>D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.</li> </ul> <p><b>Definitions:</b> 1) <b>IPV/DV Screening:</b> PCC Exam Code 34 or BHS IPV/DV exam</p> <ul style="list-style-type: none"> <li>2) <b>IPV/DV Related Diagnoses:</b> POV, Current PCC or BHS Problem List (<i>removed child maltreatment codes 995.50, 995.51, 995.53, 995.54, 995.59</i>) 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS <i>POV</i> 43.*, 44.*</li> <li>3) <b>IPV/DV Patient Education:</b> Patient Education codes containing “DV-” or “-DV”</li> <li>4) <b>IPV/DV Counseling:</b> POV V61.11</li> <li>5) <b>Refusals:</b> A) <u>Any</u> PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) <u>Any</u> refusal in past year with Patient Education codes containing “DV-” or “-DV”.</li> </ul> <p><b>GPRA Description:</b> During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate (4.0%).</p> <p><b>Patient List:</b> Women <u>not</u> screened and without documented refusal.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Depression/Anxiety Screening Dr. Theresa Cullen/ Denise Grenier, MSW	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) Active Clinical patients ages 40 and older.            2) Active Diabetes 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.            3) All patients diagnosed with ischemic heart disease prior to the Report Period and with at least two CVD-related visits during the Report Period.</p> <p><b>Numerators:</b> Patients screened for or counseled about depression OR diagnosed with depressive/anxiety/adjustment disorders during the Report Period.            A) Patients screened for or counseled about depression.            B) Patients with a diagnosis of depressive/anxiety/ adjustment.</p> <p><b>Definitions: 1) Diabetes:</b> POV 250.00-250.93            2) <b>Ischemic Heart Disease:</b> POV 410.0-412.*, 414.0-414.9, 428.*, 429.2.            3) <b>Depression Screening or Counseling:</b> POV V79.0 <i>or BHS problem code 14.1 (screening for depression)</i>, Patient Education codes containing “DEP-” (depression), “SB-” (suicidal behavior), “GAD-” (generalized anxiety disorder), “BH-” (behavioral and social health), or “PDEP-” (postpartum depression).            4) <b>Depressive/Anxiety/Adjustment Disorders:</b> At least 2 visits <i>in PCC or BHS</i> with POV 296.*, 300.*, 301.13, 308.3, 309.*, 311.* or BHS <b>POV</b> 14, 15, 18, 24</p> <p><b>Patient List:</b> Patients who have not been screened for depressive/anxiety disorders.</p>

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<b>CARDIOVASCULAR DISEASE RELATED GROUP</b>																																																															
Obesity Assessment Nutrition Program/ Jean Charles-Azure	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> Active Clinical patients ages 2 through 74, broken down into gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.</p> <p><b>Numerators:</b> 1) <b>GPRA:</b> All patients for whom BMI can be calculated.            A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables.            B) Of Numerator 1, patients considered obese, adults BMI =&gt;30, age 18 and under based on standard tables.            C) Of Numerator 1, total overweight and obese.</p> <p><i>Revised method for calculating percentages for numerators 1A-1C to use numerator 1 (vs. Active Clinical denominator) as the denominator.</i></p> <p><b>Definitions:</b> 1) <b>BMI:</b> Calculated 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 within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day.</p> <p><b>GPRA Description:</b> During FY 2005, each Area will increase the number of patients for whom BMI data can be measured by 5% (&gt;60.0%).</p> <p><b>Patient List:</b> Patients for whom a BMI could NOT be calculated.</p>																																																														
Childhood Weight Control <i>(renamed from Childhood Obesity Reduction)</i>	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator:</b> Active Clinical Patients <i>2-5 (revised from 2-6) for whom a BMI could be calculated</i>, broken out by age groups.</p> <p><b>Numerators:</b> 1) Patients with BMI 85-94%. 2) Patients with a BMI 95% and up. 3) Patients with a BMI =&gt;85%. <i>(Removed numerator for patients with calculated BMI.)</i></p> <p><b>Definitions:</b> 1) <b>Age:</b> All patients who are between the ages of <i>2 and 5 (previously 2 and 6)</i> at the beginning of the Report Period and who do not turn age <i>6 (previously 7)</i> during the Report Period are included in this indicator. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. <i>(Removed logic for patients for whom no BMI could be calculated.)</i></p> <p>2) <b>BMI:</b> CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this indicator reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.</p> <p><b>BMI Standard Reference Data</b></p> <table border="1" data-bbox="508 1491 1552 1858"> <thead> <tr> <th colspan="2">Low-High</th> <th colspan="2">BMI</th> <th colspan="2">Data Check Limits</th> </tr> <tr> <th>Ages</th> <th>Sex</th> <th>&gt;=</th> <th>&gt;=</th> <th>BMI &gt;</th> <th>BMI &lt;</th> </tr> <tr> <th></th> <th></th> <th><i>(Risk-Overwt.)</i></th> <th><i>(Overwt)</i></th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td rowspan="2">2-2</td> <td>Male</td> <td>17.7</td> <td>18.7</td> <td>36.8</td> <td>7.2</td> </tr> <tr> <td>Female</td> <td>17.5</td> <td>18.6</td> <td>37.0</td> <td>7.1</td> </tr> <tr> <td rowspan="2">3-3</td> <td>Male</td> <td>17.1</td> <td>18.0</td> <td>35.6</td> <td>7.1</td> </tr> <tr> <td>Female</td> <td>17.0</td> <td>18.1</td> <td>35.4</td> <td>6.8</td> </tr> <tr> <td rowspan="2">4-4</td> <td>Male</td> <td>16.8</td> <td>17.8</td> <td>36.2</td> <td>7.0</td> </tr> <tr> <td>Female</td> <td>16.7</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td rowspan="2">5-5</td> <td>Male</td> <td>16.9</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td>Female</td> <td>16.9</td> <td>18.5</td> <td>39.2</td> <td>6.8</td> </tr> </tbody> </table> <p><b>Proposed GPRA 2006 Description:</b> During FY 2006, establish the obesity rates in children, ages 2-5 years.</p> <p><b>Patient List:</b> Patients ages <i>2-5 (previously 2-6)</i>, with current BMI.</p>	Low-High		BMI		Data Check Limits		Ages	Sex	>=	>=	BMI >	BMI <			<i>(Risk-Overwt.)</i>	<i>(Overwt)</i>			2-2	Male	17.7	18.7	36.8	7.2	Female	17.5	18.6	37.0	7.1	3-3	Male	17.1	18.0	35.6	7.1	Female	17.0	18.1	35.4	6.8	4-4	Male	16.8	17.8	36.2	7.0	Female	16.7	18.1	36.0	6.9	5-5	Male	16.9	18.1	36.0	6.9	Female	16.9	18.5	39.2	6.8
Low-High		BMI		Data Check Limits																																																											
Ages	Sex	>=	>=	BMI >	BMI <																																																										
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3-3	Male	17.1	18.0	35.6	7.1																																																										
	Female	17.0	18.1	35.4	6.8																																																										
4-4	Male	16.8	17.8	36.2	7.0																																																										
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Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
<p>Nutrition and Exercise Education for At Risk Patients</p> <p>Patient Education Program/ Mary Wachacha</p> <p>Nutrition Program/ Jean Charles-Azure</p>	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI =&gt;25, ages 18 and under based on standard tables.</p> <p>1A) Patients considered obese, defined as adults with BMI =&gt;30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, =&gt;60 (HP 2010).</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p><b>Numerators:</b> During the Report Period: 1) Patients provided with medical nutrition counseling.</p> <p>2) Patients provided with nutrition education.</p> <p>3) Patients provided with exercise education.</p> <p>4) Patients provided with other related education.</p> <p><b>Definitions:</b> 1) <b>Medical Nutrition Counseling:</b> CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36</p> <p>2) <b>Nutrition Education:</b> Patient Education codes ending “-N” <i>or “-MNT”</i> or old codes containing “-DT” (diet); POV V65.3</p> <p>3) <b>Exercise Education:</b> Patient Education codes ending “-EX”; POV V65.41</p> <p>4) <b>Other Related Education:</b> Patient Education codes ending “-LA” or containing “OBS-”</p> <p><b>Patient List:</b> Patients defined as at risk, with date and codes, if any.</p>
<p>Cardiovascular Disease and Cholesterol Screening</p> <p>Dr. James Galloway/ Mary Wachacha</p>	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b></p> <p>1) <b>GPRA:</b> Active Clinical patients ages 23 and older; broken out by gender.</p> <p><i>2) Active Clinical patients diagnosed with ischemic heart disease prior to the Report Period and with at least two IHD-related visits any time during the Report Period. Broken down by gender.</i></p> <p><b>Numerators:</b> 1) <b>GPRA:</b> Patients with documented cholesterol screening any time during past five years, regardless of result.</p> <p>2) With high cholesterol, defined as =&gt; 240.</p> <p>3) With LDL completed, regardless of result.</p> <p>4) LDL &lt;= 100. 5) LDL 101-130. 6) LDL 131-160. 7) LDL &gt;160.</p> <p><b>Definitions:</b> 1) <b>Total Cholesterol Panel:</b> CPT 82465; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT CHOLESTEROL TAX.</p> <p>2) <b>LDL:</b> CPT 83721; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i> site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX</p> <p><i>3) Ischemic Heart Disease (IHD): One visit prior to the Report Period AND 2 or more visits any time during the Report Period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).</i></p> <p><b>GPRA Description:</b> During FY 2005, establish the baseline cholesterol screening rate for adult patients.</p> <p><b>Patient List:</b> Patients in the denominator, with date and test, if any.</p>

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Cardiovascular Disease and Blood Pressure Control Dr. James Galloway/ Mary Wachacha	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) All Active Clinical patients ages 20 and over, broken down by gender (removed exclusion for patients with any diabetes diagnosis).            2) All User Population patients ages 20 and older, broken down by gender (removed exclusion for patients with any diabetes diagnosis).  <i>3) Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.</i></p> <p><b>Numerators:</b> 1) Patients with BP values documented.            2) Patients with normal BP, &lt;120/80.            3) Pre-hypertension I, =&gt; 120/80 and &lt; 130/80.            4) Pre-hypertension II, =&gt;130/80 and &lt; 140/90.            5) Stage 1 hypertension, =&gt; 140/90 and &lt;160/100.            6) Stage 2 hypertension, =&gt; 160/100.</p> <p><b>Definitions:</b> 1) <b>BP Values (all numerators):</b> Uses the last 2 blood pressures documented on non-ER visits for the patient in the past two years. If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category.  <i>2) Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).</i></p> <p><b>Patient List:</b> Patients =&gt; 20 w/ denominator identified &amp; mean BP, if any.</p>
Controlling High Blood Pressure Dr. James Galloway/ Mary Wachacha	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator:</b> Active Clinical patients ages 46 through 85 diagnosed with hypertension <i>and no documented history of ESRD</i>, broken down by gender.</p> <p><b>Numerators:</b> 1) Patients with BP values documented.            2) Patients with normal BP, &lt;120/80.            3) Pre-hypertension I, =&gt; 120/80 and &lt; 130/80.            4) Pre-hypertension II, =&gt;130/80 and &lt; 140/90.            5) Stage 1 hypertension, =&gt; 140/90 and &lt;160/100.            6) Stage 2 hypertension, =&gt; 160/100.</p> <p><b>Definitions:</b> 1) <b>Hypertension:</b> Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period.            2) <b>BP Values (all numerators):</b> Uses the last 2 blood pressures documented on non-ER visits for the patient <i>during the Report period (previously past two years)</i>. If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category.  <i>3) ESRD: CPT 90921, 90925 or POV 585.</i></p> <p><b>Patient List:</b> Patients in the denominator, with BP value, if any.</p>

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<p>Comprehensive CVD-Related Assessment Dr. James Galloway/ Mary Wachacha</p>	<p><b>Changes for Version 5.1, as noted below.</b>  <b>See related CVD topics for identification of further changes for this topic.</b></p> <p><b>Denominators:</b> 1) Patients ages 46 and older who are not diabetic.  2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older.  <b>3) Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period.</b></p> <p><b>Numerators:</b> 1) Patients with Blood Pressure value documented at least twice in prior two years.  2) With LDL completed in past five years, regardless of result.  3) Screened for tobacco use during the Report Period.  4) For whom a BMI could be calculated.  5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.  6) Screened/counseled/diagnosed with depression or anxiety disorders at any time during the Report Period.  7) Patients with ALL assessments above.</p> <p><b>Definitions: 1) Ischemic Heart Disease (IHD): One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).</b> 2) Patients without diabetes are defined as no diabetes diagnosis ever (POV 250.00-250.93).</p> <p><b>NOTE:</b> For specific definitions and changes to those definitions, refer to the following topics above: Controlling High Blood Pressure; Diabetes and Lipids Assessment; Tobacco Use Assessment; Obesity Assessment; Nutrition and Exercise Education for At Risk Patients; and Depression/Anxiety Screening.</p> <p><b>Patient List:</b> List of patients with assessments received, if any.</p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
<p><i>Beta-Blocker Treatment After a Heart Attack</i></p> <p><i>Dr. James Galloway/ Mary Wachacha</i></p>	<p><i>New indicator topic for Version 5.1.</i></p> <p><i>Denominator: Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy.</i></p> <p><i>Numerator: Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).</i></p> <p><i>Definitions: 1) Acute Myocardial Infarction (AMI): POV 410.*1 (i.e. first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report period, CRS will include only the first discharge.</i></p> <p><i>2) Beta-blockers: To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed &gt; ((Discharge Date + 7 days) - Order Date). Beta blockers defined with Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.</i></p> <p><i>Denominator Exclusions:</i></p> <p><i>1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."</i></p> <p><i>2) Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block &gt;1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.</i></p> <p><i>3) Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.</i></p> <p><i>4) Patients readmitted for any diagnosis within seven days of discharge.</i></p> <p><i>Patient List: Patients with AMI, with beta-blocker prescription, if any.</i></p>

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<p><i>Persistence of Beta-Blocker Treatment After a Heart Attack</i> <i>Dr. James Galloway/ Mary Wachacha</i></p>	<p><i>New indicator topic for Version 5.1.</i></p> <p><i>Denominator: Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy.</i></p> <p><i>Numerator: Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.</i></p> <p><i>Definitions: 1) Acute Myocardial Infarction (AMI): POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit.</i></p> <p><i>2) Inpatient visit: Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.</i></p> <p><i>3) Beta-blocker Treatment: To be included in the numerator, patients must have a beta-blocker days' supply &gt;= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date.</i></p> <p><i>NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.</i></p> <p><i>4) Beta-blockers: Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.</i></p> <p><i>Example of patient included in the numerator who has prior active prescription:</i></p> <ul style="list-style-type: none"> <li><i>- Admission Date: 2/1/2004, Discharge Date: 2/15/2004</i></li> <li><i>- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)</i></li> <li><i>- Prior Beta-Blocker Rx Date: 1/15/2004</i></li> <li><i>- # Days Prescribed: 60 (treats patient through 3/15/2004)</i></li> <li><i>- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31,</i></li> <li><i>60 is &gt;= 31, prescription is considered Prior Active Rx</i></li> <li><i>- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period</i></li> <li><i>- # Remaining Days Prescribed from Prior Active Rx:</i></li> <li><i>(60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29</i></li> <li><i>- Rx #2: 4/1/2004, # Days Prescribed: 90</i></li> <li><i>- Rx #3: 7/10/2004, #Days Prescribed: 90</i></li> <li><i>- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209</i></li> </ul> <p><i>Denominator Exclusions: 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."</i></p> <p><i>2) Patients with contraindications to beta-blockers occurring anytime through discharge/visit date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block &gt;1 degree - 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496.</i></p> <p><i>3) Documented beta blocker allergy/ADR occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.</i></p> <p><i>Patient List: Patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.</i></p>

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<p><i>Cholesterol Management After Acute CVD Event Attack</i>  <i>Dr. James Galloway/ Mary Wachacha</i></p>	<p><i>New indicator topic for Version 5.1.</i></p> <p><i>Denominator: Active Clinical patients ages 18 to 75 diagnosed within the year prior to beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.</i></p> <p><i>Numerators: 1) Patients with LDL completed 60-365 days after diagnosis, regardless of result.</i></p> <p><i>2) Patients with LDL &lt;=100, completed 60-365 days after diagnosis.</i></p> <p><i>3) Patients with LDL 101-130, completed 60-365 days after diagnosis.</i></p> <p><i>Definitions: 1) AMI: POV 410.*0 or 410.*1.</i></p> <p><i>2) PTCA: A) V Procedure 36.01, 36.02, 36.05, 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996.</i></p> <p><i>3) CABG: 1) V Procedure 36.1*, 36.2 or 2) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536. If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date.</i></p> <p><i>4) LDL: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. For each of the numerators, finds the most recent LDL test from the Report period end date that is between 60 and 365 days after diagnosis.</i></p> <p><i>Patient List: Patients with AMI, CABG, or PTCA w/LDL value, if any.</i></p>

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<b>STD-RELATED GROUP</b>	
Prenatal HIV Testing and Education Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator: GPRA:</b> All pregnant patients with no documented <i>miscarriage or abortion during the past 20 months</i> and NO recorded HIV diagnosis ever.</p> <p><b>Numerators:</b> 1) Patients who received counseling and/or patient education about HIV and testing during the past 20 months.</p> <p>2) <b>GPRA:</b> Patients who received HIV test during the past 20 months, including refusals.</p> <p>2A) Number of documented refusals.</p> <p><b>Definitions:</b> 1) <b>Pregnancy:</b> At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.</p> <p>2) <b>Miscarriage:</b> Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) <b>Abortion:</b> Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857</p> <p>4) <b>HIV:</b> V POV or Problem List: 042.0-044.9, V08, 795.71</p> <p>5) <b>HIV Counseling/Patient Education:</b> POV: V65.44, Patient Education codes containing "HIV-" <i>or</i> "<b>HIV</b>" or HIV diagnosis 042.0-044.9, V08, 795.71</p> <p>6) <b>HIV Test:</b> CPT: 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site-defined taxonomy BGP GPRA HIV TESTS</p> <p>7) <b>Refusal of HIV Test:</b> Lab Test HIV</p> <p><b>GPRA Description:</b> In FY 2005, establish baseline screening rates for HIV in pregnancy.</p> <p><b>Patient List:</b> Patients not screened.</p>
HIV Quality of Care Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominator:</b> Patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report Period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender.</p> <p><b>Numerators:</b> 1) Patients who received CD4 test only (without PCR viral load) during the Report Period.</p> <p>2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report Period.</p> <p>3) Patients who received both CD4 and HIV viral load tests during the Report Period.</p> <p>4) Total patients receiving tests.</p> <p><b>Definitions:</b> 1) <b>HIV:</b> POV or Problem List 042.0-044.9, V08, or 795.71</p> <p>2) <b>CD4:</b> CPT 86361; LOINC taxonomy; site-defined taxonomy BGP CD4 TAX</p> <p>3) <b>HIV Viral Load:</b> CPT 87536, 87539; LOINC taxonomy; site-defined taxonomy BGP HIV VIRAL TAX</p> <p><b>Patient List:</b> None</p>
Chlamydia Screening	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) Female Active Clinical patients ages 16 through 25, <i>broken down into age groups 16-20 and 21-25.</i></p> <p><b>Numerator:</b> Patients tested for chlamydia trachomatis during the Report Period.</p> <p><b>Definitions: Chlamydia:</b> V73.88, V73.98; CPT: 87110, 87270, 87320, (removed 87485-87487; not for genital Chlamydia infection), 87490-87492, 87810; site-defined taxonomy BGP GPRA CHLAMYDIA TESTS; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy);</i></p> <p><b>Patient List:</b> Patients with no documented screening.</p>

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<b>DISEASE-SPECIFIC</b>	
<b><i>Osteoporosis Management</i></b>	<p><i>New indicator topic for Version 5.1.</i></p> <p><i>Denominator: Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report period through the first six months of the Report period with no osteoporosis screening or treatment in year prior to the fracture.</i></p> <p><i>Numerator: Patients treated or tested for osteoporosis after the fracture.</i></p> <p><i>Definitions: 1) Fracture: Does not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report period and the first six months of the Report period. If multiple fractures are present, only the first fracture will be used.</i></p> <p><i>The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.</i></p> <p><i>Fracture codes: A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485; B) POVs: 733.1, 805*-806*, 807.0-807.3, 808*-815*, 818*-825*, 827*, 828*;</i></p> <p><i>C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.</i></p> <p><i>2) Osteoporosis Treatment and Testing: A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.</i></p> <p><i>3) BMD Test: A) CPT: 76070, 76071, 76075, 76076, 76078, 76499, 76977, 76999, 78350, 78351; B) V Procedure 88.98.</i></p> <p><i>4) Osteoporosis Treatment Medication: Medication taxonomy BGP OSTEOPOROSIS MEDS. (Medications are Alendronate, Risedronate, Calcitonin, Raloxifene, Estrogen, and Teriparatide.)</i></p> <p><i>Denominator Exclusions:</i></p> <p><i>1) Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).</i></p> <p><i>2) Patients with a fracture diagnosed at an outpatient visit who ALSO had a fracture within 60 days prior to the Index Episode Start Date.</i></p> <p><i>3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.</i></p> <p><i>Patient List: Female patients with new fracture who have had osteoporosis treatment or testing, if any.</i></p>

Indicator Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions)
Asthma	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominators:</b> 1) Active Clinical patients, broken out by age groups: &lt;5, 5-64; 65 and older (HP 2010)</p> <p><b>Numerators:</b> 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report Period.</p> <p><b>Definitions:</b> 1) <b>Asthma:</b> POV 493.* 2) <b>Hospital Visit:</b> Service Category H with <u>primary</u> POV 493.*</p> <p><b>Patient List:</b> Patients in the numerator.</p>
<i>Asthma Quality of Care</i>	<p><i>New indicator topic for Version 5.1.</i></p> <p><i>Denominator: Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups.</i></p> <p><i>Numerator: Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.</i></p> <p><i>Definitions: 1) Emphysema: Any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2.</i></p> <p><i>2) Chronic obstructive pulmonary disease (COPD): Any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 496, 506.*.</i></p> <p><i>3) Persistent asthma defined as any of the following with in the year prior to the beginning of the Report period:</i></p> <p><i>A) At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),</i></p> <p><i>B) At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,</i></p> <p><i>C) At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* AND at least two asthma medication dispensing events (see definition below), or</i></p> <p><i>D) At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* within the year prior to the beginning of the Report period.</i></p> <p><i>Dispensing Event: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events (100/30 = 3.33, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.</i></p> <p><i>NOTE: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.</i></p> <p><i>4) Primary Asthma Therapy: To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.</i></p> <p><i>Primary asthma therapy medication codes defined with medication taxonomies: BGP ASTHMA CONTROLLERS, BGP ASTHMA INHALED STEROIDS, AND BGP ASTHMA LEUKOTRIENE. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)</i></p> <p><i>Patient List: Asthmatic patients with primary asthma therapy medications, if any.</i></p>

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Chronic Kidney Disease Assessment Kidney Disease Program/ Dr. Andrew Narva	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominator:</b> All patients <i>18 (previously incorrectly entered as 17 but program logic was correct)</i> and older with serum creatinine test in past year.</p> <p><b>Numerators:</b> 1) Patients with Estimated GFR result (lab test Estimated GFR). 1A) with GFR &lt;60</p> <p><b>Definitions:</b> 1) <b>Creatinine:</b> CPT 82540, 82565-75; <i>LOINC taxonomy (changes to codes included in LOINC taxonomy)</i>; site-defined taxonomy DM AUDIT CREATININE TAX. 2) <b>Estimated GFR:</b> site-defined taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3.</p> <p><b>Patient List:</b> Patients with Creatinine test, with GFR and value, if any.</p>
<b>OTHER CLINICAL INDICATORS</b>	
Medications Education Patient Education Program/ Mary Wachacha	<p><b>No changes from Version 5.0 Patch 1</b></p> <p><b>Denominator:</b> 1) Active Clinical patients with medications dispensed <u>at their facility</u> during the Report Period.</p> <p><b>Numerator:</b> 1) Patients who were provided patient education about their medications in ANY location.</p> <p><b>Definitions:</b> 1) <b>Dispensed Medications:</b> Any entry in the VMed file for your facility. 2) <b>Medication Education:</b> Patient Education codes M-I, M-DI, M-FU, M-L, DMC-IN, or any Patient Education containing “-M”.</p> <p><b>Patient List:</b> Patients in the denominator, with date and Patient Education codes, if any.</p>
Public Health Nursing Barbara Fine, RN	<p><b>Changes for Version 5.1, as noted below.</b></p> <p><b>Denominators:</b> 1) User Population patients. 2) <b>GPRA:</b> Number of <u>visits</u> by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). <i>A) Number of PHN driver/interpreter (provider code 91) visits.</i></p> <p>3) Number of <u>visits</u> by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). <i>(No longer a GPRA indicator.)</i> <i>A) Number of PHN driver/interpreter (provider code 91) visits.</i></p> <p><b>Numerators:</b></p> <p>1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting. <i>2) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.</i></p> <p>3) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting. <i>4) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting.</i></p> <p><b>Definitions:</b> 1) <b>PHN Visit-Any Setting:</b> Any visit with primary or secondary provider codes 13 or <i>91 (removed provider 32 and clinic code 45)</i>. 2) <b>PHN Visit-Home:</b> Any visit with A) clinic code 11 <i>and a primary or secondary provider code of 13 or 91</i> or B) Location Home (as defined in Site Parameters) <u>and</u> a primary or secondary provider code 13 or <i>91 (removed provider code 32)</i>.</p> <p><b>GPRA Description:</b> 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 (423,379 visits).</p> <p><b>Patient List:</b> Any patient who received any PHN visit.</p>