

SAMPLE NATIONAL GPRA REPORT – CRS 2006 V.6.0

Cover Page

*** IHS 2006 National GPRA Clinical Performance Report ***

CRS 2006, Version 6.0

Date Report Run: Dec 13, 2005

Site where Run: DEMO HOSPITAL

Report Generated by: USER,SAMPLE

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 2.47.45

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 2006 (BGP version 6.0). Some manual formatting has been done to condense the report for printing purposes. Your report may not appear exactly the way this report does.

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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 2006, continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

IHS Performance: FY 2004 - 10.0%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	23,054		23,794			23,737		
# w/ any DM DX	2,190	9.5	2,149	9.0	+0.5	1,699	7.2	+2.3
# w/ DM DX w/in past year	1,445	6.3	1,563	6.6	-0.3	1,363	5.7	+0.5
# Male User Pop	10,913		11,285			11,314		
# w/ any DM DX	956	8.8	941	8.3	+0.4	726	6.4	+2.3
# w/DM DX w/in past year	637	5.8	709	6.3	-0.4	604	5.3	+0.5
# Female User Pop	12,141		12,509			12,423		
# w/ any DM DX	1,234	10.2	1,208	9.7	+0.5	973	7.8	+2.3
# w/ DM DX w/in past year	808	6.7	854	6.8	-0.2	759	6.1	+0.5

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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	7,459	2,553	1,951	3,165	2,956	2,227	1,264	1,479
# w/ DM DX ever	10	10	32	182	330	542	472	612
% w/ DM DX ever	0.1	0.4	1.6	5.8	11.2	24.3	37.3	41.4
# w/DM DX in past yr	3	4	11	84	186	368	351	438
% w/DM DX in past yr	0.0	0.2	0.6	2.7	6.3	16.5	27.8	29.6
PREVIOUS YEAR PERIOD								
Total # User Pop	8,015	2,552	1,969	3,376	3,036	2,151	1,260	1,435
# w/ DM DX ever	11	16	42	189	336	525	457	573
% w/ DM DX ever	0.1	0.6	2.1	5.6	11.1	24.4	36.3	39.9
# w/DM DX in past yr	2	9	21	104	231	390	369	437
% w/DM DX in past yr	0.0	0.4	1.1	3.1	7.6	18.1	29.3	30.5
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.0	-0.2	-0.5	+0.2	+0.1	-0.1	+1.1	+1.4
w/DM DX in past yr	+0.0	-0.2	-0.5	-0.4	-1.3	-1.6	-1.5	-0.8
BASELINE REPORT PERIOD								
Total # User Pop	8,618	2,467	2,017	3,360	3,000	1,861	1,158	1,256
# w/ DM DX ever	10	12	35	131	287	395	388	441
% w/ DM DX ever	0.1	0.5	1.7	3.9	9.6	21.2	33.5	35.1
# w/DM DX in past yr	2	9	18	93	220	331	327	363
% w/DM DX in past yr	0.0	0.4	0.9	2.8	7.3	17.8	28.2	28.9
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-0.1	-0.1	+1.9	+1.6	+3.1	+3.8	+6.3
w/DM DX in past yr	+0.0	-0.2	-0.3	-0.1	-1.0	-1.3	-0.5	+0.7

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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	3,735	1,279	957	1,482	1,373	936	557	594
# w/ DM DX ever	5	5	17	71	160	250	223	225
% w/ DM DX ever	0.1	0.4	1.8	4.8	11.7	26.7	40.0	37.9
# w/DM DX in past yr	1	1	8	38	93	175	156	165
% w/DM DX in past yr	0.0	0.1	0.8	2.6	6.8	18.7	28.0	27.8
PREVIOUS YEAR PERIOD								
Total MALE User Pop	4,041	1,255	958	1,582	1,401	921	546	581
# w/ DM DX ever	4	8	15	79	160	259	204	212
% w/ DM DX ever	0.1	0.6	1.6	5.0	11.4	28.1	37.4	36.5
# w/DM DX in past yr	0	6	11	42	121	199	164	166
% w/DM DX in past yr	0.0	0.5	1.1	2.7	8.6	21.6	30.0	28.6
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	-0.2	+0.2	-0.2	+0.2	-1.4	+2.7	+1.4
w/DM DX in past yr	+0.0	-0.4	-0.3	-0.1	-1.9	-2.9	-2.0	-0.8
BASELINE REPORT PERIOD								
Total MALE User Pop	4,382	1,247	951	1,596	1,311	818	487	522
# w/ DM DX ever	4	7	9	60	125	196	160	165
% w/ DM DX ever	0.1	0.6	0.9	3.8	9.5	24.0	32.9	31.6
# w/DM DX in past yr	2	5	5	48	106	171	131	136
% w/DM DX in past yr	0.0	0.4	0.5	3.0	8.1	20.9	26.9	26.1
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-0.2	+0.8	+1.0	+2.1	+2.7	+7.2	+6.3
w/DM DX in past yr	-0.0	-0.3	+0.3	-0.4	-1.3	-2.2	+1.1	+1.7

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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	3,724	1,274	994	1,683	1,583	1,291	707	885
# w/ DM DX ever	5	5	15	111	170	292	249	387
% w/ DM DX ever	0.1	0.4	1.5	6.6	10.7	22.6	35.2	43.7
# w/DM DX in past yr	2	3	3	46	93	193	195	273
% w/DM DX in past yr	0.1	0.2	0.3	2.7	5.9	14.9	27.6	30.8
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	3,974	1,297	1,011	1,794	1,635	1,230	714	854
# w/ DM DX ever	7	8	27	110	176	266	253	361
% w/ DM DX ever	0.2	0.6	2.7	6.1	10.8	21.6	35.4	42.3
# w/DM DX in past yr	2	3	10	62	110	191	205	271
% w/DM DX in past yr	0.1	0.2	1.0	3.5	6.7	15.5	28.7	31.7
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.0	-0.2	-1.2	+0.5	-0.0	+1.0	-0.2	+1.5
w/DM DX in past yr	+0.0	+0.0	-0.7	-0.7	-0.9	-0.6	-1.1	-0.9
BASELINE REPORT PERIOD								
Total FEMALE User Pop	4,236	1,220	1,066	1,764	1,689	1,043	671	734
# w/ DM DX ever	6	5	26	71	162	199	228	276
% w/ DM DX ever	0.1	0.4	2.4	4.0	9.6	19.1	34.0	37.6
# w/DM DX in past yr	0	4	13	45	114	160	196	227
% w/DM DX in past yr	0.0	0.3	1.2	2.6	6.7	15.3	29.2	30.9
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.0	-0.0	-0.9	+2.6	+1.1	+3.5	+1.2	+6.1
w/DM DX in past yr	+0.1	-0.1	-0.9	+0.2	-0.9	-0.4	-1.6	-0.1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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 A1c greater than (>) 9.5.

GPRA Numerator: Ideal Control. Patients with A1c 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 A1c test during the Report Period. A1c defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. Without result is defined as A1c documented but with no value.

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

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

A1c documented: IHS Performance: FY 2004 - 77.0%, FY 2003 - 75%; HP 2010 Goal: 50%

Ideal Glycemic Control (<7): IHS Performance: FY 2004 - 27%, 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)	1,391		1,353			1,113		
# w/A1c done w/ or w/o result	913	65.6	987	72.9	-7.3	913	82.0	-16.4
# w/A1c > 9.5 (GPRA)	191	13.7	201	14.9	-1.1	258	23.2	-9.4
# w/A1c <7 (GPRA)	289	20.8	297	22.0	-1.2	239	21.5	-0.7

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

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

Controlled BP: IHS Performance: FY 2004 - 35.0%, FY 2003 - 37%; IHS 2010 Goal: 50%

BP Assessed: IHS 2010 Goal: 95%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Diabetes: Blood Pressure Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,391		1,353			1,113		
# w/ BPs Documented	1,217	87.5	1,251	92.5	-5.0	983	88.3	-0.8
# w/Controlled BP < 130/80 (GPRA)	378	27.2	488	36.1	-8.9	336	30.2	-3.0

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. 3) HDL: CPT 83718; LOINC taxonomy; site-populated taxonomy DM AUDIT HDL TAX. 4) Triglyceride: 84478; LOINC taxonomy; site-populated taxonomy DM AUDIT TRIGLYCERIDE TAX.

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

Patients Assessed: IHS Performance: IHS FY 2004 - 53.0%, 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)	1,391		1,353			1,113		
# w/ LDL done (GPRA)	416	29.9	163	12.0	+17.9	278	25.0	+4.9
A. # w/LDL =<100	1	0.1	0	0.0	+0.1	122	11.0	-10.9

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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):

GPRA Numerator: Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period.
 Patients with Estimated GFR with result during the Report period.
 Patients who have had 1) positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result AND 2) an Estimated GFR with result 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 of result is "P", "p", "M", "m", "L", "l", "S", or "s"; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site-populated taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site-populated taxonomy DM AUDIT MICROALBUMINURIA TAX or DM AUDIT A/C RATIO taxonomy. 3) Estimated GFR defined as site-populated taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3.

During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.

Assessment: IHS FY Performance: FY 2004 - 42.0%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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*** IHS 2006 National GPRA Clinical Performance Measure Report ***

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Diabetes: Nephropathy Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,391		1,353			1,113		
# w/pos urine protein or any microalbuminuria (GPRA)	647	46.5	473	35.0	+11.6	0	0.0	+46.5
# w/est GFR with result	533	38.3	3	0.2	+38.1	0	0.0	+38.3
# w/both urine protein/micro AND GFR	307	22.1	2	0.1	+21.9	0	0.0	+22.1

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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

Diabetic retinal exam defined as: Clinic Code A2 Diabetic Retinopathy or Exam Code 03 Diabetic Eye Exam or Refusal Exam 03.

Other Eye Exam defined as: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or qualifying* tele-ophthalmology retinal evaluation clinics (i.e. JVN, Inoveon, EyeTel) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014, 92015.

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

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

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

Eye Exam: IHS Performance: FY 2004 National Rate - 47.0%, Designated Site Rate - 55.0%, FY 2003 - 49%; IHS 2010 Goal: 70%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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Diabetic Retinopathy (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	1,391		1,353			1,113		
# w/Retinal Evaluation or refusal (GPRA)	569	40.9	834	61.6	-20.7	655	58.8	-17.9

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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.

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

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

IHS Performance: FY 2004 - 24.0%, FY 2003 - 25%; IHS 2010 Goal: 40%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# User Pop (GPRA)	23,054		23,794			23,737		
# w/dental visit in past yr (GPRA)	2,823	12.2	3,871	16.3	-4.0	4,122	17.4	-5.1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

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

Dental Sealants

Denominator(s):

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

Numerator(s):

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

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

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

IHS Performance: FY 2004 - 287,158 (reported from NPIRS)

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented (GPRA)	1,558	3,133	-1,575	3,694	-2,136

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Topical Fluoride

Denominator(s):

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

Numerator(s):

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

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

Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; or 2) V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

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

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App (GPRA)	678	1,435	-757	473	+205
Total # of Topical Fluoride Applications	771	1,767	-996	513	+258

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adults aged 65 years and older.

>65 Vaccine Rate: IHS Performance: FY 2004 - 54.0%, 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)	1,212		1,183			1,059		
Total # w/Flu vaccine documented (GPRA)	837	69.1	726	61.4	+7.7	674	63.6	+5.4
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	1,391		1,353			1,113		
Total # w/Flu vaccine documented	1,020	73.3	840	62.1	+11.2	770	69.2	+4.1
A. # Refusals w/ % of Total IZ	1	0.1	0	0.0	+0.1	0	0.0	+0.1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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 2006, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 72%.

>65 Vaccine Rate: IHS Performance - FY 2004 - 69.0%, 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)	1,212		1,183			1,059		
Total # w/Pneumovax documented (GPRA)	989	81.6	924	78.1	+3.5	752	71.0	+10.6
A. # Refusals w/ % of Total IZ	1	0.1	0	0.0	+0.1	0	0.0	+0.1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	1,391		1,353			1,113		
Total # w/Pneumovax documented	1,193	85.8	1,126	83.2	+2.5	896	80.5	+5.3
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Childhood Immunizations

Denominator(s):

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

Patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

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.

Active Immunization Package Patients denominator: Same as User Pop definition EXCEPT includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

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

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

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Report Period: Jul 01, 2005 to Jun 30, 2006

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

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B

- 3 doses of HIB

- 1 dose of Varicella

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

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

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

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

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

- To be counted in sub-numerator B, a patient must have 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; Tdap: 115; 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, 110; Varicella: 21, 94.

NOTE: In the definitions for all immunizations shown below, the

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

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.

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715.

- 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*.

- 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:

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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, 110; 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.

- 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 2006, maintain baseline rates for recommended immunizations for American Indian/Alaska Native children 19-35 months compared to FY 2005.

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

IHS Performance: FY 2004 - 72.0% (reported from IZ program)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months (GPRA)	493		548			555		
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal (GPRA)	273	55.4	383	69.9	-14.5	289	52.1	+3.3
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	286	58.0	400	73.0	-15.0	352	63.4	-5.4
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	428	86.8	446	81.4	+5.4	377	67.9	+18.9
# w/ 1 dose MMR or w/ Dx/Contraind/								

Refusal	378	76.7	456	83.2	-6.5	436	78.6	-1.9
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	372	75.5	426	77.7	-2.3	370	66.7	+8.8
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	376	76.3	418	76.3	-0.0	377	67.9	+8.3

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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 months	459		0			0		
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal	283	61.7	0	0.0	+61.7	0	0.0	+61.7
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	295	64.3	0	0.0	+64.3	0	0.0	+64.3
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	420	91.5	0	0.0	+91.5	0	0.0	+91.5
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	385	83.9	0	0.0	+83.9	0	0.0	+83.9
# w/ 3 doses HIB or w/Dx/Contraind/ Refusal	377	82.1	0	0.0	+82.1	0	0.0	+82.1
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	384	83.7	0	0.0	+83.7	0	0.0	+83.7

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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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.

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, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix ; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

During FY 2006, maintain the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years at the FY 2005 level.

IHS Performance - FY 2004 - 58.0%, 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)	4,288		4,418			4,389		
# w/Pap Smear recorded								
w/in 3 years								
(GPRA)	2,666	62.2	2,807	63.5	-1.4	2,859	65.1	-3.0
A. # Refusals								
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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

IHS Performance: FY 2004 - 40.0%, FY 2003 - 40%; IHS 2010 Goal: 70%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Cancer Screening: Mammogram Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	778		757			706		
# w/Mammogram recorded w/in 2 years (GPRA)	370	47.6	378	49.9	-2.4	318	45.0	+2.5
A. # Refusals w/ % of Total Mammograms	1	0.3	0	0.0	+0.3	0	0.0	+0.3

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Colorectal Cancer Screening

Denominator(s):

GPRA Denominator: All Active Clinical patients ages 51-80 without a documented history of colorectal cancer.

Numerator(s):

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

A: Patients with documented refusal in the past year.

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

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

Age is calculated at the beginning of the Report period. Colorectal cancer defined as: POV: 153.*, 154.0, 154.1, 197.5, V10.05. Screening defined as: 1. Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, G0107, 89205, LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24, 45.42; CPT 45330-45345, G0104; 3. Double contrast barium enema: CPT or VRad: 74270-74280, G0106, G0120; 4. Colonoscopy: V Procedure 45.22, 45.23, 45.25, V POV V76.51 Colon screening; CPT 44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121.

Rectal Exam defined as: 1. V POV V76.41; 2. V Procedure 48.24-29, 89.34; 3. V Exam 14 or refusal in past year for Exam 14.

Refusals in past year: 1. FOBT: V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205; 2. Flexible Sigmoidoscopy: V Radiology CPT 45330-45345, G0104; 3. Double contrast barium enema: V Radiology CPT: 74270-74280, G0106, G0120; 4. Colonoscopy: V Radiology CPT 44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121.

During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.

HP 2010 Goal: 50%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Colorectal Cancer Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients								
51-80 (GPRA)	2,540		2,488			2,220		
# w/ CRC screening (GPRA)	411	16.2	443	17.8	-1.6	411	18.5	-2.3
A. # Refusals w/ % of Total CRC	1	0.2	0	0.0	+0.2	0	0.0	+0.2
B. # w/FOB test in past 2 years	36	1.4	147	5.9	-4.5	277	12.5	-11.1
# w/ rectal exam in past 2 yrs or refusal past year	491	19.3	546	21.9	-2.6	522	23.5	-4.2

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Use and Exposure Assessment

Denominator(s):

Active Clinical patients ages 5 and older.

Numerator(s):

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 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 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 2006, rates of screening for tobacco use will be maintained at FY 2005 rates.

Screening: IHS Performance: FY 2004 - 27.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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	13,396		13,806			13,700		
# w/Tobacco Screening	204	1.5	176	1.3	+0.2	136	1.0	+0.5
# Tobacco Users w/ % of Total Screened	70	34.3	85	48.3	-14.0	76	55.9	-21.6
A. # Smokers w/ % of Total Tobacco Users	70	100.0	84	98.8	+1.2	76	100.0	+0.0
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	0	0.0	1	1.2	-1.2	0	0.0	+0.0
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	1	0.6	-0.6	1	0.7	-0.7

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Cessation

Denominator(s):

GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period.

Numerator(s):

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

Age is calculated at the beginning of the Report period.

Tobacco users defined as documented prior to the Report Period: 1. Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Cessation-Smoker and Smokeless; 2. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or V15.82; 3. Dental code 1320.

Tobacco cessation counseling defined as documented during Report Period: 1. Patient education codes containing "TO-", "-TO", or "-SHS"; 2. Clinic code 94 (tobacco cessation clinic); 3. Dental code 1320. Refusals defined as documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period.

Quit tobacco use defined as documented during Report Period: 1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission; or 2. Health Factors documented during the Report Period (looks at the last document health factor): Previous Smoker, Previous Smokeless.

During FY 2006, establish the proportion of tobacco using patients that receive tobacco cessation intervention.

HP 2010 Target: 75%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Cessation (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	370		335			205		
# w/tobacco cessation counseling or refusal (GPRA)	3	0.8	3	0.9	-0.1	0	0.0	+0.8
# who quit	0	0.0	1	0.3	-0.3	0	0.0	+0.0
Male Active Clinical Tobacco Users	241		223			131		
# w/tobacco cessation counseling or refusal (GPRA)	0	0.0	2	0.9	-0.9	0	0.0	+0.0
# who quit	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Clinical Tobacco Users	129		112			74		
# w/tobacco cessation counseling or refusal (GPRA)	3	2.3	1	0.9	+1.4	0	0.0	+2.3
# who quit	0	0.0	1	0.9	-0.9	0	0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Cessation (con't)

	ACTIVE CLINICAL TOBACCO USERS		
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	1	4	365
# w/tobacco cessation counseling or refusal	0	0	3
% w/ tobacco cessation counseling or refusal	0.0	0.0	0.8
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	7	327
# w/tobacco cessation counseling or refusal	0	0	3
% w/tobacco cessation counseling or refusal	0.0	0.0	0.9
# who quit	0	0	1
% who quit	0.0	0.0	0.3
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	-0.1
who quit	+0.0	+0.0	-0.3
BASELINE REPORT PERIOD			
Active Clin Tobacco Users	0	10	195
# w/tobacco cessation counseling or refusal	0	0	0
% w/tobacco cessation counseling or refusal	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	+0.8
who quit	+0.0	+0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Cessation (con't)

	MALE ACTIVE CLINICAL TOBACCO USERS		
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tobacco Users	0	1	240
# w/tobacco cessation counseling or refusal	0	0	0
% w/ tobacco cessation counseling or refusal	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	0	3	220
# w/tobacco cessation counseling or refusal	0	0	2
% w/tobacco cessation counseling or refusal	0.0	0.0	0.9
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	-0.9
who quit	+0.0	+0.0	+0.0
BASELINE REPORT PERIOD			
Male AC Tobacco Users	0	7	124
# w/tobacco cessation counseling or refusal	0	0	0
% w/tobacco cessation counseling or refusal	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS

Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tobacco Users	1	3	125
# w/tobacco cessation counseling or refusal	0	0	3
% w/ tobacco cessation counseling or refusal	0.0	0.0	2.4
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	1	4	107
# w/tobacco cessation counseling or refusal	0	0	1
% w/tobacco cessation counseling or refusal	0.0	0.0	0.9
# who quit	0	0	1
% who quit	0.0	0.0	0.9
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	+1.5
who quit	+0.0	+0.0	-0.9
BASELINE REPORT PERIOD			
Female AC Tobacco Users	0	3	71
# w/tobacco cessation counseling or refusal	0	0	0
% w/tobacco cessation counseling or refusal	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	+2.4
who quit	+0.0	+0.0	+0.0

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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, including refusals in the past year.

Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A1) PCC Exam code 35, A2) Any Alcohol Health Factor, A3) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); B) Diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS POV 10, 27, 29; C) Patient education codes containing "AOD-" or "-AOD" or old codes containing "CD-" or "-CD"; or D) Refusal of PCC Exam code 35 in the past year.

During FY 2006, increase the screening rate for alcohol use in female patients ages 15 to 44.

IHS Performance: FY 2004 - 7.0%; IHS FY 2010 Target: 25.0%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	3,843		4,044			4,036		
# w/any alcohol screening (GPRA)	76	2.0	93	2.3	-0.3	101	2.5	-0.5

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 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, 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 2006, increase the screening rate for domestic violence in female patients ages 15 through 40.

IHS Performance: FY 2004 - 4.0%; IHS FY 2010 Target: 25.0%

NOTE: Age range changed from 16-24 to 15-40 in 2005.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	3,383		3,547			3,542		
# w/IPV/DV screening or refusal (GPRA)	60	1.8	91	2.6	-0.8	92	2.6	-0.8

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Depression Screening

Denominator(s):

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

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

Numerator(s):

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

A: Patients screened for depression during the Report period.

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

C: Patients with documented refusal in past year.

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 is defined as: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression).

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Refusals defined as: A) Any PCC refusal in past year with Exam Code 36.

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

IHS FY 2010 Target: 20.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 (GPRA)	9,274		9,499			9,062		
# w/ Depression screening, DX or refusal (GPRA)	254	2.7	331	3.5	-0.7	258	2.8	-0.1
A. # screened for depression	2	0.0	4	0.0	-0.0	0	0.0	+0.0
B. # w/mood disorder DX	252	2.7	326	3.4	-0.7	258	2.8	-0.1
C. # w/refusal in past year	0	0.0	1	0.0	-0.0	0	0.0	+0.0
Male Active Clinical Pts =>18	3,635		3,742			3,497		
# w/ Depression screening, DX or refusal	67	1.8	77	2.1	-0.2	74	2.1	-0.3
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	67	1.8	76	2.0	-0.2	74	2.1	-0.3
C. # w/refusal in past year	0	0.0	1	0.0	-0.0	0	0.0	+0.0
Female Active Clinical Pts =>18	5,639		5,757			5,565		
# w/ Depression screening, DX or refusal	187	3.3	254	4.4	-1.1	184	3.3	+0.0
A. # screened for depression	2	0.0	4	0.1	-0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	185	3.3	250	4.3	-1.1	184	3.3	-0.0
C. # w/refusal in past year	0	0.0	0	0.0	+0.0	0	0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	1,391		1,353			1,113		
# w/ Depression screening, DX or refusal	54	3.9	63	4.7	-0.8	49	4.4	-0.5
A. # screened for depression	0	0.0	1	0.1	-0.1	0	0.0	+0.0
B. # w/mood disorder DX	54	3.9	62	4.6	-0.7	49	4.4	-0.5
C. # w/refusal in past year	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Male Active Diabetic Pts	594		600			483		
# w/ Depression screening, DX or refusal	15	2.5	16	2.7	-0.1	12	2.5	+0.0
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	15	2.5	16	2.7	-0.1	12	2.5	+0.0
C. # w/refusal in past year	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female Active Diabetic Pts	797		753			630		
# w/ Depression screening, DX or refusal	39	4.9	47	6.2	-1.3	37	5.9	-1.0
A. # screened for depression	0	0.0	1	0.1	-0.1	0	0.0	+0.0
B. # w/Mood Disorder DX	39	4.9	46	6.1	-1.2	37	5.9	-1.0
C. # w/refusal in past year	0	0.0	0	0.0	+0.0	0	0.0	+0.0

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Obesity Assessment

Denominator(s):

Active Clinical patients ages 2 through 74.

Numerator(s):

Patients for whom a BMI could be calculated, including refusals in the past year.

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.

Patients with documented refusal in past year.

Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

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

BMI Available: IHS Performance: FY 2004 - 60.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from BASE PREV YR % PERIOD	%	CHG from BASE %
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*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

Obesity Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	14,139		14,583			14,473		
# w/BMI calculated	2,308	16.3	2,825	19.4	-3.0	2,996	20.7	-4.4
A. # Overweight w/ % of Total BMI	515	22.3	646	22.9	-0.6	779	26.0	-3.7
B. # Obese w/ % of Total BMI	853	37.0	1,003	35.5	+1.5	1,013	33.8	+3.1
C. # Overweight/Obese w/ % of Total BMI	1,368	59.3	1,649	58.4	+0.9	1,792	59.8	-0.5
D. # w/refusal in past year w/ % of Total BMI	2	0.1	1	0.0	+0.1	0	0.0	+0.1

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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	1,586	1,705	2,599	1,092	1,920	1,919	1,595	1,723
# w/ BMI calculated	473	340	547	147	224	277	209	91
% w/BMI calculated	29.8	19.9	21.0	13.5	11.7	14.4	13.1	5.3
# Overweight	81	60	118	43	53	75	55	30
% Overweight w/ % Total BMI	17.1	17.6	21.6	29.3	23.7	27.1	26.3	33.0
# Obese	96	95	137	70	132	160	126	37
% Obese w/ % of Total BMI	20.3	27.9	25.0	47.6	58.9	57.8	60.3	40.7
# Overweight or Obese	177	155	255	113	185	235	181	67
% Overweight or Obese w/ % Total BMI	37.4	45.6	46.6	76.9	82.6	84.8	86.6	73.6
# w/refusal in past yr	0	0	1	1	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.2	0.7	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # Active Clin	1,587	1,868	2,679	1,130	2,045	2,007	1,557	1,710
# w/ BMI calculated	447	359	803	204	287	339	256	130
% w/BMI calculated	28.2	19.2	30.0	18.1	14.0	16.9	16.4	7.6
# Overweight	88	58	161	55	75	96	70	43
% Overweight w/ % Total BMI	19.7	16.2	20.0	27.0	26.1	28.3	27.3	33.1
# Obese	88	85	188	97	153	193	140	59
% Obese w/ % of Total BMI	19.7	23.7	23.4	47.5	53.3	56.9	54.7	45.4
# Overweight or Obese	176	143	349	152	228	289	210	102
% Overweight or Obese w/ % Total BMI	39.4	39.8	43.5	74.5	79.4	85.3	82.0	78.5
# w/refusal in past yr	0	0	1	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+1.7	+0.7	-8.9	-4.6	-2.4	-2.5	-3.3	-2.3
Overweight	-2.6	+1.5	+1.5	+2.3	-2.5	-1.2	-1.0	-0.1
Obese	+0.6	+4.3	+1.6	+0.1	+5.6	+0.8	+5.6	-4.7
Overweight or Obese	-2.0	+5.8	+3.2	+2.4	+3.1	-0.4	+4.6	-4.8
w/refusal in past yr	+0.0	+0.0	+0.1	+0.7	+0.0	+0.0	+0.0	+0.0

*** IHS 2006 National GPRA Clinical Performance Measure Report ***

DEMO HOSPITAL

Report Period: Jul 01, 2005 to Jun 30, 2006

Previous Year Period: Jul 01, 2004 to Jun 30, 2005

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

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
BASELINE REPORT PERIOD								
Total # Active Clin	1,556	2,366	2,439	1,135	2,051	2,021	1,358	1,547
# w/ BMI calculated	422	503	642	196	301	341	283	308
% w/BMI calculated	27.1	21.3	26.3	17.3	14.7	16.9	20.8	19.9
# Overweight	66	82	144	59	108	102	100	118
% Overweight w/ % Total BMI	15.6	16.3	22.4	30.1	35.9	29.9	35.3	38.3
# Obese	74	111	151	82	136	190	150	119
% Obese w/ % of Total BMI	17.5	22.1	23.5	41.8	45.2	55.7	53.0	38.6
# Overweight or Obese	140	193	295	141	244	292	250	237
% Overweight or Obese w/ % Total BMI	33.2	38.4	46.0	71.9	81.1	85.6	88.3	76.9
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+2.7	-1.3	-5.3	-3.8	-3.0	-2.4	-7.7	-14.6
Overweight	+1.5	+1.3	-0.9	-0.9	-12.2	-2.8	-9.0	-5.3
Obese	+2.8	+5.9	+1.5	+5.8	+13.7	+2.0	+7.3	+2.0
Overweight or Obese	+4.2	+7.2	+0.7	+4.9	+1.5	-0.8	-1.7	-3.3
w/refusal in past yr	+0.0	+0.0	+0.2	+0.7	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

	MALE 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 MALE AC	796	824	1,241	435	710	765	612	711
# w/ BMI calculated	240	152	291	58	64	118	69	32
% w/BMI calculated	30.2	18.4	23.4	13.3	9.0	15.4	11.3	4.5
# Overweight	37	29	55	23	15	34	23	11
% Overweight w/ % Total BMI	15.4	19.1	18.9	39.7	23.4	28.8	33.3	34.4
# Obese	61	48	86	24	34	62	37	12
% Obese w/ % of Total BMI	25.4	31.6	29.6	41.4	53.1	52.5	53.6	37.5
# Overweight or Obese	98	77	141	47	49	96	60	23
% Overweight or Obese w/ % Total BMI	40.8	50.7	48.5	81.0	76.6	81.4	87.0	71.9
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total MALE AC	814	908	1,255	429	765	803	614	711
# w/ BMI calculated	238	184	406	61	88	134	101	48
% w/BMI calculated	29.2	20.3	32.4	14.2	11.5	16.7	16.4	6.8
# Overweight	43	34	68	17	20	49	30	18
% Overweight w/ % Total BMI	18.1	18.5	16.7	27.9	22.7	36.6	29.7	37.5
# Obese	59	48	104	27	50	62	49	20
% Obese w/ % of Total BMI	24.8	26.1	25.6	44.3	56.8	46.3	48.5	41.7
# Overweight or Obese	102	82	172	44	70	111	79	38
% Overweight or Obese w/ % Total BMI	42.9	44.6	42.4	72.1	79.5	82.8	78.2	79.2
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+0.9	-1.8	-8.9	-0.9	-2.5	-1.3	-5.2	-2.3
Overweight	-2.7	+0.6	+2.2	+11.8	+0.7	-7.8	+3.6	-3.1
Obese	+0.6	+5.5	+3.9	-2.9	-3.7	+6.3	+5.1	-4.2
Overweight or Obese	-2.0	+6.1	+6.1	+8.9	-3.0	-1.5	+8.7	-7.3
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

	MALE ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total MALE AC	765	1,212	1,144	414	778	754	551	620
# w/ BMI calculated	214	245	307	64	112	124	120	116
% w/BMI calculated	28.0	20.2	26.8	15.5	14.4	16.4	21.8	18.7
# Overweight	27	37	49	20	48	38	45	41
% Overweight w/ % Total BMI	12.6	15.1	16.0	31.3	42.9	30.6	37.5	35.3
# Obese	41	60	86	25	47	69	57	41
% Obese w/ % of Total BMI	19.2	24.5	28.0	39.1	42.0	55.6	47.5	35.3
# Overweight or Obese	68	97	135	45	95	107	102	82
% Overweight or Obese w/ % Total BMI	31.8	39.6	44.0	70.3	84.8	86.3	85.0	70.7
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+2.2	-1.8	-3.4	-2.1	-5.4	-1.0	-10.5	-14.2
Overweight	+2.8	+4.0	+2.9	+8.4	-19.4	-1.8	-4.2	-1.0
Obese	+6.3	+7.1	+1.5	+2.3	+11.2	-3.1	+6.1	+2.2
Overweight or Obese	+9.1	+11.1	+4.5	+10.7	-8.3	-4.9	+2.0	+1.2
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

	FEMALE 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 FEMALE AC	790	881	1,358	657	1,210	1,154	983	1,012
# w/ BMI calculated	233	188	256	89	160	159	140	59
% w/BMI calculated	29.5	21.3	18.9	13.5	13.2	13.8	14.2	5.8
# Overweight	44	31	63	20	38	41	32	19
% Overweight w/ % Total BMI	18.9	16.5	24.6	22.5	23.8	25.8	22.9	32.2
# Obese	35	47	51	46	98	98	89	25
% Obese w/ % of Total BMI	15.0	25.0	19.9	51.7	61.3	61.6	63.6	42.4
# Overweight or Obese	79	78	114	66	136	139	121	44
% Overweight or Obese w/ % Total BMI	33.9	41.5	44.5	74.2	85.0	87.4	86.4	74.6
# w/refusal in past yr	0	0	1	1	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.4	1.1	0.0	0.0	0.0	0.0
PREVIOUS YEAR PERIOD								
Total FEMALE AC	773	960	1,424	701	1,280	1,204	943	999
# w/ BMI calculated	209	175	397	143	199	205	155	82
% w/BMI calculated	27.0	18.2	27.9	20.4	15.5	17.0	16.4	8.2
# Overweight	45	24	93	38	55	47	40	25
% Overweight w/ % Total BMI	21.5	13.7	23.4	26.6	27.6	22.9	25.8	30.5
# Obese	29	37	84	70	103	131	91	39
% Obese w/ % of Total BMI	13.9	21.1	21.2	49.0	51.8	63.9	58.7	47.6
# Overweight or Obese	74	61	177	108	158	178	131	64
% Overweight or Obese w/ % Total BMI	35.4	34.9	44.6	75.5	79.4	86.8	84.5	78.0
# w/refusal in past yr	0	0	1	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+2.5	+3.1	-9.0	-6.9	-2.3	-3.2	-2.2	-2.4
Overweight	-2.6	+2.8	+1.2	-4.1	-3.9	+2.9	-2.9	+1.7
Obese	+1.1	+3.9	-1.2	+2.7	+9.5	-2.3	+4.9	-5.2
Overweight or Obese	-1.5	+6.6	-0.1	-1.4	+5.6	+0.6	+1.9	-3.5
w/refusal in past yr	+0.0	+0.0	+0.1	+1.1	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

	FEMALE ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total FEMALE AC	791	1,154	1,295	721	1,273	1,267	807	927
# w/ BMI calculated	208	258	335	132	189	217	163	192
% w/BMI calculated	26.3	22.4	25.9	18.3	14.8	17.1	20.2	20.7
# Overweight	39	45	95	39	60	64	55	77
% Overweight w/ % Total BMI	18.8	17.4	28.4	29.5	31.7	29.5	33.7	40.1
# Obese	33	51	65	57	89	121	93	78
% Obese w/ % of Total BMI	15.9	19.8	19.4	43.2	47.1	55.8	57.1	40.6
# Overweight or Obese	72	96	160	96	149	185	148	155
% Overweight or Obese w/ % Total BMI	34.6	37.2	47.8	72.7	78.8	85.3	90.8	80.7
# w/refusal in past yr	0	0	0	0	0	0	0	0
% w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/ BMI calculated	+3.2	-1.0	-7.0	-4.8	-1.6	-3.3	-6.0	-14.9
Overweight	+0.1	-1.0	-3.7	-7.1	-8.0	-3.7	-10.9	-7.9
Obese	-0.8	+5.2	+0.5	+8.5	+14.2	+5.9	+6.5	+1.7
Overweight or Obese	-0.7	+4.3	-3.2	+1.4	+6.2	+2.2	-4.4	-6.2
w/refusal in past yr	+0.0	+0.0	+0.4	+1.1	+0.0	+0.0	+0.0	+0.0

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Childhood Weight Control

Denominator(s):

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

Numerator(s):

Patients with BMI 85-94%.

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

Patients with a BMI =>85%.

All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.

Low-High Ages	SEX	BMI	BMI	DATA CHECK LIMITS	
		>= (Risk-Overwt)	>= (Overwt)	BMI >	BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

During FY 2006, establish the baseline proportion of children ages 2-5

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years, with a BMI of 95% or higher.

IHS 2010 Goal: Reduce by 10%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
2-5 w/BMI (GPRA)	358		410			378		
# w/BMI 85-94%	56	15.6	76	18.5	-2.9	50	13.2	+2.4
# w/BMI =>95% (GPRA)	70	19.6	71	17.3	+2.2	61	16.1	+3.4
# w/BMI =>85%	126	35.2	147	35.9	-0.7	111	29.4	+5.8
Active Clinical Pts								
Age 2	96		80			74		
# w/BMI 85-94%	18	18.8	18	22.5	-3.8	11	14.9	+3.9
# w/BMI =>95%	20	20.8	13	16.3	+4.6	12	16.2	+4.6
# w/BMI =>85%	38	39.6	31	38.8	+0.8	23	31.1	+8.5
Active Clinical Pts								
Age 3	90		127			115		
# w/BMI 85-94%	12	13.3	23	18.1	-4.8	14	12.2	+1.2
# w/BMI =>95%	22	24.4	24	18.9	+5.5	20	17.4	+7.1
# w/BMI =>85%	34	37.8	47	37.0	+0.8	34	29.6	+8.2
Active Clinical Pts								
Age 4	150		179			164		
# w/BMI 85-94%	19	12.7	30	16.8	-4.1	24	14.6	-2.0
# w/BMI =>95%	27	18.0	31	17.3	+0.7	23	14.0	+4.0
# w/BMI =>85%	46	30.7	61	34.1	-3.4	47	28.7	+2.0
Active Clinical Pts								
Age 5	22		24			25		
# w/BMI 85-94%	7	31.8	5	20.8	+11.0	1	4.0	+27.8
# w/BMI =>95%	1	4.5	3	12.5	-8.0	6	24.0	-19.5
# w/BMI =>85%	8	36.4	8	33.3	+3.0	7	28.0	+8.4

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Pts Age 2	50		44			36		
# w/BMI 85-94%	8	16.0	13	29.5	-13.5	5	13.9	+2.1
# w/BMI =>95%	12	24.0	8	18.2	+5.8	6	16.7	+7.3
# w/BMI =>85%	20	40.0	21	47.7	-7.7	11	30.6	+9.4
Male Active Clinical Pts Age 3	46		67			60		
# w/BMI 85-94%	7	15.2	12	17.9	-2.7	8	13.3	+1.9
# w/BMI =>95%	13	28.3	12	17.9	+10.4	11	18.3	+9.9
# w/BMI =>85%	20	43.5	24	35.8	+7.7	19	31.7	+11.8
Male Active Clinical Pts Age 4	71		90			82		
# w/BMI 85-94%	6	8.5	12	13.3	-4.9	8	9.8	-1.3
# w/BMI =>95%	15	21.1	20	22.2	-1.1	14	17.1	+4.1
# w/BMI =>85%	21	29.6	32	35.6	-6.0	22	26.8	+2.7
Male Active Clinical Pts Age 5	13		14			13		
# w/BMI 85-94%	3	23.1	3	21.4	+1.6	1	7.7	+15.4
# w/BMI =>95%	1	7.7	3	21.4	-13.7	3	23.1	-15.4
# w/BMI =>85%	4	30.8	6	42.9	-12.1	4	30.8	+0.0
Female Active Clinical Pts Age 2	46		36			38		
# w/BMI 85-94%	10	21.7	5	13.9	+7.9	6	15.8	+5.9
# w/BMI =>95%	8	17.4	5	13.9	+3.5	6	15.8	+1.6
# w/BMI =>85%	18	39.1	10	27.8	+11.4	12	31.6	+7.6

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts Age 3	44		60			55		
# w/BMI 85-94%	5	11.4	11	18.3	-7.0	6	10.9	+0.5
# w/BMI =>95%	9	20.5	12	20.0	+0.5	9	16.4	+4.1
# w/BMI =>85%	14	31.8	23	38.3	-6.5	15	27.3	+4.5
Female Active Clinical Pts Age 4	79		89			82		
# w/BMI 85-94%	13	16.5	18	20.2	-3.8	16	19.5	-3.1
# w/BMI =>95%	12	15.2	11	12.4	+2.8	9	11.0	+4.2
# w/BMI =>85%	25	31.6	29	32.6	-0.9	25	30.5	+1.2
Female Active Clinical Pts Age 5	9		10			12		
# w/BMI 85-94%	4	44.4	2	20.0	+24.4	0	0.0	+44.4
# w/BMI =>95%	0	0.0	0	0.0	+0.0	3	25.0	-25.0
# w/BMI =>85%	4	44.4	2	20.0	+24.4	3	25.0	+19.4

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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.

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).

Counts all Y instances reported, regardless of the results of the measurement. Total Cholesterol definition: CPT 82465; LOINC taxonomy; site-populated taxonomy DM AUDIT CHOLESTEROL TAX. LDL Definition: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

During FY 2006, increase the proportion of patients ages 23 and older that receive blood cholesterol screening.

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)	8,052		8,191			7,897		
# w/Cholesterol screen w/in 5 yrs (GPRA)	1,363	16.9	1,428	17.4	-0.5	744	9.4	+7.5

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

Comprehensive CVD-Related Assessment

Denominator(s):

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

Numerator(s):

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

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.

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

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

Patients with ALL assessments above.

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

Definition for patients without diabetes is no diabetes diagnosis ever (POV 250.00-250.93).

Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).

For BP: Having a minimum of 2 Blood Pressures documented on non-ER visits during the Report period.

For LDL, finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1 or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO" or "-SHS.

For BMI, CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and

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weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Medical nutrition counseling defined as: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)). Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise). Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

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

IHS 2010 Goals:

BP Assessed: 95%

LDL Assessed: 85%

Tobacco Assessed: 50%

BMI Measured: 45%

Lifestyle Counseling: 75%

Depression Screen: 20%

All Assessments: 15%

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Comprehensive CVD-Related Assessment (con't)

	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>46								
w/no DM dx	2,212		2,175			2,088		
# w/ BPs documented								
w/in 2 yrs	1,889	85.4	1,905	87.6	-2.2	1,662	79.6	+5.8
# w/LDL done								
w/in 5 yrs	311	14.1	115	5.3	+8.8	34	1.6	+12.4
# w/Tobacco Screening								
w/in 1 yr	17	0.8	16	0.7	+0.0	18	0.9	-0.1
# w/BMI calculated								
or refusal	112	5.1	154	7.1	-2.0	130	6.2	-1.2
# w/ lifestyle								
educ w/in 1 yr	76	3.4	86	4.0	-0.5	119	5.7	-2.3
# w/ Depression screening,								
DX, or refusal	77	3.5	98	4.5	-1.0	66	3.2	+0.3
# w/ ALL	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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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 "-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-populated taxonomy BGP GPRA HIV TESTS; or Refusal Lab Test HIV in the past 20 months.

In FY 2006, increase the proportion of pregnant female patients screened for HIV.

IHS 2010 Goal: 95%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Female Pts w/no HIV (GPRA)	403		512			571		
# w/HIV test (GPRA)	274	68.0	192	37.5	+30.5	48	8.4	+59.6
A. # refusals w/ % of total tests	1	0.4	2	1.0	-0.7	0	0.0	+0.4

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Public Health Nursing

Denominator(s):

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.

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

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).

E. Number of PHN driver/interpreter (provider code 91) visits in a HOME setting.

Numerator(s):

No numerator: count of visits only.

PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

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

IHS Performance - FY 2004 - 423,379, FY 2003 - 359,089

	REPORT PERIOD	PREV YR % PERIOD	CHG from % PREV YR	BASE PERIOD	CHG from % BASE
Total # PHN Visits -					
Any Setting	9,579	14,925	-5,346	12,902	-
3,323					
A. Ages 0-28 days	0	0	+0	0	+0
B. Ages 29 days - 12 months	1,093	1,679	-586	938	+155
C. Ages 1-64 years	7,109	10,779	-3,670	9,494	-
2,385					

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Public Health Nursing (con't)

	REPORT PERIOD	PREV YR % PERIOD	CHG from % PREV YR	BASE PERIOD	CHG from % BASE
D. Ages 65+ 1,093	1,377	2,467	-1,090	2,470	-
E. Driver/Interpreter visits - any setting 2,010	370	705	-335	2,380	-
Total # PHN Visits - Home Setting 1,507	3,544	6,051	-2,507	5,051	-
A. Ages 0-28 days	0	0	+0	0	+0
B. Ages 29 days- 12 months	545	847	-302	832	-287
C. Ages 1-64 years	2,056	3,458	-1,402	2,833	-777
D. Ages 65+	943	1,746	-803	1,386	-443
E. Driver/interpreter visits - Home Setting	366	570	-204	878	-512

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CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	GPRA06	Nat'l	2010
	Current	Previous	Baseline	Goal	2005	Goal
DIABETES						
*Diabetes DX Ever	9.5%	9.0%	7.2%	N/A	TBD	TBD
*Documented Alc	65.6%	72.9%	82.0%	N/A	TBD	50.0%
Poor Glycemic Control >9.5	13.7%	14.9%	23.2%	Maintain	TBD	TBD
Ideal Glycemic Control <7	20.8%	22.0%	21.5%	Maintain	TBD	40.0%
*BP Assessed	87.5%	92.5%	88.3%	N/A	N/A	TBD
Controlled BP <130/80	27.2%	36.1%	30.2%	Maintain	TBD	50.0%
LDL Assessed	29.9%	12.0%	25.0%	Increase	TBD	70.0%
Nephropathy Assessed	46.5%	35.0%	0.0%	Maintain	TBD	70.0%
Retinopathy Exam	40.9%	61.6%	58.8%	@ BASELINE@	TBD	70.0%
				# Maintain#	TBD	70.0%
*Depression Assessed	3.9%	4.7%	4.4%	N/A	N/A	N/A
*Influenza Vaccine	73.3%	62.1%	69.2%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	85.8%	83.2%	80.5%	N/A	N/A	N/A
DENTAL						
Dental Access General	12.2%	16.3%	17.4%	Maintain	TBD	40.0%
Sealants	1558	3133	3694	Maintain &	TBD	TBD
Topical Fluoride						
*# Applications	771	1767	513	N/A	TBD	TBD
# Patients	678	1435	473	Maintain	TBD	TBD
IMMUNIZATIONS						
Influenza 65+	69.1%	61.4%	63.6%	Maintain	TBD	90.0%
Pneumovax Ever 65+	81.6%	78.1%	71.0%	72.0%	TBD	90.0%
Childhood 19-35 mos						
Active Clinical Pts	55.4%	69.9%	52.1%	Maintain &	TBD	80.0%
*Active IMM Pkg Pts	61.7%	0.0%	0.0%	N/A	N/A	80.0%
CANCER-RELATED						
Pap Smear Rates 21-64	62.2%	63.5%	65.1%	Maintain	TBD	90.0%
Mammogram Rates 52-64	47.6%	49.9%	45.0%	Maintain	TBD	70.0%
Colorectal Cancer 51-80	16.2%	17.8%	18.5%	Baseline	TBD	50.0%
*Tobacco Assessment 5+	1.5%	1.3%	1.0%	N/A	TBD	TBD
*Tobacco Use Prevalence	34.3%	48.3%	55.9%	N/A	N/A	TBD
Tobacco Cessation	0.8%	0.9%	0.0%	Baseline	N/A	75.0%
BEHAVIORAL HEALTH						
FAS Prevention 15-44	2.0%	2.3%	2.5%	Increase	TBD	25.0%
**IPV/DV Screen 15-40	1.8%	2.6%	2.6%	Increase	TBD	25.0%
Depression Screen 18+	2.7%	3.5%	2.8%	Baseline	N/A	20.0%

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CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	GPRA06	Nat'l	2010
	Current	Previous	Baseline	Goal	2005	Goal
CVD-RELATED						
*BMI Measured 2-74	16.3%	19.4%	20.7%	N/A	TBD	TBD
*Assessed as Obese	37.0%	35.5%	33.8%	N/A	N/A	TBD
Children 2-5 w/BMI =>95%	19.6%	17.3%	16.1%	Baseline	N/A	Reduce
10%						
Cholesterol Screening 23+	16.9%	17.4%	9.4%	Increase	TBD	80.0%
*Comp CVD-related Assessment						
*BP Assessed	85.4%	87.6%	79.6%	N/A	N/A	95.0%
*LDL Assessed	14.1%	5.3%	1.6%	N/A	N/A	85.0%
*Tobacco Assessed	0.8%	0.7%	0.9%	N/A	N/A	50.0%
*BMI Measured	5.1%	7.1%	6.2%	N/A	N/A	45.0%
*Lifestyle Counseling	3.4%	4.0%	5.7%	N/A	N/A	75.0%
*Depression Screen	3.5%	4.5%	3.2%	N/A	N/A	20.0%
*All Assessments	0.0%	0.0%	0.0%	N/A	N/A	15.0%
OTHER CLINICAL						
Prenatal HIV Testing	68.0%	37.5%	8.4%	Increase	TBD	95.0%
*Public Health Nursing	9579	14925	12902	N/A	TBD	TBD

(* - Not GPRA measure for FY 2006)

(@ - National Retinopathy goal/rate)

(# - Designated site goal/rate)

(& - Data source other than CRS)

(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)