



RESOURCE AND PATIENT MANAGEMENT SYSTEM

# **Clinical Reporting System (CRS)** **For FY 2007 Clinical Measures** **(BGP)**

## **Administrator Manual**

Version 7.0  
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Office of Information Technology (OIT)  
Division of Information Resources  
Albuquerque, New Mexico

## PREFACE

This manual contains the administrator manual for the CRS Clinical Reporting System version 7.0, which adds FY 2007 clinical performance measures to existing FY 2002 through FY 2006 measures.

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for national reporting as well as local and Area monitoring of clinical GPRA and developmental measures. CRS was first released for FY 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA measures include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services (DHHS) and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical measures. Administrative and clinical users will be able to review individual or all measures at any time, and can:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data.
- Monitor their site's performance against past national performance and upcoming agency goals.
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes.
- Quickly measure impact of process changes on performance measures.
- Identify areas meeting or exceeding measures to provide lessons learned.

To produce reports with comparable data across every facility, the GPRA measure definition was "translated" into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in PCC to determine if a patient meets the performance measure criteria. Taxonomies contain

groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more denominators and numerators defined.

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

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## **1.0 About This Manual**

This manual provides the performance measure logic for the CRS Clinical Reporting System version 7.0 (FY 2007 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the User Manual.

## 2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

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

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

### 2.1 Performance Measure Logic Basics

#### 2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For Selected Measures reports for local use (User Manual, section 5.1.2), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

##### 2.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for *most* GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it was felt to be more representative of the active clinical population. **In FY 2006, a new CHS-Only site parameter was added that changes the definition of the Active Clinical population to an Active Clinical CHS population because facilities whose patients only receive Contract Health Services do not meet the requirements of the Active Clinical population.**

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency IHS User Population definition (see below).

**Active Clinical** population for national GPRA reporting is defined as by the following criteria:

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user. See the User Manual, section 4.1 for additional information about setting up Community Taxonomies.
- Must be alive on the last day of the Report Period.
- Must have two visits to medical clinics in the past three years. At least one visit must be to one of the following core medical clinics:

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

The second visit can be *either* to one of the core medical clinics listed in the previous table *or* to one of the following additional medical clinics:

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

Two measures on the National GPRA report use a broader denominator definition: Diabetes Prevalence and Access to Dental Services use the GPRA User Population denominator.

**Active Clinical CHS Population** for national GPRA reporting is defined as:

- Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- Must have two CHS visits in the three years prior to the end of the Report Period.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

**GPRA User Population** for national GPRA reporting is defined as:

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

**Note:** The GPRA User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA “visits” are not required to be workload reportable as defined by IHS HQ.

### 2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPRA report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (User Manual, section 5.1.2). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPRA User Population). Section 2.2 provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

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

- *(Same as national GPRA reporting)* Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- *(Same as national GPRA reporting)* Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See section 2.1.1.1 for details about medical clinics.
- *(Same as national GPRA reporting)* Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.7 for detailed instructions as to making these selections.)

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

- *(Same as national GPRA reporting)* Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- *(Same as national GPRA reporting)* Must have two CHS visits in the three years prior to the end of the Report Period.
- *(Same as national GPRA reporting)* Must be alive on the last day of the Report Period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient

panel); or all patients regardless of community of residence.

**GPRAs User Population** for Selected Measures (Local) reports is defined as follows:

- *(Same as national GPRA reporting)* Patients with the name of “DEMO,PATIENT” will automatically be excluded from the denominator.
- *(Same as national GPRA reporting)* Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- *(Same as national GPRA reporting)* Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN or both.
- User defines general population: single community of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See the User Manual, section 6.7 for detailed instructions as to making these selections.)

### 2.1.2 Logic Example

The GPRA measure example used above was Cancer Screening: Pap Smear Rates: During FY 2007, 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 rate of 60%.

For CRS, the GPRA measure definition becomes:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the performance measure has determined based on current medical guidelines that “eligible” women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the performance measure): patients with documented Pap smear or refusal in past three years.

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

1. Begin with the Active Clinical population definition (see the User Manual, section 3.2.3.1).
  - a. Exclude any patients with the name of “DEMO,PATIENT”.
  - b. Exclude any patients with a date of death in the Patient Registration file.
  - c. Exclude any patients who do not have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.

- d. Exclude any patients whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.
  - e. For the remaining patients, search visit files for the three years prior to the selected report end date. Exclude any patients whose visits do not meet the "2 medical clinics" definition or for facilities with the CHS-Only site parameter set to "Yes", exclude any patients who do not have two CHS visits in the past three years.
2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report Period.
  3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.9 or V CPT for CPT codes 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, or 59135 any time before the end of the Report Period.
  4. For these patients (the denominator), check for a Pap smear in the following order:
    - V Lab is checked for a lab test called PAP SMEAR and for any site-populated pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, *or*
    - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), *or...*
    - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix, or 795.06 Pap smear of cervix with cytologic evidence of malignancy, *or...*
    - V Procedures is checked for a procedure of 91.46, *or...*
    - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, *or...*
    - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, *or...*
    - Refusals file is checked for Lab Test Pap Smear in the *past year*.

If a visit with any of the codes above is found, the patient is considered to have met the measure, and the program checks the next patient.

### 2.1.3 Age Ranges

For the purposes of CRS reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report Period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report Period.

### 2.1.4 Standard Health Care Codes

#### 2.1.4.1 CPT Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

#### 2.1.4.2 ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

#### 2.1.4.3 LOINC

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

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; as of May 2006, approximately 94 sites had converted to LOINC codes for their lab tests. CRS software began to incorporate LOINC codes into its logic for the new measures included in version 2.1. Effective with CRS version 3.0, LOINC taxonomies have been included for all appropriate measures.

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

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

## 2.2 Diabetes Related Measure Topics

### 2.2.1 Diabetes Prevalence

#### **Denominator**

All *User Population patients*, broken down by gender and age groups (<15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs).

#### **Numerators**

Anyone diagnosed with Diabetes (at least one diagnosis 250.00-250.93 recorded in the V POV file) *at any time* before the end of the Report Period.

Anyone diagnosed with Diabetes *during* the Report Period.

#### **Logic Description**

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

**Key Logic Changes from CRS Version 6.1:** None

#### **Patient List Description**

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

SK	Dec 31, 2006						Page 1		
*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes Prevalence									
Denominator(s): All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.									
Numerator(s): Anyone diagnosed with Diabetes at any time before the end of the Report period. Anyone diagnosed with Diabetes during the Report Period.									
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 2007, 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 2006 - 11.0%, FY 2005 - 11.0%, FY 2004 - 10.0%									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# User Pop	2,370		2,300			2,332			
# w/ any DM DX	228	9.6	216	9.4	+0.2	196	8.4	+1.2	
# w/ DM DX w/in past year	126	5.3	124	5.4	-0.1	99	4.2	+1.1	
# Male User Pop	1,094		1,074			1,103			
# w/ any DM DX	94	8.6	88	8.2	+0.4	71	6.4	+2.2	
# w/DM DX w/in past year	59	5.4	64	6.0	-0.6	47	4.3	+1.1	
# Female User Pop	1,276		1,226			1,229			
# w/ any DM DX	134	10.5	128	10.4	+0.1	125	10.2	+0.3	
# w/ DM DX w/in past year	67	5.3	60	4.9	+0.4	52	4.2	+1.0	

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

SK		Dec 31, 2006							Page 3
*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Age Specific Diabetes Prevalence									
TOTAL USER POPULATION									
Age Distribution									
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs	
CURRENT REPORT PERIOD									
Total # User Pop	704	219	243	344	289	272	161	138	
# w/ DM DX ever	1	3	5	33	45	59	40	42	
% w/ DM DX ever	0.1	1.4	2.1	9.6	15.6	21.7	24.8	30.4	
# w/DM DX in past yr	0	2	0	9	26	39	25	25	
% w/DM DX in past yr	0.0	0.9	0.0	2.6	9.0	14.3	15.5	18.1	
PREVIOUS YEAR PERIOD									
Total # User Pop	703	223	234	334	276	241	154	135	
# w/ DM DX ever	3	3	8	32	43	49	39	39	
% w/ DM DX ever	0.4	1.3	3.4	9.6	15.6	20.3	25.3	28.9	
# w/DM DX in past yr	1	2	2	9	23	30	29	28	
% w/DM DX in past yr	0.1	0.9	0.9	2.7	8.3	12.4	18.8	20.7	
CHANGE FROM PREV YR %									
w/ DM DX ever	-0.3	+0.0	-1.4	+0.0	-0.0	+1.4	-0.5	+1.5	
w/DM DX in past yr	-0.1	+0.0	-0.9	-0.1	+0.7	+1.9	-3.3	-2.6	
BASELINE REPORT PERIOD									
Total # User Pop	787	207	216	327	291	225	137	142	
# w/ DM DX ever	2	4	12	21	38	46	29	44	
% w/ DM DX ever	0.3	1.9	5.6	6.4	13.1	20.4	21.2	31.0	
# w/DM DX in past yr	2	1	3	7	18	21	19	28	
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	13.9	19.7	
CHANGE FROM BASE YR %									
w/ DM DX ever	-0.1	-0.6	-3.5	+3.2	+2.5	+1.2	+3.7	-0.6	
w/DM DX in past yr	-0.3	+0.4	-1.4	+0.5	+2.8	+5.0	+1.7	-1.6	

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

```

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
SK                               Dec 31, 2006                               Page 2

***  FY07 Clinical Performance Measure Patient List  ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2006 to Dec 31, 2006
      Entire Patient List

-----
Diabetes Prevalence: List of diabetic patients with most recent diagnosis
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME          HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP          10/28/06 250.00
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP          10/21/05 250.00
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP          12/12/03 250.80
PATIENT4,WINONA      000004  COMMUNITY #1  F  53  UP          04/21/99 250.80
PATIENT5,NADINE      000005  COMMUNITY #1  F  61  UP          12/01/03 250.00
PATIENT6,RUTH        000006  COMMUNITY #1  F  64  UP          08/09/02 250.00

```

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

## 2.2.2 Diabetes Comprehensive Care

### Denominator

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

### Numerators

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

Patients with Blood Pressure documented during the Report Period.

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

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

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

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

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

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

**Logic Description**

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

**A1c definition:** Counts most recent A1c test during the Report Period, defined as: CPT 83036; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

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

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

**LDL definition:** Finds last test done during the Report Period; defined as: CPT 83721; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

**Nephropathy assessment definition:** (1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, *and* (2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (*Note:* Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); *or* (3) End Stage Renal Disease diagnosis/treatment defined as: *any* diagnosis ever of 585.5, 585.6 or V45.1 or *any* CPT in the range of 90918-90925.

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

- *Diabetic Retinal Exam:* Exam Code 03 Diabetic Eye Exam (dilated retinal examination provided by an optometrist or ophthalmologist) or Refusal Exam 03.
- *Other Eye Exam:* (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation

clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 92002, 92004, 92012, 92014; POV V72.0.

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

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

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

#### **Key Logic Changes from CRS Version 6.1**

- A. Removed CPT 92015 from Other Eye Exam definition.
- B. Revised nephropathy assessment definition.
- C. Added codes to Estimated GFR LOINC taxonomy.
- D. Added codes to LDL Cholesterol LOINC taxonomy.
- E. Moved clinic code A2 from Diabetic Retinal Exam to Other Eye Exam definition.
- F. Revised ESRD definition to have one definition for all topics that use it.
- G. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP documented and could change the mean BP value.

#### **Patient List Description**

List of diabetic patients with documented tests, if any.

#### **Measure Long-term Targets**

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

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*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Diabetes Comprehensive Care								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts	106		95			87		
# w/Alc done								
w/ or w/o result	73	68.9	70	73.7	-4.8	52	59.8	+9.1
# w/ BPs documented	93	87.7	78	82.1	+5.6	74	85.1	+2.7
# w/Controlled BP <130/80	23	21.7	20	21.1	+0.6	13	14.9	+6.8
# w/ LDL done	56	52.8	46	48.4	+4.4	23	26.4	+26.4
# w/ est GFR & quant UP assmt or w/ESRD	24	22.6	3	3.2	+19.5	3	3.4	+19.2
# w/Retinal Evaluation or refusal	47	44.3	38	40.0	+4.3	44	50.6	-6.2
# w/Diabetic Foot Exam or refusal	20	18.9	18	18.9	-0.1	16	18.4	+0.5
# w/ All	7	6.6	0	0.0	+6.6	0	0.0	+6.6

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

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT ***** SK								
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*** FY07 Clinical Performance Measure Patient List *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Entire Patient List								
-----								
Diabetes Comprehensive Care: List of Diabetic patients with documented tests, if any								
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic								
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		
-----								
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	Alc: 10/28/06		
6.6;BPs: 133/82 UNC;LDL: 10/28/06 119;EYE: 01/07/06 Cl: 18								
PATIENT2,TARA	000002	COMMUNITY #1	F	51	AD	Alc: 12/30/06		
12.4;BPs: 201/87 UNC;LDL: 12/30/06 86								
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	AD	Alc: 09/09/06		
6.5;BPs: 138/66 UNC;GFR: 09/09/06 & QUANT UP: QUANT URINE PROTEIN-03/31/06;EYE: 07/30/06 Cl: 18;FOOT EXAM: 01/07/06 Cl: 65								

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

### 2.2.3 Diabetes: Glycemic Control

**GPRA Measure Description, Poor Glycemic Control**

During FY 2007, decrease to 15% the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as A1c > 9.5).

**GPRA Measure Description, Ideal Glycemic Control**

During FY 2007, increase to 32% the proportion of patients with diagnosed diabetes with ideal glycemic control (defined as A1c < 7).

**Denominators**

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

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

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

**Numerators**

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

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

*Poor Control:* Patients with A1c greater than ( $>$ ) 9.5 or less than ( $<$ ) 12.

**GPRA Numerator:**Total of Poor and Very Poor Control: Patients with A1c greater than ( $>$ ) 9.5).

*Fair Control:* Patients with A1c equal to or greater than ( $\Rightarrow$ ) 8 and less than or equal to ( $\Leftarrow$ ) 9.5.

*Good Control:* Patients with A1c equal to or greater than ( $\Rightarrow$ ) 7 and less than ( $<$ ) 8.

**GPRA Numerator:** Ideal Control: Patients with A1c less than ( $<$ ) 7.

*Without Result:* Patients with A1c documented but no value.

**Logic Description**

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.

CRS uses the following definitions:

	<b>CPT Codes</b>	<b>LOINC Codes<sup>1</sup></b>	<b>Taxonomy</b>
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
A1c	83036	Yes	DM AUDIT HGB A1C TAX

### **Key Logic Changes from CRS Version 6.1**

Added codes to Creatinine LOINC taxonomy.

### **Patient List Description**

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

### **Measure Source**

IHS Diabetes Standards of Care

### **Measure Past Performance and Long-term Targets**

#### **Hemoglobin A1c Documented**

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

#### **Poor Glycemic Control**

<b>Performance</b>	<b>Percent</b>
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%

<sup>1</sup> Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

**Ideal Glycemic Control**

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

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Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Glycemic Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report end date	203		192			179			
# w/A1c done w/ or w/o result	76	37.4	72	37.5	-0.1	53	29.6	+7.8	
# w/A1c =>12	3	1.5	1	0.5	+1.0	3	1.7	-0.2	
# w/A1c >9.5 and <12	14	6.9	3	1.6	+5.3	8	4.5	+2.4	
# w/A1c =>8 and =<9.5	13	6.4	19	9.9	-3.5	10	5.6	+0.8	
# w/A1c=>7 and <8	11	5.4	17	8.9	-3.4	7	3.9	+1.5	
# w/A1c <7	35	17.2	32	16.7	+0.6	23	12.8	+4.4	
# w/A1c w/o Result	0	0.0	0	0.0	+0.0	2	1.1	-1.1	
Active Diabetic Pts (GPRA)	106		95			87			
# w/A1c done w/ or w/o result	73	68.9	70	73.7	-4.8	52	59.8	+9.1	
# w/A1c > 9.5 (GPRA)	17	16.0	4	4.2	+11.8	11	12.6	+3.4	
# w/A1c =>12	3	2.8	1	1.1	+1.8	3	3.4	-0.6	
# w/A1c >9.5 and < 12	14	13.2	3	3.2	+10.0	8	9.2	+4.0	
# w/A1c =>8 and =<9.5	13	12.3	19	20.0	-7.7	10	11.5	+0.8	
# w/A1c=>7 and <8	11	10.4	17	17.9	-7.5	7	8.0	+2.3	
# w/A1c <7 (GPRA)	32	30.2	30	31.6	-1.4	22	25.3	+4.9	
# w/A1c w/o Result	0	0.0	0	0.0	+0.0	2	2.3	-2.3	

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

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***  FY07 Clinical Performance Measure Patient List  ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2006 to Dec 31, 2006
      Entire Patient List

-----
Diabetes: Glycemic Control: List of diabetic Patients with most recent
Alc value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME                HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORA             000001  COMMUNITY #1  F  45  UP,AD,AAD    10/28/06 6.6
PATIENT2,TARA               000002  COMMUNITY #1  F  51  UP,AD,AAD    12/30/06 12.4
PATIENT3,BOBBIE            000003  COMMUNITY #1  F  52  UP,AD,AAD    09/09/06 6.5
PATIENT4,WINONA            000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE            000005  COMMUNITY #1  F  61  UP,AD,AAD    12/01/06 6.5
PATIENT6,RUTH              000006  COMMUNITY #1  F  64  UP

```

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

## 2.2.4 Diabetes: Blood Pressure Control

### GPRA Measure Description

During FY 2007, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2006 rate of 37%.

### Denominators

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

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

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

### Numerators

Patients with Blood Pressure documented during the Report Period.

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

Patients with BP that is *not controlled*.

**Logic Description**

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

CRS uses the following definition:

	<b>CPT Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

**Key Logic Changes from CRS Version 6.1**

- A. Added codes to Creatinine LOINC taxonomy.
- B. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP documented and could change the mean BP value.

**Patient List Description**

List of diabetic patients with mean BP, if any.

**Measure Source**

IHS Diabetes Standards of Care.

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

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

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*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Blood Pressure Control									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
User Pop w/ DM DX prior to report period	203		192			179			
# w/ BPs Documented	100	49.3	87	45.3	+3.9	84	46.9	+2.3	
# w/controlled BP < 130/80	25	12.3	24	12.5	-0.2	18	10.1	+2.3	
# w/Not controlled BP	75	36.9	63	32.8	+4.1	66	36.9	+0.1	
Active Diabetic Pts (GPRA)	106		95			87			
# w/ BPs Documented	93	87.7	78	82.1	+5.6	74	85.1	+2.7	
# w/Controlled BP < 130/80 (GPRA)	23	21.7	20	21.1	+0.6	13	14.9	+6.8	
# w/Not controlled BP	70	66.0	58	61.1	+5.0	61	70.1	-4.1	
Active Adult Diabetic Patients	76		71			63			
# w/ BPs Documented	70	92.1	61	85.9	+6.2	56	88.9	+3.2	
# w/Controlled BP < 130/80	18	23.7	14	19.7	+4.0	8	12.7	+11.0	
# w/Not controlled BP	52	68.4	47	66.2	+2.2	48	76.2	-7.8	

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

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***  FY07 Clinical Performance Measure Patient List  ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2006 to Dec 31, 2006
      Entire Patient List

-----
Diabetes: Blood Pressure Control: List of Diabetic Patients with mean BP,
if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME                HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F  45  UP,AD,AAD  133/82  UNC
PATIENT2,TARA              000002  COMMUNITY #1  F  51  UP,AD,AAD  201/87  UNC
PATIENT3,BOBBIE           000003  COMMUNITY #1  F  52  UP,AD,AAD  138/66  UNC
PATIENT4,WINONA           000004  COMMUNITY #1  F  53  UP          unknown
PATIENT5,NADINE           000005  COMMUNITY #1  F  61  UP,AD,AAD  159/86  UNC
PATIENT6,RUTH              000006  COMMUNITY #1  F  64  UP          139/74  UNC

```

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

## 2.2.5 Diabetes: Lipids Assessment

### GPRA Measure Description

During FY 2007, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2006 rate of 60%.

### Denominators

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

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

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

### Numerators

Patients who have had a LIPID PROFILE or an LDL, or an HDL and Triglyceride (TG) (all three) during the Report Period.

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

Patients with *LDL results* less than (<) 130.

- A. Patients with LDL results less than or equal to ( $\leq$ ) 100
- B. Patients with LDL results 101-129

### Logic Description

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.

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Lipid Profile	80061	Yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	Yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	Yes	DM AUDIT HDL TAX
Triglyceride	84478	Yes	DM AUDIT TRIGLYCERIDE TAX

### Key Logic Changes from CRS Version 6.1

1. Removed all LOINC codes in the Lipid Profile LOINC taxonomy except one, as they were not tests for a lipids profile/panel.
2. Added codes to LDL, HDL, and Triglyceride LOINC taxonomies.

### Patient List Description

List of diabetic patients with documented lipids assessment, if any. Lipid Profile (Panel) is indicated by "LP;" the date of most recent LDL tests is listed, with the value, if any.

### Measure Source

IHS Diabetes Standards of Care.

**Measure Past Performance and Long-term Targets:**

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

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*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Lipids Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	203		192			179			
# w/Lipid Profile OR TG & HDL & LDL recorded	60	29.6	48	25.0	+4.6	30	16.8	+12.8	
# w/ LDL done	60	29.6	48	25.0	+4.6	23	12.8	+16.7	
# w/LDL <130	48	23.6	40	20.8	+2.8	16	8.9	+14.7	
A. # w/LDL =<100	31	15.3	32	16.7	-1.4	9	5.0	+10.2	
B. # w/LDL 101-129	17	8.4	8	4.2	+4.2	7	3.9	+4.5	
Active Diabetic Pts (GPRA)	106		95			87			
# w/Lipid Profile OR TG & HDL & LDL recorded	56	52.8	46	48.4	+4.4	30	34.5	+18.3	
# w/ LDL done (GPRA)	56	52.8	46	48.4	+4.4	23	26.4	+26.4	
# w/LDL <130	45	42.5	38	40.0	+2.5	16	18.4	+24.1	
A. # w/LDL =<100	30	28.3	31	32.6	-4.3	9	10.3	+18.0	
B. # w/LDL 101-129	15	14.2	7	7.4	+6.8	7	8.0	+6.1	
Active Adult Diabetic Patients	76		71			63			
# w/Lipid Profile OR TG & HDL & LDL recorded	49	64.5	43	60.6	+3.9	28	44.4	+20.0	
# w/ LDL done	49	64.5	43	60.6	+3.9	21	33.3	+31.1	
# w/LDL <130	38	50.0	35	49.3	+0.7	14	22.2	+27.8	
A. # w/LDL =<100	25	32.9	27	38.0	-5.1	9	14.3	+18.6	
B. # w/LDL 101-129	13	17.1	8	11.3	+5.8	5	7.9	+9.2	

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

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***  FY07 Clinical Performance Measure Patient List  ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2006 to Dec 31, 2006
      Entire Patient List

-----
Diabetes: Lipids Assessment: List of diabetic patients with documented
lipids assessment, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F   45  UP,AD,AAD  LP: 10/28/06 LOINC ;
LDL DONE: 10/28/06 119
PATIENT2,TARA              000002  COMMUNITY #1  F   51  UP,AD,AAD  LP: 12/30/06 LOINC ;
LDL DONE: 12/30/06 86
PATIENT3,BOBBIE           000003  COMMUNITY #1          F   52  UP,AD,AAD
PATIENT4,WINONA           000004  COMMUNITY #1  F   53  UP
PATIENT5,NADINE           000005  COMMUNITY #1  F   61  UP,AD,AAD  LP: 12/01/06 LOINC ;
LDL DONE: 12/01/06 123
PATIENT6,RUTH             000006  COMMUNITY #1  F   64  UP          LP: 05/21/06 LOINC ;
LDL DONE: 05/21/06 107

```

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

## 2.2.6 Diabetes: Nephropathy Assessment

### GPRA Measure Description

During FY 2007, establish the proportion of patients with diagnosed diabetes assessed for nephropathy, based on new, more stringent standards of care.

### Denominators

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

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

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

## Numerator

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

### Logic Description

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

Nephropathy assessment definition:

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

CRS uses the following to define the tests/diagnoses:

Test	CPT & ICD-9 Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	CPT: 82042-82043, 84156	Yes	BGP QUANT URINE PROTEIN TAX <b>Note:</b> Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect <i>quantitative</i> test values
End Stage Renal Disease	CPT: 90918-90925 ICD-9: 585.5, 585.6, V45.1		

### Key Logic Changes from CRS Version 6.1

1. Revised GPRA 2007 target to establish baseline since this measure changed significantly with this version
2. Revised nephropathy assessment definition
3. Added codes to Creatinine and Estimated GFR LOINC taxonomies
4. Revised ESRD definition to have one definition for all CRS topics that use it

**Patient List Description**

List of patients with denominator identified, tests and values if any.

**Measure Source**

IHS Diabetes Standards of Care.

**Measure Past Performance and Long-term Targets:**

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

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
SK Dec 31, 2006 Page 17 *** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Diabetes: Nephropathy Assessment								
User Pop w/ DM DX prior to Report Period	203	192			179			
# w/ est GFR & quant UP assmt or w/ESRD	25	12.3	4	2.1	+10.2	4	2.2 +10.1	
Active Diabetic Pts (GPRA)	106	95			87			
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	24	22.6	3	3.2	+19.5	3	3.4 +19.2	
Active Adult Diabetic Patients	76	71			63			
# w/ est GFR & quant UP assmt or w/ESRD	19	25.0	1	1.4	+23.6	1	1.6 +23.4	

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT ***** SK Dec 31, 2006 Page 37 *** FY07 Clinical Performance Measure Patient List *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Entire Patient List						
-----						
Diabetes: Nephropathy Assessment: List of patients with denominator identified, tests & values if any.						
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease						
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	UP,AD,AAD	
PATIENT2,TARA	000002	COMMUNITY #1	F	51	UP,AD,AAD	
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	UP,AD,AAD	;GFR: 09/09/06 &
QUANT UP: QUANT URINE PROTEIN-03/31/06						
PATIENT4,WINONA	000004	COMMUNITY #1	F	53	UP	
PATIENT5,NADINE	000005	COMMUNITY #1	F	61	UP,AD,AAD	
PATIENT6,RUTH	000006	COMMUNITY #1	F	64	UP	
PATIENT7,DANIELLE	000007	COMMUNITY #1	F	79	UP	ESRD: ESRD V45.1-12/08/00

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

## 2.2.7 Diabetic Retinopathy

### **GPRA Measure Description**

During FY 2007, all sites should maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at the FY 2006 rate of 49%.

### **Denominators**

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

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

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

### **Numerators**

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

- A. Patients receiving diabetic retinal exam (or documented refusal) during the Report Period.
- B. Patients receiving other eye exams during the Report Period.

### **Logic Description**

First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. DM AUDIT CREATININE TAX taxonomy is used for Active Adult Diabetic denominator. Qualified retinal evaluation\* is defined as (1) diabetic retinal exam or documented refusal or (2) other eye exam, as shown below.

CRS searches in the following order for:

<b>Exam</b>	<b>CPT Codes</b>	<b>Other Codes</b>
<b><i>Diabetic Retinal Exam</i></b>		
Diabetic Retinal Exam		<b>VExam: 03</b>
<b><i>Other Eye Exam</i></b>		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.)  *Qualified retinal evaluation: The following methods are qualifying for this measure: - Dilated retinal evaluation by an optometrist or ophthalmologist - Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist - Any photographic method validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.		<b>Clinic codes: A2, 17, 18, 64</b>
Non-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014	<b>Provider codes: 24, 79, 08</b> <b>POV code: V72.0</b>
Refusal of a diabetic retinal exam		<b>Refusals Exam: 03</b>

**Key Logic Changes from CRS Version 6.1:**

1. Removed CPT 92015 from Other Eye Exam definition
2. Moved clinic code A2 from Diabetic Retinal Exam to Other Eye Exam definition.

**Patient List Description**

List of diabetic patients' eye exam status, if any.

**Measure Source**

IHS Diabetes Standards of Care.

**Measure Past Performance and Long-term Targets:**

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

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetic Retinopathy									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	203		192			179			
# w/Retinal Evaluation or refusal	58	28.6	45	23.4	+5.1	54	30.2	-1.6	
A. # w/ DM Retinal exam or refusal	5	2.5	6	3.1	-0.7	6	3.4	-0.9	
B. # w/Other Eye Exams	53	26.1	39	20.3	+5.8	48	26.8	-0.7	
Active Diabetic Pts (GPRA)	106		95			87			
# w/Retinal Evaluation or refusal (GPRA)	47	44.3	38	40.0	+4.3	44	50.6	-6.2	
A. # w/ DM Retinal exam or refusal	5	4.7	6	6.3	-1.6	6	6.9	-2.2	
B. # w/Other Eye Exams	42	39.6	32	33.7	+5.9	38	43.7	-4.1	
Active Adult Diabetic Patients	76		71			63			
# w/Retinal Evaluation or refusal	36	47.4	31	43.7	+3.7	39	61.9	-14.5	
A. # w/ DM Retinal exam or refusal	5	6.6	4	5.6	+0.9	6	9.5	-2.9	
B. # w/Other Eye Exams	31	40.8	27	38.0	+2.8	33	52.4	-11.6	

Figure 2-14: Sample Report, Diabetic Retinopathy

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***  FY07 Clinical Performance Measure Patient List  ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2006 to Dec 31, 2006
      Entire Patient List

-----
Diabetic Retinopathy: List of diabetic patients eye exam status, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME          HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP,AD,AAD  01/07/06 Cl: 18
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP,AD,AAD
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP,AD,AAD  07/30/06 Cl: 18
PATIENT4,WINONA      000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE      000005  COMMUNITY #1  F  61  UP,AD,AAD  04/01/06 Prv: 79
PATIENT6,RUTH        000006  COMMUNITY #1  F  64  UP
PATIENT7,JONELLE     000007  COMMUNITY #1  F  69  UP,AD,AAD  10/29/06 Diab Eye Ex

```

Figure 2-15: Sample Patient List, Diabetic Retinopathy

## 2.2.8 Diabetes: Access to Dental Services

### Denominator

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

### Numerators

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

- A. Patients with documented refusal.

### Logic Description

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

### Key Logic Changes from CRS Version 6.1:

1. Added logic for refusal of ADA code
2. Added V72.2 to dental exam definition

### Patient List Description

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

**Measure Past Performance and Long-term Targets:**

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

**Performance Improvement Tip:**

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

SK	Dec 31, 2006						Page 21		
*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Diabetes: Access to Dental Services									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Diabetic Pts	106		95			87			
# w/dental visit or refusal in past yr	17	16.0	19	20.0	-4.0	18	20.7	-4.7	
A. # Refusals w/ % of Total Dental Visits	1	5.9	0	0.0	+5.9	0	0.0	+5.9	

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

Diabetes: Access to Dental Services: List of diabetic patients and documented dental visit or refusal, if any									
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic									
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR			
-----									
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	03/03/06	Refused	ADA	0000
PATIENT2,TARA	000002	COMMUNITY #1	F	51	AD				
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	AD				
PATIENT4,NADINE	000004	COMMUNITY #1	F	61	AD				
PATIENT5,SHERRY	000005	COMMUNITY #1	F	68	AD				
PATIENT6,JONELLE	000006	COMMUNITY #1	F	69	AD	10/29/06	ADA	0000	

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

## 2.3 Dental Measure Topics

### 2.3.1 Access to Dental Services

**GPR Measure Description**

During FY 2007, increase to 24% the proportion of patients that obtain access to dental services.

**Denominator**

**GPR Denominator:** All patients in the *User Population*.

**Numerators**

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

- A. Patients with documented refusal.

**Logic Description**

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

**Key Logic Changes from CRS Version 6.1:**

1. Added logic for refusal of ADA code.
2. Added age distribution for denominator.
3. Added V72.2 to dental exam definition.

**Patient List Description**

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

**Measure Past Performance and Long-term Targets:**

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

**Performance Improvement Tip:**

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

SK	Dec 31, 2006						Page 22	
	*** IHS 2007 Clinical Performance Report ***							
	DEMO INDIAN HOSPITAL							
	Report Period: Jan 01, 2006 to Dec 31, 2006							
	Previous Year Period: Jan 01, 2005 to Dec 31, 2005							
	Baseline Period: Jan 01, 2000 to Dec 31, 2000							
-----								
Access to Dental Services								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
# User Pop								
(GPRA)	2,370		2,300			2,332		
# w/dental visit or								
refusal in past yr								
(GPRA)	231	9.7	199	8.7	+1.1	207	8.9	+0.9
A. # Refusals w/ % of Total								
Dental Visits	2	0.1	0	0.0	+0.1	0	0.0	+0.1

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

Access to Dental Services (con't)								
	TOTAL USER POPULATION							
	Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	342	238	343	587	289	272	249	50
# w/dental visit or refusal in past yr	21	27	29	67	31	30	25	1
% w/dental visit or refusal in past yr	6.1	11.3	8.5	11.4	10.7	11.0	10.0	2.0
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	1	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.3	0.0	0.0	0.4	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	347	236	343	568	276	241	240	49
# w/dental visit or refusal in past yr	19	22	30	52	24	24	24	4
% w/dental visit or refusal in past yr	5.5	9.3	8.7	9.2	8.7	10.0	10.0	8.2
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit or refusal in past yr	+0.7	+2.0	-0.3	+2.3	+2.0	+1.1	+0.0	-6.2
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+0.3	+0.0	+0.0	+0.4	+0.0	+0.0

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

Access to Dental Services: List of patients with documented dental visit or refusal and date.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

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

### 2.3.2 Dental Sealants

#### GPR Measure Description

During FY 2007, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2006 rate of 246,645 sealants.

**Denominator**

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

**GPRA Numerator:** The total number of dental sealants during the Report Period. Breakout by the following age groups: <12, 12-18, >18. Age breakouts are based on Healthy People 2010 age groups for dental sealants.

**Logic Description**

Age of the patient is calculated at the beginning of the Report Period. Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted.

**Key Logic Changes from CRS Version 6.1**

Added logic for refusal of ADA code.

**Patient List Description**

List of patients who received dental sealants during Report Period.

**Measure Past Performance and Long-term Targets:**

<b>Performance</b>	<b>Percent</b>
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158 <sup>2</sup>
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

**Performance Improvement Tip:**

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

<sup>2</sup> Reported by the National Patient Information Reporting System (NPIRS).

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*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000					
-----					
Dental Sealants					
Denominator(s): No denominator. This measure is a total count only, not a percentage.					
Numerator(s): GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period. Number of documented refusals.					
Age of the patient is calculated at the beginning of the Report period. Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted.					
During FY 2007, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2006 rate of 246,645 sealants.					
IHS Performance: FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented or Refusal (GPRA)	44	61	-17	81	-37
# Dental Sealants documented pts <12 yrs	29	26	+3	40	-11
# Dental Sealants documented pts 12-18 yrs	13	34	-21	40	-27
# Dental Sealants documented pts >18 yrs	1	1	+0	1	+0
# refusals	1	0	+1	0	+1

Figure 2-21: Sample Report, Dental Sealants

Dental Sealants: List of patients who received or refused dental sealants during Report period.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-22: Sample Patient List, Dental Sealants

### 2.3.3 Topical Fluoride

#### **GPR Measure Description**

During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2006 rate of 95,439 patients.

#### **Denominator**

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

#### **Numerators**

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

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

#### **Logic Description**

Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; 2) V POV V07.31; or 3) Refusal of ADA code 1201, 1203, 1204, or 1205. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted.

#### **Key Logic Changes from CRS Version 6.1**

Added logic for refusal of ADA code.

#### **Patient List Description**

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

**Performance Improvement Tip:**

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

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-----					
Topical Fluoride					
Denominator(s): No denominator. This measure is a total count only, not a percentage.					
Numerator(s): GPRA Numerator: For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period. A: Patients with documented refusal in past year. For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year. A: Number of documented refusals during past year.					
Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; 2) V POV V07.31; or 3) Refusal of ADA code 1201, 1203, 1204, or 1205. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted.					
During FY 2007, maintain the number of American Indian and Alaska Native patients receiving at least one topical fluoride application at the FY 2006 rate of 95,439 patients.					
IHS Performance: FY 2006 # Patients - 95,439, FY 2005 - 85,318; FY 2005 # Applications - 113,324					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	35	26	+9	15	+20
A. # Patients w/ Refusals	1	0	+1	0	+1
Total # of Topical Fluoride Applications/ Refusals	39	26	+13	15	+24
A. # Refusals	1	0	+1	0	+1

Figure 2-23: Sample Report, Topical Fluoride

Topical Fluoride: List of patients who received or refused at least one topical fluoride application during Report period.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-24: Sample Patient List, Topical Fluoride

## 2.4 Immunization Measure Topics

### 2.4.1 Adult Immunizations: Influenza

#### **GPRA Measure Description**

In FY 2007, increase to 59% the influenza vaccination levels among non-institutionalized adults aged 65 years and older.

#### **Denominators**

All *Active Clinical patients ages 50 or older.*

A: All Active Clinical patients *ages 50-64.*

B: *GPRA Denominator: All Active Clinical patients ages 65 and older.*

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

All *User Population patients ages 50 or older.*

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

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

#### **Numerators**

**GPRA Numerator:** Patients with Influenza vaccine documented during the Report Period, including refusals in past year.

Documented patient refusals (REF) or not medically indicated (NMI).

#### **Logic Description**

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Influenza Vaccine	90655-90660, 90724	<b>Immunization (CVX) Code:</b> 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal <b>POV:</b> V04.8, V04.81, V06.6 <b>ICD Procedure:</b> 99.52 <b>Refusals:</b> Immunization codes 15, 16, 88, 111

**Key Logic Changes from CRS Version 6.1:** None

### Patient List Description

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

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

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

### Performance Improvement Tips:

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

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Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Adult Immunizations: Influenza									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Patients									
ages 50 or older	214		207			177			
Total # w/Flu vaccine documented	65	30.4	66	31.9	-1.5	29	16.4	+14.0	
A. # Refusals w/ % of Total IZ	2	3.1	5	7.6	-4.5	0	0.0	+3.1	
A. Active Clinical Patients									
ages 50-64	153		145			112			
Total # w/Flu vaccine documented	40	26.1	41	28.3	-2.1	14	12.5	+13.6	
A. # Refusals w/ % of Total IZ	1	2.5	4	9.8	-7.3	0	0.0	+2.5	
B. Active Clinical Patients									
65 and older (GPRA)	61		62			65			
Total # w/Flu vaccine documented (GPRA)	25	41.0	25	40.3	+0.7	15	23.1	+17.9	
A. # Refusals w/ % of Total IZ	1	4.0	1	4.0	+0.0	0	0.0	+4.0	
Active Diabetic Pts									
	106		95			87			
Total # w/Flu vaccine documented	43	40.6	44	46.3	-5.7	23	26.4	+14.1	
A. # Refusals w/ % of Total IZ	1	2.3	1	2.3	+0.1	0	0.0	+2.3	

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

Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with influenza code or refusal and date, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	10/28/06 Imm 88
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	50	UP,AC	
PATIENT3,DEMETRIA	000003	COMMUNITY #1	F	50	UP,AC	11/25/06 Imm 15
PATIENT4,JADE	000004	COMMUNITY #1	F	51	UP	
PATIENT5,MARIE	000005	COMMUNITY #1	F	51	UP,AC,AD	10/21/06 Imm 88

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

## 2.4.2 Adult Immunizations: Pneumovax

### GPRA Measure Description

In FY 2007, increase the rate for pneumococcal vaccination levels among adult patients age 65 years and older to 76%.

### Denominators

**GPRA Denominator:** *Active Clinical patients ages 65 or older.*

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

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

### Numerators

**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)**.

**Diabetic patients** with pneumovax documented in past five years, including refusals in past year.

### Logic Description

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

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

**Key Logic Changes from CRS Version 6.1:** None

### Patient List Description

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

### Measure Past Performance and Long-term Targets:

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

**Performance Improvement Tips:**

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

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
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Adult Immunizations: Pneumovax								
Active Clinical Pts ages 65 & older (GPRA)	61		62		65			
Total # w/Pneumovax documented (GPRA)	39	63.9	41	66.1	37	56.9	+7.0	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	
Active Diabetic Pts	106		95		87			
Total # w/Pneumovax documented	52	49.1	51	53.7	51	58.6	-9.6	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	
Total # w/Pneumovax documented in past 5 yrs	31	29.2	36	37.9	30	34.5	-5.2	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	
# User Population ages 65 & older	138		135		142			
Total # w/Pneumovax documented	41	29.7	41	30.4	37	26.1	+3.7	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	0	0.0	+0.0	

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

Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with pneumovax code or refusal and date, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

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

### 2.4.3 Childhood Immunizations

**GPRA Measure Description**

During FY 2007, maintain the FY 2006 rate of 78% for recommended immunizations for American Indian/Alaska Native children 19-35 months.

**Denominators**

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

*User Population patients* ages 19-35 months.

**GPRA Denominator:** User Population patients *active in the Immunization Package* who are 19-35 months at end of Report Period.

**Note:** Only values for the Report Period will be reported for this denominator and its associated numerators.

**Numerators**

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

Patients who have received 4 doses of DTaP ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.

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

Patients who have received 3 doses of HiB ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

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

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including refusals, contraindications, and evidence of disease.

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

A. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

- B. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, including refusals, contraindications, and evidence of disease.

### **Immunization Program Numerator**

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, *not* including refusals, contraindications, and patients with evidence of disease.

### **Immunization Program Numerator**

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

### **Logic Description**

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 ten 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.

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.
- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.
- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.
- 3 doses of HIB
- 1 dose of Varicella
- 4 doses of Pneumococcal

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

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

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	<b>ICD and Other Codes</b> <b>NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes</b>
DTaP	90698, 90700, 90721, 90723, 90749 (old code)	<b>Immunization codes:</b> 20, 50, 106, 107, 110, 120 <b>POV:</b> V06.1 <b>Refusals:</b> Immunization codes 20, 50, 106, 107, 110, 120
DTP	90701, 90711 (old code), 90720	<b>Immunization codes:</b> 1, 22, 102 <b>POV:</b> V06.1, V06.2, V06.3 <b>V Procedure:</b> 99.39 <b>Refusals:</b> Immunization codes 1, 22, 102
Tdap	90715	<b>Immunization code:</b> 115 <b>Refusals:</b> Immunization code 115
DT (Diphtheria & Tetanus)	90702	<b>Immunization code:</b> 28 <b>POV:</b> V06.5 <b>Refusals:</b> Immunization code 28
Td (Tetanus & Diphtheria)	90714, 90718	<b>Immunization code:</b> 9, 113 <b>POV:</b> V06.5 <b>Refusals:</b> Immunization code 9, 113
Diphtheria	90719	<b>POV: V03.5</b> <b>V Procedure: 99.36</b> <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V02.4, 032*
Tetanus	90703	<b>Immunization codes:</b> 35, 112 <b>POV:</b> V03.7 <b>V Procedure:</b> 99.38 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 037* <b>Refusals:</b> Immunization codes 35, 112

Immunization	CPT Codes	<b>ICD and Other Codes</b> <b>NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes</b>
Pertussis		<b>Immunization code:</b> 11 <b>POV:</b> V03.6 <b>V Procedure:</b> 99.37 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 033* <b>Refusals:</b> Immunization code 11
OPV	90712	<b>Immunization codes:</b> 2, 89 <b>Contraindications:</b> POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 2, 89
IPV	90698, 90711 (old code), 90713, 90723	<b>Immunization codes:</b> 10, 89, 110, 120 <b>POV:</b> V04.0, V06.3 <b>V Procedure:</b> 99.41 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V12.02, 045*, 138, 730.70-730.79 <b>Refusals:</b> Immunization codes 10, 89, 110, 120
MMR	90707, 90710	<b>Immunization codes:</b> 3, 94 <b>POV:</b> V06.4 <b>V Procedure:</b> 99.48 <b>Contraindications:</b> POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 3, 94
M/R (Measles/Rubella)	90708	<b>Immunization code:</b> 4 <b>Refusals:</b> Immunization code 4
R/M (Rubella/Mumps)	90709 (old code)	<b>Immunization code:</b> 38 <b>Refusals:</b> Immunization code 38
Measles	90705	<b>Immunization code:</b> 5 <b>POV:</b> V04.2 <b>V Procedure:</b> 99.45 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 055* <b>Refusals:</b> Immunization code 5

Immunization	CPT Codes	<b>ICD and Other Codes</b> <b>NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes</b>
Mumps	90704	<b>Immunization code: 7</b> <b>POV: V04.6</b> <b>V Procedure: 99.46</b> <b>Evidence of Disease: POV or PCC Problem List (active or inactive) 072*</b> <b>Refusals: Immunization code 7</b>
Rubella	90706	<b>Immunization code: 6</b> <b>POV: V04.3</b> <b>V Procedure: 99.47</b> <b>Evidence of Disease: POV or PCC Problem List (active or inactive) 056*, 771.0</b> <b>Refusals: Immunization code 6</b>
HiB	90645-90648, 90698, 90720-90721, 90748	<b>Immunization codes: 22, 46-49, 50, 51, 102, 120</b> <b>POV: V03.81</b> <b>Evidence of Disease: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2</b> <b>Refusals: Immunization codes 22, 46-49, 50, 51, 102, 120</b>
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748	<b>Immunization codes: 8, 42-45, 51, 102, 104, 110</b> <b>Evidence of Disease: POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3</b> <b>Refusals: Immunization codes 8, 42-45, 51, 102, 104, 110</b>
Varicella	90710, 90716	<b>Immunization codes: 21, 94</b> <b>POV: V05.4</b> <b>Evidence of Disease: POV or PCC Problem List (active or inactive) 052*, 053*</b> <b>Contraindications: POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208*</b> <b>Refusals: Immunization codes 21, 94</b>
Pneumococcal	90669, 90732	<b>Immunization codes: 33, 100, 109</b> <b>POV: V06.6; V03.82</b> <b>Refusals: Immunization codes 33, 100, 109</b>

**Key Logic Changes from CRS Version 6.1:**

1. Added CVX code 120 to DTaP, Hib, and IPV definitions.
2. Added CVX code 113 and CPT code 90714 to the Td definition.

**Patient List Description**

List of patients aged 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 two DTaP, no IZ will be listed for DTaP.

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

**Measure Past Performance and Long-term Targets:**

<b>Performance</b>	<b>Percent</b>
IHS FY 2006 Performance (rate for children age 19-35 months)	80.0% <sup>3</sup>
IHS FY 2005 Performance (rate for children age 19-35 months)	75.0%
IHS FY 2004 Performance (baseline rate for children age 19-35 months)	72.0%
IHS FY 2004 Performance (rate for children age 3-27 months)	81.0%
IHS FY 2003 Performance (rate for children age 3-27 months)	80.0%
IHS FY 2002 Performance (rate for children age 3-27 months)	80.0%
<i>HP 2010 goal for % of children age 19-35 months with 4:3:1:3:3 vaccines</i>	80.0%
<i>HP 2010 goal for % of children age 19-35 months with each individual vaccine</i>	90.0%

<sup>3</sup> All rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS will report the rate and not the Immunization Program. The CRS rate will be reported using the CRS Immunization Package denominator.

**Performance Improvement Tips:**

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

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Childhood Immunizations (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
19-35 months	51		39			55			
# w/ 4:3:1:3:3 combo or w/ Dx/ Contraind/ Refusal	11	21.6	4	10.3	+11.3	6	10.9	+10.7	
A. Refusals w/ % of Total all IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4 doses DTaP or w/ Dx/ Contraind/Refusal	14	27.5	4	10.3	+17.2	9	16.4	+11.1	
A. # Refusals w/ % of Total DTaP	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total DTaP	1	7.1	0	0.0	+7.1	0	0.0	+7.1	
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	19	37.3	11	28.2	+9.0	13	23.6	+13.6	
A. # Refusals w/ % of Total Polio	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total Polio	0	0.0	0	0.0	+0.0	1	7.7	-7.7	
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	18	35.3	11	28.2	+7.1	19	34.5	+0.7	
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Dx/Contraind/NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	1	5.3	-5.3	

Figure 2-29: Sample Report, Childhood Immunizations

Childhood Immunizations: List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-30: Sample Patient List, Childhood Immunizations

## 2.4.4 Adolescent Immunizations

### Denominators

*Active Clinical patients age 13.*

*User Population patients age 13.*

### Numerators

Patients who have received the 2 MMR, 3 Hepatitis B, and one Varicella combination.

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

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

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

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

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

Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal, including refusals, contraindications, and evidence of disease.

**Logic Description**

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

Dosage and types of immunization definitions:

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

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

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

Adolescent immunizations are defined in the following ways:

<b>Immunization</b>	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
MMR	90707, 90710	<b>Immunization codes:</b> 3, 94 <b>POV:</b> V06.4 <b>V Procedure:</b> 99.48 <b>Contraindications:</b> POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* <b>Refusals:</b> Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	<b>Immunization code:</b> 4 <b>Refusals:</b> Immunization code 4
R/M (Rubella/ Mumps)	90709 (old code)	<b>Immunization code:</b> 38 <b>Refusals:</b> Immunization code 38
Measles	90705	<b>Immunization code:</b> 5 <b>POV:</b> V04.2 <b>V Procedure:</b> 99.45 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 055* <b>Refusals:</b> Immunization code 5
Mumps	90704	<b>Immunization code:</b> 7 <b>POV:</b> V04.6 <b>V Procedure:</b> 99.46 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 072* <b>Refusals:</b> Immunization code 7
Rubella	90706	<b>Immunization code:</b> 6 <b>POV:</b> V04.3 <b>V Procedure:</b> 99.47 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 056*, 771.0 <b>Refusals:</b> Immunization code 6
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748	<b>Immunization codes:</b> 8, 42-45, 51, 102, 104, 110 <b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 <b>Refusals:</b> Immunization codes 8, 42-45, 51, 102, 104, 110

Immunization	CPT Codes	ICD and Other Codes
Varicella	90710, 90716	<p><b>Immunization codes:</b> 21, 94</p> <p><b>POV:</b> V05.4</p> <p><b>Evidence of Disease:</b> POV or PCC Problem List (active or inactive) 052*, 053*</p> <p><b>Contraindications:</b> POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208*</p> <p><b>Refusals:</b> Immunization codes 21, 94</p>

### Key Logic Changes from CRS Version 6.1: None

#### Patient List Description

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

**Note:** The order of the display for the immunizations is: 2 MMR;3 HEP;Vari. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is “;2 MMR” which means the patient did not have 3 HEP B and one Varicella.

#### Performance Improvement Tips:

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

#### Measure Source

HEDIS, HP 2010 14-24b (developmental)

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*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Adolescent Immunizations (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical patients age 13	18		17			28			
# w/2 MMR, 3 Hep B, 1 varicella combo or w/Dx/Contraind/ Refusal	1	5.6	0	0.0	+5.6	0	0.0	+5.6	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total All IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 2 doses MMR or w/ DX/ Contraind/ Refusal	4	22.2	0	0.0	+22.2	0	0.0	+22.2	
A. # Refusals w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total MMR	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 3 doses Hep B or w/ Dx/ Contraind/ Refusal	5	27.8	4	23.5	+4.2	9	32.1	-4.4	
A. # Refusals w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Dx/ Contraind/ NMI Ref w/ % of Total Hep B	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 1 dose Varicella or w/ Dx/ Contraind/ Refusal	2	11.1	1	5.9	+5.2	0	0.0	+11.1	
A. # Refusals w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Varicella	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-31: Sample Report, Adolescent Immunizations

Adolescent Immunizations: List of patients 13 and older with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B. (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,LINDA WILLENE	000001	COMMUNITY #3	F	13	UP;AC	;2 MMR;3 HEP;vari
PATIENT2,SHERRY	000002	COMMUNITY #3	F	13	UP;AC	
PATIENT22,JESSICA	000022	COMMUNITY #4	F	13	UP;AC	;2 MMR
PATIENT23,SAMANTHA	000023	COMMUNITY #4	F	13	UP;AC	;2 MMR;3 HEP
PATIENT24,NINA	000024	COMMUNITY #4	F	13	UP	
PATIENT25,RHONDA	000025	COMMUNITY #4	F	13	UP;AC	;3 HEP;vari
PATIENT26,SARA	000026	COMMUNITY #4	F	13	UP;AC	;3 HEP

Figure 2-32: Sample Patient List, Adolescent Immunizations

## 2.5 Childhood Diseases Group

### 2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

#### Denominators

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

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

#### Numerator

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

#### Logic Description

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

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

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

3. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis.
4. Patient's visit must only have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.
5. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.
6. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:

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

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

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

**Key Logic Changes from CRS Version 6.1:** None

#### **Patient List Description**

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

#### **Measure Source**

HEDIS

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DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2006 to Dec 31, 2006								
Previous Year Period: Jan 01, 2005 to Dec 31, 2005								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Appropriate Treatment for Children with Upper Respiratory Infection (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical 3 months-18 yrs								
w/Upper Respiratory Infection	31		36			29		
# w/o Antibiotic Rx	30	96.8	35	97.2	-0.4	27	93.1	+3.7
User Pop 3 months-18 yrs								
w/Upper Respiratory Infection	36		38			35		
# w/o Antibiotic Rx	35	97.2	37	97.4	-0.1	32	91.4	+5.8

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

Appropriate Treatment for Children with Upper Respiratory Infection: List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,PAMELA	000001	COMMUNITY #3	F	3	UP;AC	MEETS MEASURE
PATIENT2,ALICIA	000002	COMMUNITY #3	F	7	UP;AC	MEETS MEASURE
PATIENT3,JAMES	000003	COMMUNITY #3	M	0	UP;AC	MEETS MEASURE
PATIENT4,HENRY	000004	COMMUNITY #3	M	12	UP;AC	MEETS MEASURE
PATIENT25,HEATHER	000025	COMMUNITY #4	F	7	UP;AC	MEETS MEASURE
PATIENT26,DYLAN	000026	COMMUNITY #4	M	3	UP;AC	MEETS MEASURE
PATIENT27,CODY	000027	COMMUNITY #4	M	4	UP;AC	MEETS MEASURE
PATIENT28,KAREN	000028	COMMUNITY #5	F	0	UP;AC	antibiotic injection: 11/06/05 DOES NOT MEET MEASURE

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

## 2.5.2 Appropriate Testing for Children with Pharyngitis

### Denominators

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

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

**Numerator**

Patients who received a Group A strep test.

**Logic Description**

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

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

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

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

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

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

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

**Key Logic Changes from CRS Version 6.1:** None

**Patient List Description**

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

**Measure Source:** HEDIS

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Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
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Appropriate Testing for Children with Pharyngitis (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical 2-18 yrs w/ Pharyngitis and Antibiotic Rx	10		5			8			
# w/Group A Strep Test	9	90.0	3	60.0	+30.0	2	25.0	+65.0	
User Pop 2-18 yrs w/ Pharyngitis and Antibiotic Rx	11		7			10			
# w/Group A Strep Test	9	81.8	4	57.1	+24.7	2	20.0	+61.8	

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

Appropriate Testing for Children with Pharyngitis: List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.							
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic							
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	
PATIENT1, MICHAEL ANTIGEN (STREP A)	000001	COMMUNITY #1	M	9	UP;AC	03/19/06	RAPID
PATIENT2, JOSEPH ANTIGEN (STREP A)	000002	COMMUNITY #1	M	12	UP;AC	05/01/06	RAPID
PATIENT3, LESTER ANTIGEN (STREP A)	000003	COMMUNITY #1	M	13	UP		
PATIENT24, MONICA ANTIGEN (STREP A)	000024	COMMUNITY #2	F	5	UP;AC	01/23/06	RAPID
PATIENT25, MICHAEL JAMES ANTIGEN (STREP A)	000025	COMMUNITY #2	M	7	UP;AC	11/12/05	RAPID

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

## 2.6 Cancer Related Measure Topics

### 2.6.1 Cancer Screening: Pap Smear Rates

#### **GPRA Measure Description**

During FY 2007, increase to 60% 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.

#### **Denominator(s)**

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

*Female User Population patients* ages 21 through 64 without a documented history of Hysterectomy.

#### **Numerators**

**GPRA Numerator:** Patients with a Pap smear documented in the past three years, including refusals in past year.

A. Patients with documented refusal in past year.

#### **Logic Description**

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Hysterectomy	51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-58554, 58951, 58953-58954, 59135	<b>V Procedure:</b> 68.4-68.9		
Pap Smear	88141-88167, 88174-88175, Q0091	<b>V Lab: PAPER SMEAR</b> <b>POV: V76.2-Screen Mal Neop-Cervix</b>  V72.31 Routine Gynecological Examination V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear  V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-hysterectomy Patients  V76.49 Pap Smear for Women w/o a Cervix 795.06 Pap Smear of cervix with cytologic evidence of malignancy  <b>V Procedure: 91.46</b> <b>Women's Health Tracking:</b> procedure called Pap Smear	Yes	BGP GPRA PAPER SMEAR
Refusal		<b>Refusals:</b> Lab Test Value Pap Smear		

**Key Logic Changes from CRS Version 6.1**

Added ICD-9 code 795.06 to Pap smear definition.

**Patient List Description**

List of women 21-64 with documented test/refusal, if any.

**Measure Past Performance and Long-term Targets:**

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

**Performance Improvement Tips:**

- A. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**
- B. Providers should document refusals; write “**Refused**” in Pap Order box on PCC form. Data entry mnemonic: **REF** (Lab Test Value, Date Refused).

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Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Cancer Screening: Pap Smear Rates (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Female Active Clinical									
21-64 years									
(GPRA)	376		345			316			
# w/Pap Smear recorded									
w/in 3 years									
(GPRA)	177	47.1	174	50.4	-3.4	147	46.5	+0.6	
A. # Refusals									
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop									
21-64 years	666		633			605			
# w/Pap Smear recorded									
w/in 3 years	193	29.0	192	30.3	-1.4	162	26.8	+2.2	
A. # Refusals									
w/ % of Total Pap	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

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

Cancer Screening: Pap Smear Rates: List of women 21-64 with documented test/refusal, if any. (con't)

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,EVELYN	000001	COMMUNITY #1	F	21	UP	05/05/05 795.06
PATIENT2,MICHELLE	000002	COMMUNITY #1	F	22	UP,AC	10/31/04 Lab
PATIENT3,KAITLYN	000003	COMMUNITY #1	F	22	UP,AC	09/03/06 WH
PATIENT4,BRITNEY	000004	COMMUNITY #1	F	22	UP,AC	11/10/06 V76.2
PATIENT5,KATY	000005	COMMUNITY #1	F	22	UP,AC	05/08/04 88150

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

## 2.6.2 Cancer Screening: Mammogram Rates

### GPRA Measure Description

During FY 2007, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2006 rate of 41%.

### Denominators

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

*Female Active Clinical patients ages 40 and older* without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

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

*Female User Population patients ages 40 and older* without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

### Numerators

**GPRA Numerator:** All patients who had a Mammogram documented in the past two years, including documented refusals in past year.

A. Patients with documented refusal in past year

### Logic Description

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Bilateral Mastectomy	19180.50 <i>or</i> 19180 w/modifier 09950, 19200.50 <i>or</i> 19200 w/modifier 09950, 19220.50 <i>or</i> 19220 w/modifier 09950, 19240.50 <i>or</i> 19240 w/modifier 09950 (.50 and 09950 indicate bilateral)	<b>V Procedure:</b> 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	<b>V Rad or VCPT:</b> 76090–76092, G0206, G0204, G0202	<b>POV:</b> V76.11, V76.12 <b>V Procedure:</b> 87.36-87.37 <b>Women’s Health:</b> Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal	<b>V Rad Mammogram for CPT:</b> 76090–76092, G0206, G0204, G0202	

### Key Logic Changes from CRS Version 6.1

Added new denominators for Active Clinical and User Population for patients 40 and older.

### Patient List Description

List of women 52-64 with mammogram/refusal, if any.

### Measure Past Performance and Long-term Targets:

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

### Performance Improvement Tips:

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

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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)	65		58			47			
# w/Mammogram recorded w/in 2 years (GPRA)	18	27.7	21	36.2	-8.5	24	51.1	-23.4	
A. # Refusals w/ % of Total Mammograms	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female Active Clinical 40+	210		192			179			
# w/Mammogram recorded w/in 2 years	44	21.0	61	31.8	-10.8	61	34.1	-13.1	
A. # Refusals w/ % of Total Mammogram	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop 52-64	126		109			99			
# w/Mammogram recorded w/in 2 years	20	15.9	24	22.0	-6.1	26	26.3	-10.4	
A. # Refusals w/ % of total Mammograms	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop 40+	404		375			358			
# w/Mammogram recorded w/in 2 years	47	11.6	67	17.9	-6.2	68	19.0	-7.4	
A. # Refusals w/ % of Total Mammogram	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

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

Cancer Screening: Mammogram Rates: List of women 40+ with mammogram/refusal, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CARLA	000001	COMMUNITY #1	F	40	UP;AC - >40	
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	40	UP - >40	
PATIENT3,ALEXA	000003	COMMUNITY #1	F	41	UP;AC - >40	04/24/05 76090
PATIENT4,HANNAH	000004	COMMUNITY #1	F	42	UP - >40	
PATIENT5,MARTHA	000005	COMMUNITY #1	F	43	UP - >40	
PATIENT6,TARA	000006	COMMUNITY #1	F	44	UP;AC - >40	
PATIENT7,CAROL LYNN	000007	COMMUNITY #1	F	44	UP;AC - >40	03/05/05 76092
PATIENT8,MARY ANN	000008	COMMUNITY #1	F	52	UP;AC - >40, 52-64	
PATIENT9,BARBARA	000009	COMMUNITY #1	F	52	UP;AC - >40, 52-64	04/22/06 76091

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

## 2.6.3 Colorectal Cancer Screening

### GPRA Measure Description

During FY 2007, maintain the FY 2006 rate of 22% of colorectal screening for clinically appropriate patients ages 50 and older.

### Denominators

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

*All User Population patients* ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy, broken out by gender.

### Numerators

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

A. Patients with documented refusal in the past year.

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

### Logic Description

Age is calculated at the beginning of the Report Period.

CRS identifies the tests and procedures described in the numerators above with the following codes:

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Colorectal Cancer		<b>POV:</b> 153.*, 154.0, 154.1, 197.5, V10.05		
Total Colectomy	44150-44153, 44155-44156, 44210-44212	<b>V Procedure:</b> 45.8		
Fecal Occult Blood lab test (FOBT)	82270, 82274, G0107, 89205 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	<b>V Procedure:</b> 45.24, 45.42		
Double contrast barium enema	VCPT or VRad: 74280, G0106, G0120			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old code), G0105, G0121	<b>V Procedure:</b> 45.22, 45.23, 45.25, 45.43 <b>POV:</b> V76.51 Colon screening		
Refusals	<b>FOBT:</b> 82270, 82274, G0107, 89205 (old code) <b>Flexible Sigmoidoscopy:</b> 45330-45345, G0104 <b>DCBE:</b> 74280, G0106, G0120 <b>Colonoscopy:</b> 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (old code), G0105, G0121	<b>Flexible Sigmoidoscopy</b> <b>V Procedure:</b> 45.24, 45.42 <b>Colonoscopy</b> <b>V Procedure:</b> 45.22, 45.23, 45.25, 45.43		V Lab Fecal Occult Blood Test

#### Key Logic Changes from CRS Version 6.1:

- Added refusals for CPT and ICD-9 procedure codes, since they can now be refused.
- Removed refusal logic for POV codes since these codes can not be refused in PCC.
- Removed rectal exam numerator and rectal exam logic.

**Patient List Definition**

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

**Measure Past Performance and long-term Targets:**

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

**Performance Improvement Tips:**

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

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE %	
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Colorectal Cancer Screening (con't)								
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	187		182		149			
# w/ CRC screening (GPRA)	45 24.1		42 23.1	+1.0	24 16.1		+8.0	
A. # Refusals w/ % of Total CRC	6 13.3		0 0.0	+13.3	0 0.0		+13.3	
B. # w/FOB test during Report period	5 2.7		11 6.0	-3.4	0 0.0		+2.7	
Male Active Clinical 51-80	81		83		62			
# w/ CRC screening	24 29.6		18 21.7	+7.9	9 14.5		+15.1	
A. # Refusals w/ % of Total CRC	4 16.7		0 0.0	+16.7	0 0.0		+16.7	
B. # w/FOB test during Report period	4 4.9		3 3.6	+1.3	0 0.0		+4.9	
Female Active Clinical 51-80	106		99		87			
# w/ CRC screening	21 19.8		24 24.2	-4.4	15 17.2		+2.6	
A. # Refusals w/ % of Total CRC	2 9.5		0 0.0	+9.5	0 0.0		+9.5	
B. # w/FOB test during Report period	1 0.9		8 8.1	-7.1	0 0.0		+0.9	

Figure 2-41: Sample Report, Colorectal Cancer Screening

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or refusal, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DANIELLE	000001	COMMUNITY #1	F	51	UP	FOB V LAB:07/22/06
PATIENT2,MARIE	000002	COMMUNITY #1	F	51	UP,AC	ref cpt:05/07/06
PATIENT3,MARY ANN	000003	COMMUNITY #1	F	52	UP,AC	SIG 45.24:04/07/02
PATIENT4,BOBBIE	000004	COMMUNITY #1	F	52	UP,AC	RAD BE:05/31/03
PATIENT5,WINONA	000005	COMMUNITY #1	F	53	UP,AC	COLO DX
V76.51:12/16/06						
PATIENT6,DARLENE	000006	COMMUNITY #1	F	54	UP,AC	RAD BE:04/26/02
PATIENT7,JOYCE	000007	COMMUNITY #1	F	57	UP,AC	RAD BE:06/08/02
PATIENT8,LOUISE	000008	COMMUNITY #1	F	62	UP	COLO 45.23:02/22/99

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

## 2.6.4 Tobacco Use and Exposure Assessment

### **Denominators**

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

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

All *User Population patients* ages five and older.

### **Numerators**

Patients who have been screened for tobacco use during the Report Period.

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

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

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

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

### **Logic Description**

Ages are calculated at beginning of Report Period. 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 eight months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.

CRS uses the following codes:

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period)		<b>V POV:</b> V22.0-V23.9, 640.*-648.*, 651.*-676.*
Miscarriage (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	<b>V POV:</b> 630, 631, 632, 633*, 634*
Abortion (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>V POV:</b> 635*, 636* 637*
Screened (timeframe for pregnant patients is past 20 months)		<b>V POV or current Active Problem List:</b> 305.1, 305.1* (old codes), 649.00-649.04, V15.82 <b>Patient Education codes:</b> containing "TO-" or "-TO" or "-SHS" <b>Dental code:</b> 1320
Tobacco users and Current Smokers (timeframe for pregnant patients is past 20 months)		<b>V POV or current Active Problem List:</b> 305.1, 305.10-305.12 (old codes), 649.00-649.04, V15.82 <b>Dental code:</b> 1320

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

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

#### Key Logic Changes from CRS Version 6.1:

1. Added CPT codes to abortion definition
2. Added Cessation health factors to Tobacco Users, Current Smokeless, and Current Smoker definitions since these patients are in transition from tobacco user to non-tobacco user. A patient is not considered a non-tobacco user until his/her health factor has been changed to the Previous Smoker/Previous Smokeless health factor. That should be done when the patient has stopped using tobacco for more than six months.
3. Added new ICD-9 codes 649.00-649.04 to screening, tobacco users, and smokers definitions.

#### Patient List Definition

List of patients with no documented tobacco screening.

#### Measure Past Performance and Long-term Targets:

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

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
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Tobacco Use and Exposure Assessment (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Active Clinical Pts => 5	982		963			909			
# w/Tobacco Screening	472	48.1	406	42.2	+5.9	330	36.3	+11.8	
# Tobacco Users w/ % of Total Screened	185	39.2	148	36.5	+2.7	130	39.4	-0.2	
A. # Smokers w/ % of Total Tobacco Users	174	94.1	147	99.3	-5.3	130	100.0	-5.9	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	11	5.9	1	0.7	+5.3	1	0.8	+5.2	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.0	1	0.3	-0.1	
# Male Active Clinical ages => 5	392		398			373			
# w/Tobacco Screening	159	40.6	140	35.2	+5.4	128	34.3	+6.2	
# Tobacco Users w/ % of Total Screened	86	54.1	60	42.9	+11.2	58	45.3	+8.8	
A. # Smokers w/ % of Total Tobacco Users	76	88.4	59	98.3	-10.0	58	100.0	-11.6	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	10	11.6	1	1.7	+10.0	1	1.7	+9.9	
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	1	0.8	-0.8	
# Female Active Clinical ages => 5	590		565			536			
# w/Tobacco Screening	313	53.1	266	47.1	+6.0	202	37.7	+15.4	
# Tobacco Users w/ % of Total Screened	99	31.6	88	33.1	-1.5	72	35.6	-4.0	
A. # Smokers w/ % of Total Tobacco Users	98	99.0	88	100.0	-1.0	72	100.0	-1.0	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	1.0	0	0.0	+1.0	0	0.0	+1.0	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.3	1	0.4	-0.1	0	0.0	+0.3	

Figure 2-43: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

Tobacco Use and Exposure Assessment (con't)						
	TOTAL ACTIVE CLINICAL POPULATION					
	Age Distribution					
	5-13	14-17	18-24	25-44	45-64	65 and older
CURRENT REPORT PERIOD						
# Active Clinical	153	63	150	327	228	61
# Tobacco Screening	6	13	88	192	136	37
% w/Tobacco Screening	3.9	20.6	58.7	58.7	59.6	60.7
# Tobacco Users	1	4	38	79	55	8
% Tobacco Users w/ % of Total Screened	16.7	30.8	43.2	41.1	40.4	21.6
# Smokers	0	4	36	73	53	8
% Smokers w/ % of Total Tobacco Users	0.0	100.0	94.7	92.4	96.4	100.0
# Smokeless	1	0	2	6	2	0
% Smokeless w/ % of Total Tobacco Users	100.0	0.0	5.3	7.6	3.6	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.5	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	175	61	156	293	216	62
# Tobacco Screening	11	13	81	140	123	38
% w/Tobacco Screening	6.3	21.3	51.9	47.8	56.9	61.3
# Tobacco Users	0	4	34	56	46	8
% Tobacco Users w/ % of Total Screened	0.0	30.8	42.0	40.0	37.4	21.1
# Smokers	0	4	34	55	46	8
% Smokers w/ % of Total Tobacco Users	0.0	100.0	100.0	98.2	100.0	100.0
# Smokeless	0	0	0	1	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	1.8	0.0	0.0
# ETS/Smk Home	0	0	0	1	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.7	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	-2.4	-0.7	+6.7	+10.9	+2.7	-0.6
Tobacco Users	+16.7	+0.0	+1.2	+1.1	+3.0	+0.6
Smokers	+0.0	+0.0	-5.3	-5.8	-3.6	+0.0
Smokeless	+100.0	+0.0	+5.3	+5.8	+3.6	+0.0
ETS	+0.0	+0.0	+0.0	-0.2	+0.0	+0.0

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

Tobacco Use and Exposure Assessment: List of patients 5 and older with no documented tobacco screening  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CHESTER	000001	COMMUNITY	#1	M	34	UP,AC
PATIENT2,JUAN	000002	COMMUNITY	#1	M	34	UP
PATIENT3,BEN	000003	COMMUNITY	#1	M	34	UP
PATIENT4,STUART	000004	COMMUNITY	#1	M	35	UP,AC
PATIENT5,HARRY B	000005	COMMUNITY	#1	M	35	UP
PATIENT6,EMERSON	000006	COMMUNITY	#1	M	35	UP,AC
PATIENT7,EUGENE JAY	000007	COMMUNITY	#1	M	35	UP
PATIENT8,ROGER	000008	COMMUNITY	#1	M	35	UP,AC
PATIENT9,ANDREW	000009	COMMUNITY	#1	M	35	UP

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

## 2.6.5 Tobacco Cessation

### GPRA Measure Description

During FY 2007, maintain the FY 2006 rate of 12% of tobacco-using patients who receive tobacco cessation intervention.

### Denominators

**GPRA Denominator:** *Active Clinical* patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups.

*User Population* patients identified as *current tobacco users* prior to the Report Period. Broken down by gender and age groups.

### Numerators

**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.

**Logic Description**

CRS uses the following codes:

	<b>ICD and Other Codes</b>
Tobacco Users	<p><b>Tobacco Health Factors (looks at the last documented health factor):</b> Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless</p> <p><b>V POV or current Active Problem List:</b> 305.1, 305.10-305.12 (old codes), 649.00-649.04, V15.82</p> <p><b>Dental code:</b> 1320</p>
Tobacco Cessation Counseling	<p><b>Patient education codes containing:</b> "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke)</p> <p><b>Dental code:</b> 1320</p> <p><b>Clinic code:</b> 94 (tobacco cessation clinic)</p> <p><b>CPT code:</b> G0375 or G0376</p> <p><b>Refusals:</b> Patient education codes containing: "TO-", "-TO", or "-SHS" (Tobacco or Secondhand Smoke)</p>
Quit Tobacco User	<p><b>V POV or current Active Problem List:</b> 305.13 (tobacco use in remission)</p> <p><b>Health Factors</b> documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.</p>

**Key Logic Changes from CRS Version 6.1:**

1. Removed health factor Cessation-Smoker and Smokeless from Tobacco Users definition since there is no such health factor.
2. Added new ICD-9 codes 649.00-649.04 to tobacco users definition.
3. Added G0375 and G0376 to tobacco cessation counseling logic.

**Patient List Description**

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

**Measure Past Performance and Long-term Targets:**

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

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Tobacco Cessation (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Tobacco Users (GPRA)	269		236			184			
# w/tobacco cessation counseling or refusal (GPRA)	29	10.8	46	19.5	-8.7	48	26.1	-15.3	
# who quit	0	0.0	1	0.4	-0.4	1	0.5	-0.5	
Male Active Clinical Tobacco Users	125		116			95			
# w/tobacco cessation counseling or refusal	19	15.2	19	16.4	-1.2	25	26.3	-11.1	
# who quit	0	0.0	0	0.0	+0.0	1	1.1	-1.1	
Female Active Clinical Tobacco Users	144		120			89			
# w/tobacco cessation counseling or refusal	10	6.9	27	22.5	-15.6	23	25.8	-18.9	
# who quit	0	0.0	1	0.8	-0.8	0	0.0	+0.0	

Figure 2-46: Sample Report, Tobacco Cessation

Tobacco Cessation (con't)			
ACTIVE CLINICAL TOBACCO USERS			
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	5	264
# w/tobacco cessation counseling or refusal	0	0	29
% w/ tobacco cessation counseling or refusal	0.0	0.0	11.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling or refusal	0	0	46
% w/tobacco cessation counseling or refusal	0.0	0.0	19.9
# who quit	0	0	1
% who quit	0.0	0.0	0.4
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	-8.9
who quit	+0.0	+0.0	-0.4
BASELINE REPORT PERIOD			
Active Clin Tobacco Users	0	1	183
# w/tobacco cessation counseling or refusal	0	0	48
% w/tobacco cessation counseling or refusal	0.0	0.0	26.2
# who quit	0	0	1
% who quit	0.0	0.0	0.5
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or refusal	+0.0	+0.0	-15.2
who quit	+0.0	+0.0	-0.5

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

Tobacco Cessation: List of tobacco users with tobacco cessation counseling, if any, or who have quit tobacco use. (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, BRITNEY TO-L	000001	COMMUNITY #1	F	22	UP;AC	COUNSELING: 12/10/06
PATIENT2, LORETTA TO-QT	000002	COMMUNITY #1	F	22	UP;AC	COUNSELING: 10/17/06
PATIENT3, HALEY TO-LA	000003	COMMUNITY #1	F	25	UP;AC	COUNSELING: 02/19/06
PATIENT4, ANGEL TO-L	000004	COMMUNITY #1	F	30	UP;AC	COUNSELING: 03/05/06
PATIENT5, JOYCE TO-FU	000005	COMMUNITY #1	F	31	UP;AC	COUNSELING: 08/05/06
PATIENT6, ESTHER	000006	COMMUNITY #1	F	32	UP;AC	
PATIENT7, SARAH	000007	COMMUNITY #1	F	33	UP;AC	
PATIENT8, PAULA TO-QT	000008	COMMUNITY #1	F	34	UP;AC	COUNSELING: 11/17/06

Figure 2-48: Sample Patient List Tobacco Cessation

## 2.7 Behavioral Health Related Performance Measure Topics

### 2.7.1 Alcohol Screening (FAS Prevention)

#### **GPRA Measure Description**

During FY 2007, maintain the FY 2006 rate of 28% of screening for alcohol use in female patients ages 15 to 44.

#### **Denominators**

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

*Female User Population patients ages 15 to 44.*

#### **Numerators**

**GPRA Numerator:** GPRA Numerator: Patients screened for alcohol use during the Report Period, including refusals in the past year.

- A. Patients with exam code, Alcohol health factor or screening diagnosis during the Report Period
- B. Patients with alcohol-related diagnosis or procedure during the Report Period
- C. Patients with alcohol-related patient education or counseling during the Report Period
- D. Patients with documented refusal in past year

**Logic Description**

Ages are calculated at beginning of Report Period. Screening is defined as at least one of the following: A) Alcohol Screening Exam or Refusal, any Alcohol Health Factor, or Screening Diagnosis; B) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List; C) Alcohol-related procedure; or D) Patient education.

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

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

**Recommended Brief Screening Tool**

Single Alcohol Screening Question (SASQ) (below).

*For Women:*

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

*For Men:*

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

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

**Alcohol Health Factors**

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

1. Have you ever felt the need to Cut down on your drinking?

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

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

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

Optional values:

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

#### **Key Logic Changes from CRS Version 6.1**

Added alcohol-related procedures to screening definition.

#### **Patient List Description**

List of female patients with no documented alcohol screening.

#### **Measure Past Performance and Long-term Targets**

No HP2010 measure for Alcohol screening.

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

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
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Alcohol Screening (FAS Prevention) (con't)								
Female Active Clinical ages 15-44 (GPRA)								
343		322			304			
# w/any alcohol screening (GPRA)	2	0.6	1	0.3	+0.3	1	0.3	+0.3
A. # w/exam/alcohol HF/screen DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/alcohol related Dx or procedure	2	0.6	1	0.3	+0.3	1	0.3	+0.3
C. # w/alcohol related patient education	0	0.0	0	0.0	+0.0	0	0.0	+0.0
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female User Population ages 15-44								
622		596			584			
# w/any alcohol screening	3	0.5	1	0.2	+0.3	2	0.3	+0.1
A. # w/exam/alcohol HF/screen DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/alcohol related Dx or procedure	3	0.5	1	0.2	+0.3	2	0.3	+0.1
C. # w/alcohol related patient education	0	0.0	0	0.0	+0.0	0	0.0	+0.0
D. # w/refusal in past year w/% of Total Screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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

Alcohol Screening (FAS Prevention): List of female patients with no documented screening or refusal.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

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

## 2.7.2 Intimate Partner (Domestic) Violence Screening

### **GPR Measure Description**

During FY 2007, maintain the FY 2006 rate of 28% for screening for domestic violence in female patients ages 15 through 40.

### **Denominators**

*Female Active Clinical patients ages 13 and older.*

**GPR Denominator:** Female Active Clinical patients *ages 15-40.*

*Female User Population patients ages 13 and older.*

### **Numerators**

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

- A. Patients with documented IPV/DV exam
- B. Patients with IPV/DV related diagnoses
- C. Patients provided with education or counseling about Domestic Violence
- D. Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education

**Logic Description**

Age of the patient is calculated at the beginning of the Report Period. CRS uses the following codes to define numerators.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
IPV/DV Screening		<b>V Exam:</b> Code 34 <b>BHS Exam:</b> IPV/DV
IPV/DV Diagnosis		<b>V POV or current Problem List:</b> 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49 <b>BHS POV:</b> 43.*, 44.*
IPV/DV Education		<b>Patient education codes:</b> containing “DV-” or “-DV” (Domestic Violence)
IPV/DV Counseling		<b>V POV:</b> V61.11
Refusals		<b>V Exam:</b> Code 34 BHS IPV/DV exam Patient education codes containing “DV-” or “-DV”

**Key Logic Changes from CRS Version 6.1:** None

**Patient List Description**

List of patients not screened.

**Measure Past Performance and Long-term Targets**

No HP2010 measure for Intimate Partner Violence screening.

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

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Intimate Partner (Domestic) Violence Screening (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# Female Active Clinical ages 13 and older									
	523		483			460			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female Active Clinical ages 15-40 (GPRA)									
	302		292			267			
# w/IPV/DV screening or refusal (GPRA)									
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Female User Pop 13 and older									
	977		929			909			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	0	0.0	0	0.0	+0.0	1	0.1	-0.1	
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	1	0.1	-0.1	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-51: Sample Report, Intimate Partner (Domestic) Violence Screening

Intimate Partner (Domestic) Violence Screening: List of patients not screened.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-52: Sample Patient List, Intimate Partner (Domestic) Violence Screening

### 2.7.3 Depression Screening

#### **GPRA Measure Description**

During FY 2007, maintain the FY 2006 rate of 15% for annual screening for depression in adults ages 18 and over.

#### **Denominators**

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

A. Active Clinical patients ages *65 and older*.

*User Population* patients ages 18 and older.

A. User Population patients ages *65 and older*.

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

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

#### **Numerators**

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

A. Patients screened for depression during the Report Period.

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

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

### Logic Description

Age is calculated at beginning of the Report Period.

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

	ICD and Other Codes
Diabetes	<b>V POV:</b> 250.00-250.93
Ischemic Heart Disease	<b>V POV:</b> 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening	<b>V Exam:</b> Exam Code 36 <b>V POV:</b> V79.0 <b>BHS Problem Code:</b> 14.1 (Screening for Depression)
Mood Disorders	<b>At least 2 visits in PCC or BHS for:</b> 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. <b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 <b>BHS POV:</b> 14, 15
Screening Refusals	<b>V Exam:</b> Exam Code 36, in past year
Depression-related Patient Education or refusal of education	<b>Patient education codes:</b> Containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-".

### Recommended Brief Screening Tool

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

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

1. Little interest or pleasure in doing things
  - a. Not at all Value: 0
  - b. Several days Value: 1

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

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

0-2: Negative

3-6: Positive; further evaluation indicated

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

#### **Key Logic Changes from CRS Version 6.1**

Revised IHD denominator definition to make it consistent with active denominators for other chronic problems, like diabetes.

#### **Patient List Description**

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

#### **Measure Source**

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

#### **Measure Past Performance and Long-term Targets**

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

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
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Depression Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts => 18 (GPRA)	766		727			665			
# w/ Depression screening, DX or refusal (GPRA)	41	5.4	41	5.6	-0.3	17	2.6	+2.8	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/mood disorder DX	41	5.4	41	5.6	-0.3	17	2.6	+2.8	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	0	0.0	3	0.4	-0.4	0	0.0	+0.0	
Male Active Clinical Pts =>18	281		278			249			
# w/ Depression screening, DX or refusal	11	3.9	6	2.2	+1.8	1	0.4	+3.5	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	11	3.9	6	2.2	+1.8	1	0.4	+3.5	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	0	0.0	1	0.4	-0.4	0	0.0	+0.0	
Female Active Clinical Pts =>18	485		449			416			
# w/ Depression screening, DX or refusal	30	6.2	35	7.8	-1.6	16	3.8	+2.3	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	30	6.2	35	7.8	-1.6	16	3.8	+2.3	
C. # w/refusal in past year w/% total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	0	0.0	2	0.4	-0.4	0	0.0	+0.0	

Figure 2-53: Sample Report, Depression Screening

Depression Screening: List of patients not screened for depression/diagnosed with mood disorder. (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT55, LORETTA LYNN	000055	COMMUNITY #1	F	78	UP	
PATIENT56, TINA MARIE	000056	COMMUNITY #1	F	78	UP;AC;AD;IHD	
PATIENT57, DANIELLE	000057	COMMUNITY #1	F	79	UP;AC	
PATIENT58, LESLIE ANN	000058	COMMUNITY #1	F	80	UP;AC	
PATIENT59, DONNA SUE	000059	COMMUNITY #1	F	86	UP;AC	
PATIENT60, TAYLOR OLIVIA	000060	COMMUNITY #1	F	87	UP;AC	
PATIENT61, DENNIS GERALD	000061	COMMUNITY #1	M	18	UP	
PATIENT62, JOSHUA DALE	000062	COMMUNITY #1	M	18	UP;AC	
PATIENT63, JOHN ARNOLD	000063	COMMUNITY #1	M	19	UP;AC	
PATIENT64, DANIEL COLL	000064	COMMUNITY #1	M	19	UP;AC	
PATIENT65, JOSHUA	000065	COMMUNITY #1	M	19	UP;AC	
PATIENT66, WADE AUSTIN	000066	COMMUNITY #1	M	19	UP	
PATIENT67, EVAN JAMES	000067	COMMUNITY #1	M	19	UP	

Figure 2-54: Sample Patient List, Depression Screening

## 2.7.4 Antidepressant Medication Management

### Denominators

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

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

### Numerators

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

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

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

### Logic Description

To be included in the denominator, patient must meet *both* of the following conditions:

1. One of the following from the 121st day of the year prior to the Report Period to the 120th day of the Report Period:

- a. One visit in any setting with major depression DX (see list of codes below) as primary POV
- b. Two outpatient visits occurring on different dates of service with secondary POV of major depression
- c. An inpatient visit with secondary POV of major depression.

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

Major depression is defined as POV 296.2\*, 296.3\*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

- a. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e. visit) date. The Index Prescription Date is the date of the earliest prescription for antidepressant medication filled during that time period.

#### **Denominator Exclusions**

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

#### **Optimal Practitioner Contacts Numerator**

Patient must have one of the following:

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

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

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

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

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

- a. 1) Service category A, S, or O, *and* 2A) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, 99384-99387, 99394-99397, 99401-99404 or 2B) POV 290\*, 293\*-302\*, 306\*-316\*, *or...*
- b. 1) Service category of A, S, or O *and* 2A) Location of Encounter = Home (as designated in Site Parameters) or 2B) clinic code = 11, *or...*
- c. Service category of T.

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

- a. 1) Service category A, S, or O, *and* 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871, 90875, 90876, *or...*
- b. 1) Service category A, S, O, or T *or* 2) Location of Encounter = Home (as designated in Site Parameters) *or* 3A) clinic code 11 *and* 3B) POV 290\*, 293\*-302\*, 306\*-316\*, *or...*
- c. 1) Service category A, S, or O, *and* 2) CPT 99384-99387, 99394-99397, 99401-99404 *and* 3) POV 290\*, 293\*-302\*, 306\*-316\*.

### **Effective Acute Phase Treatment Numerator**

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

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

**Example of Patient Included in Numerator:**

- 1st RX is Index Rx Date: 11/1/2004, # Days Prescribed=30
- Rx covers patient through 12/1/2004
- 2nd RX: 12/15/2004, # Days Prescribed=30
- Gap #1 = (12/15/2004-12/1/2004) = 14 days
- Rx covers patient through 1/14/2005
- 3rd RX: 1/10/2005, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2005
- Index Rx Date 11/1/2004 + 114 days = 2/23/2005
- Patient's 84th treatment day occurs on 2/7/2005, which is  $\leq$  2/23/2005 and # gap days of 14 is less than 30

**Example of Patient Not Included in Numerator:**

- 1st Rx is Index Rx Date: 11/1/2004, # Days Prescribed=30
- Rx covers patient through 12/1/2004
- 2nd Rx: 12/15/2004, # Days Prescribed=30
- Gap #1 = (12/15/2004-12/1/2004) = 14 days
- Rx covers patient through 1/14/2005
- 3rd Rx: 2/01/2005, # Days Prescribed=30
- Gap #2 = (2/01/2005-1/14/2005) = 18, total # gap days = 32, so patient is not included in the numerator

**Effective Continuation Phase Treatment Numerator**

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

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2004, Discontinued Date=11/19/2004, Recalculated # Days Prescribed=4.

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

**Measure Source**

HEDIS, HP 2010 18-9b.

**Measure Long-term Target**

HP 2010 Goal: 50.0%

**Key Logic Changes from CRS Version 6.1**

Corrected the program logic to recalculate the number of days when a medication is discontinued and when a medication extends past the treatment period.

**Patient List Description**

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

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DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Antidepressant Medication Management (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts =>18 w/new depression DX and antidepressant meds									
	16		6			2			
# w/3 outpt mental health visits within 12 weeks									
	3	18.8	1	16.7	+2.1	0	0.0	+18.8	
# w/12 week treatment meds									
	8	50.0	4	66.7	-16.7	0	0.0	+50.0	
# w/180 day treatment meds									
	4	25.0	3	50.0	-25.0	0	0.0	+25.0	
User Pop Pts =>18 w/new depression DX and antidepressant meds									
	17		7			3			
# w/3 outpt mental health visits within 12 weeks									
	3	17.6	1	14.3	+3.4	0	0.0	+17.6	
# w/12 week treatment meds									
	8	47.1	4	57.1	-10.1	0	0.0	+47.1	
# w/180 day treatment meds									
	4	23.5	3	42.9	-19.3	0	0.0	+23.5	

Figure 2-55: Sample Report, Antidepressant Medication Management

Antidepressant Medication Management: List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-56: Sample Patient List, Antidepressant Medication Management

## 2.8 Cardiovascular Disease Related Measure Topics

### 2.8.1 Obesity Assessment

#### **Denominators**

*Active Clinical patients* ages two through 74. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

*All User Population patients* ages two through 74.

#### **Numerators**

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

- A. For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables
- B. For those with a BMI calculated, those considered obese using BMI and standard BMI tables
- C. Total of overweight and obese
- D. Patients with documented refusal in past year

#### **Logic Description**

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

**Key Logic Changes from CRS Version 6.1:** None

#### **Patient List Description**

List of patients for whom BMI could *not* be calculated.

#### **Performance Improvement Tips**

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a QMan search. The BMI report will

provide you with patient height, weight, date weight taken, BMI and NHANES percentile.

2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.
3. If height and weight measurements are being recorded as cm/kg vs. in/lbs, ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.
  - Use mnemonics of CHT and KWT (vs. HT and WT), or...
  - Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

### Measure Source

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

### Measure Past Performance and Long-term Targets

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

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Obesity Assessment (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts ages 2-74	1,049		1,029			980			
# w/BMI calculated	849	80.9	819	79.6	+1.3	713	72.8	+8.2	
A. # Overweight w/ % of Total BMI	238	28.0	236	28.8	-0.8	192	26.9	+1.1	
B. # Obese w/ % of Total BMI	353	41.6	336	41.0	+0.6	267	37.4	+4.1	
C. # Overweight/Obese w/ % of Total BMI	591	69.6	572	69.8	-0.2	459	64.4	+5.2	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Male Active Clinical Pts 2-74	423		433			409			
# w/BMI calculated	328	77.5	328	75.8	+1.8	284	69.4	+8.1	
A. # Overweight w/ % of Total BMI	102	31.1	97	29.6	+1.5	74	26.1	+5.0	
B. # Obese w/ % of Total BMI	145	44.2	140	42.7	+1.5	117	41.2	+3.0	
C. #Overweight/Obese w/ % of Total BMI	247	75.3	237	72.3	+3.0	191	67.3	+8.1	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Female Active Clinical Pts 2-74	626		596			571			
# w/BMI calculated	521	83.2	491	82.4	+0.8	429	75.1	+8.1	
A. # Overweight w/ % of Total BMI	136	26.1	139	28.3	-2.2	118	27.5	-1.4	
B. # Obese w/ % of Total BMI	208	39.9	196	39.9	+0.0	150	35.0	+5.0	
C. #Overweight/Obese w/ % of Total BMI	344	66.0	335	68.2	-2.2	268	62.5	+3.6	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-57: Sample Report, Obesity Assessment

Obesity Assessment (con't)								
	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	97	133	117	186	141	136	131
# w/ BMI calculated	52	44	88	114	176	137	121	117
% w/BMI calculated	48.1	45.4	66.2	97.4	94.6	97.2	89.0	89.3
# Overweight	9	10	21	32	44	37	38	47
% Overweight w/ % Total BMI	17.3	22.7	23.9	28.1	25.0	27.0	31.4	40.2
# Obese	7	13	28	38	82	81	55	49
% Obese w/ % of Total BMI	13.5	29.5	31.8	33.3	46.6	59.1	45.5	41.9
# Overweight or Obese	16	23	49	70	126	118	93	96
% Overweight or Obese w/ % Total BMI	30.8	52.3	55.7	61.4	71.6	86.1	76.9	82.1
# 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 # Active Clin	111	119	133	119	160	133	125	129
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	47.1	66.2	95.8	95.0	96.2	89.6	93.0
# Overweight	7	11	20	38	47	33	35	45
% Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# Obese	14	14	26	35	63	76	56	52
% Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# Overweight or Obese	21	25	46	73	110	109	91	97
% Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# 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	+4.0	-1.7	+0.0	+1.6	-0.4	+0.9	-0.6	-3.7
Overweight	+3.0	+3.1	+1.1	-5.3	-5.9	+1.2	+0.2	+2.7
Obese	-15.1	+4.5	+2.3	+2.6	+5.1	-0.3	-4.5	-1.5
Overweight or Obese	-12.1	+7.6	+3.4	-2.6	-0.8	+1.0	-4.4	+1.2
w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Figure 2-58: Sample Report, Age Breakout, Obesity Assessment

Obesity Assessment: List of patients for whom a BMI could NOT be calculated (con't)

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

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

Figure 2-59: Sample Patient List, Obesity Assessment

## 2.8.2 Childhood Weight Control

### GPRA Description

During FY 2007, maintain the FY 2006 rate of 24% of children with a BMI of 95% or higher.

### Denominator

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

### Numerators

Patients with BMI 85-94%

Patients with a BMI 95% and up

Patients with a BMI =>85%

### Logic Description

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

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

**BMI Standard Reference Data**

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

**Key Logic Changes from CRS Version 6.1**

None

**Patient List Description**

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

**GPRA Measure Past Performance and Long-term Targets**

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

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Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Childhood Weight Control (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
2-5 w/BMI	44		39			40			
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1	
# w/BMI =>95%	5	11.4	9	23.1	-11.7	5	12.5	-1.1	
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2	
Active Clinical Pts									
Age 2									
	2		8			5			
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0	
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0	
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0	
Active Clinical Pts									
Age 3									
	23		15			8			
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8	
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0	
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8	
Active Clinical Pts									
Age 4									
	12		10			17			
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3	
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4	
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7	
Active Clinical Pts									
Age 5									
	7		6			10			
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9	
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3	
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1	

Figure 2-60: Sample Report, Childhood Weight Control

Childhood Weight Control: List of patients ages 2-5, with current BMI.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANN BMI: 4	000001	COMMUNITY #1	F	4	AC	16.03:08/20/06 Age at
PATIENT2,RANDY BMI: 3	000002	COMMUNITY #1	M	2	AC	16.81:12/23/06 Age at
PATIENT3,PAUL BARRY BMI: 2	000003	COMMUNITY #1	M	2	AC	16.87:08/05/06 Age at
PATIENT4,TYLER BMI: 4	000004	COMMUNITY #1	M	4	AC	15.67:02/19/06 Age at
PATIENT5,SAMUEL III BMI: 4	000005	COMMUNITY #1	M	4	AC	16.35:04/29/06 Age at
PATIENT21,JOSEPHINE BMI: 4	000021	COMMUNITY #2	F	4	AC	15.71:05/30/06 Age at

Figure 2-61: Sample Patient List, Childhood Weight Control

### 2.8.3 Nutrition and Exercise Education for At Risk Patients

#### Denominators

*Active Clinical patients* ages six and older considered overweight (including obese). Breakdown by gender.

A. Obese patients only. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010.

*Active Diabetic patients*, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, *and* at least two visits in the past year, *and* two diabetes-related visits ever.

#### Numerators

Patients provided with medical nutrition counseling during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

#### Logic Description

Age of the patient is calculated at beginning of Report Period. Overweight is defined as including both obese and overweight categories calculated by BMI.

*Overweight*: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 25.

*Obese*: Ages 19 and older, BMI equal to or greater than ( $\Rightarrow$ ) 30. For ages 18 and under, the definition is based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For

19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

CRS uses the following codes to define the numerators.

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

**Key Logic Changes from CRS Version 6.1:** None

#### **Patient List Description**

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

#### **Measure Long-term Targets for Diabetic Education**

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

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-----									
Nutrition and Exercise Education for At Risk Patient (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Overweight Active Clinical patients =>6	575		551			443			
# w/medical nutrition counseling	29	5.0	16	2.9	+2.1	23	5.2	-0.1	
# specific nutrition education provided	76	13.2	79	14.3	-1.1	78	17.6	-4.4	
# w/exercise educ	23	4.0	28	5.1	-1.1	35	7.9	-3.9	
# w/ other exec or nutrition educ	69	12.0	59	10.7	+1.3	24	5.4	+6.6	
# Male Overweight Active Clinical pts =>6	240		228			183			
# w/medical nutrition counseling	15	6.3	7	3.1	+3.2	6	3.3	+3.0	
# specific nutrition education provided	35	14.6	32	14.0	+0.5	28	15.3	-0.7	
# w/exercise educ	10	4.2	12	5.3	-1.1	16	8.7	-4.6	
# w/ other exec or nutrition educ	38	15.8	22	9.6	+6.2	11	6.0	+9.8	
# Female Overweight Active Clinical pts =>6	335		323			260			
# w/medical nutrition counseling	14	4.2	9	2.8	+1.4	17	6.5	-2.4	
# specific nutrition education provided	41	12.2	47	14.6	-2.3	50	19.2	-7.0	
# w/exercise educ	13	3.9	16	5.0	-1.1	19	7.3	-3.4	
# w/ other exec or nutrition educ	31	9.3	37	11.5	-2.2	13	5.0	+4.3	

Figure 2-62: Sample Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patient (con't)					
TOTAL OBESE ACTIVE CLINICAL POPULATION					
Age Distribution					
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
# Obese Active Clinical	13	28	160	114	31
# Med Nutr Educ	0	1	8	8	3
% w/Med Nutr Educ	0.0	3.6	5.0	7.0	9.7
# w/spec nutr educ	0	3	19	25	7
% w/spec nutr ed	0.0	10.7	11.9	21.9	22.6
# w/exercise educ	0	0	6	9	2
% w/exercise ed	0.0	0.0	3.8	7.9	6.5
# w/other educ	0	2	17	15	5
% w/other educ	0.0	7.1	10.6	13.2	16.1

Figure 2-63: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patients: List of at risk patients, with education if any.							
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic							
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	OW;OB	09/15/06	TO-LA OTH
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	OW;	08/15/06	UTI-N SN;
PATIENT3,BRITNEY	000003	COMMUNITY #1	F	22	OW;OB	06/16/06	GER-N
SN;11/17/06 TO-EX EX;11/24/06 TO-LA OTH							
PATIENT4,LORETTA	000004	COMMUNITY #1	F	22	OW;OB		
PATIENT5,HALEY	000005	COMMUNITY #1	F	25	OW;OB		
PATIENT6,BRITTANY	000006	COMMUNITY #1	F	25	OW;OB	01/21/06	PP-N SN;

Figure 2-64: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

## 2.8.4 Cardiovascular Disease and Cholesterol Screening

### Denominators

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

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

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

### Numerators

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

- A. Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240
- B. Patients with LDL completed in the past five years, regardless of result

- C. Patients with LDL  $\leq$  100
- D. Patients with LDL 101-130
- E. Patients with LDL 131-160
- F. Patients with LDL  $>$  160

**Logic Description**

Age is calculated at the beginning of the Report Period. Counts all Y instances reported, regardless of the results of the measurement.

CRS uses the following codes to define the IHD denominator.

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

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

<b>Test</b>	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465		Yes	DM AUDIT CHOLESTEROL TAX

**Key Logic Changes from CRS Version 6.1**

1. Changed to non-GPRA measure (replaced by Comprehensive CVD-Related Assessment).
2. Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use the number screened as the denominator vs. the denominator.
3. Revised IHD denominator definition to make it consistent with active denominators for other chronic problems, like diabetes
4. Added codes to the Cholesterol and LDL Cholesterol LOINC taxonomies.

**Patient List Description**

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

**Measure Source**

HP 2010 12-15

**Measure Past Performance and Long-term Targets**

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

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Cardiovascular Disease and Cholesterol Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts => 23	663		618			568			
# w/ Total Cholesterol screen w/in 5 yrs	244	36.8	219	35.4	+1.4	201	35.4	+1.4	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	20	8.2	23	10.5	-2.3	28	13.9	-5.7	
# w/LDL done in past 5 yrs	217	32.7	183	29.6	+3.1	114	20.1	+12.7	
A. # w/LDL =<100 w/ % of Total LDL Screen	103	47.5	97	53.0	-5.5	48	42.1	+5.4	
B. # w/LDL 101-130 w/ % of Total LDL Screen	71	32.7	44	24.0	+8.7	35	30.7	+2.0	
C. # w/LDL 131-160 w/ % of Total LDL Screen	26	12.0	25	13.7	-1.7	14	12.3	-0.3	
D. # w/LDL >160 w/ % of Total LDL Screen	11	5.1	10	5.5	-0.4	10	8.8	-3.7	
Male Active Clinical Pts =>23	247		245			219			
# w/ Total Cholesterol screen w/in 5 yrs	104	42.1	98	40.0	+2.1	85	38.8	+3.3	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	11	10.6	14	14.3	-3.7	8	9.4	+1.2	
# w/LDL done in past 5 yrs	101	40.9	91	37.1	+3.7	59	26.9	+14.0	
A. # w/LDL =<100 w/ % of Total LDL Screen	55	54.5	48	52.7	+1.7	25	42.4	+12.1	
B. # w/LDL 101-130 w/ % of Total LDL Screen	25	24.8	17	18.7	+6.1	18	30.5	-5.8	
C. # w/LDL 131-160 w/ % of Total LDL Screen	8	7.9	12	13.2	-5.3	5	8.5	-0.6	
D. # w/LDL >160 w/ % of Total LDL Screen	8	7.9	8	8.8	-0.9	4	6.8	+1.1	

Figure 2-65: Sample Report, CVD and Cholesterol Screening

Cardiovascular Disease and Cholesterol Screening: List of patients with cholesterol or LDL values, if any (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT100, JASON AARON	000100	COMMUNITY #1	M	46	UP;AC	
PATIENT101, JOHN THOMAS	000101	COMMUNITY #1	M	47	UP	
PATIENT102, DAKOTA CHEY	000102	COMMUNITY #1	M	47	UP	
PATIENT103, TRAVIS CLINT	000103	COMMUNITY #1	M	47	UP	CHOL 04/13/03 210
PATIENT104, TRACY MITCHE	000104	COMMUNITY #1	M	47	UP;AC;IHD	CHOL 11/15/06 167;LDL 11/15/05 105
PATIENT105, RUSSELL DALE	000105	COMMUNITY #1	M	48	UP	
PATIENT106, CURTIS DWAYN	000106	COMMUNITY #1	M	49	UP;AC	CHOL 09/04/05 139;LDL 09/04/06 68
PATIENT107, RONALD	000107	COMMUNITY #1	M	49	UP;AC	CHOL 08/01/02 213;LDL 08/01/05 122

Figure 2-66: Sample Patient List, CVD and Cholesterol Screening

## 2.8.5 Cardiovascular Disease and Blood Pressure Control

### Denominators

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

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

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

### Numerators

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

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

### Logic Description

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

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

and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define the IHD numerator.

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

### **Key Logic Changes from CRS Version 6.1**

1. Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use the number screened as the denominator vs. the denominator.
2. Revised the IHD denominator definition to make it consistent with active denominators for other chronic problems, like diabetes.
3. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP documented and could change the mean BP value.

### **Patient List Description**

List of Patients => 20 or who have IHD with the denominator identified and mean BP, if any.

### **Measure Source**

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

### **Measure Long-term Targets**

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

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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Cardiovascular Disease and Blood Pressure Control (con't)							
Active Clinical Patients							
ages 20 and older	733	690			639		
# w/ BPs documented	584	79.7	551	79.9	-0.2	478	74.8 +4.9
A. # w/Normal BP w/ % of Total Screened	129	22.1	133	24.1	-2.0	121	25.3 -3.2
B. # w/Pre HTN I BP w/ % of Total Screened	101	17.3	112	20.3	-3.0	83	17.4 -0.1
C. # w/Pre HTN II BP w/ % of Total Screened	146	25.0	117	21.2	+3.8	105	22.0 +3.0
D. # w/Stage 1 HTN BP w/ % of Total Screened	169	28.9	150	27.2	+1.7	130	27.2 +1.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	39	6.7	39	7.1	-0.4	39	8.2 -1.5
Male Active Clinical Patients							
ages 20 and older	270	265			240		
# w/ BPs documented	200	74.1	201	75.8	-1.8	177	73.8 +0.3
A. # w/Normal BP w/ % of Total Screened	9	4.5	22	10.9	-6.4	22	12.4 -7.9
B. # w/Pre HTN I BP w/ % of Total Screened	22	11.0	36	17.9	-6.9	22	12.4 -1.4
C. # w/Pre HTN II BP w/ % of Total Screened	67	33.5	47	23.4	+10.1	45	25.4 +8.1
D. # w/Stage 1 HTN BP w/ % of Total Screened	85	42.5	79	39.3	+3.2	63	35.6 +6.9
E. # w/Stage 2 HTN BP w/ % of Total Screened	17	8.5	17	8.5	+0.0	25	14.1 -5.6
Female Active Clinical Patients							
ages 20 and older	463	425			399		
# w/ BPs documented	384	82.9	350	82.4	+0.6	301	75.4 +7.5
A. # w/Normal BP w/ % of Total Screened	120	31.3	111	31.7	-0.5	99	32.9 -1.6
B. # w/Pre HTN I BP w/ % of Total Screened	79	20.6	76	21.7	-1.1	61	20.3 +0.3
C. # w/Pre HTN II BP w/ % of Total Screened	79	20.6	70	20.0	+0.6	60	19.9 +0.6
D. # w/Stage 1 HTN BP w/ % of Total Screened	84	21.9	71	20.3	+1.6	67	22.3 -0.4
E. # w/Stage 2 HTN BP w/ % of Total Screened	22	5.7	22	6.3	-0.6	14	4.7 +1.1

Figure 2-67: Sample Report, CVD and Blood Pressure Control

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20  
 or who have IHD w/ denominator identified & mean BP, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	UP;AC;	130/70 PRE STG II
PATIENT2,EVELYN	000002	COMMUNITY #1	F	21	UP;	unknown
PATIENT3,MICHELLE	000003	COMMUNITY #1	F	22	UP;AC;	125/67 PRE STG 1
PATIENT4,CAITLYN	000004	COMMUNITY #1	F	22	UP;AC;IHD	131/67 PRE STG II
PATIENT5,BRITNEY JANE	000005	COMMUNITY #1	F	22	UP;AC;	102/56 NORMAL
PATIENT6,KATHRYN ANNE	000006	COMMUNITY #1	F	22	UP;AC;	161/90 STG 2
PATIENT7,RHONDA	000007	COMMUNITY #1	F	22	UP;AC;	153/85 STG 1

Figure 2-68: Sample Patient List, CVD and Blood Pressure Control

## 2.8.6 Controlling High Blood Pressure

### Denominator

*Active Clinical patients ages 46 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender.*

### Numerators

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

- A. Patients with *normal BP*, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 *and* the mean diastolic value is less than (<) 80.
- B. Patients with *Pre Hypertension I BP*, defined as equal to or greater than (=>) 120/80 and less than (<) 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 *and* the mean diastolic value is equal to 80.
- C. Patients with *Pre Hypertension II BP*, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
- D. Patients with *Stage 1 Hypertension Blood Pressure (BP)*, defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
- E. Patients with *Stage 2 Hypertension BP*, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

### Logic Description

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

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

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

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
ESRD	90918-90925	<b>V POV: 585.5, 585.6 or V45.1</b>
Hypertension		<b>V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period: 401.*</b>

### **Key Logic Changes from CRS Version 6.1**

1. Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use the number screened as the denominator vs. the denominator.
2. Revised ESRD definition to have one definition for all topics that use it.
3. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP documented and could change the mean BP value.

### **Patient List Description**

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

### **Measure Source**

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

**Measure Long-term Targets**

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

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Controlling High Blood Pressure (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
46-85 w/HTN dx	91		83			78		
# w/ BPs documented	89	97.8	83	100.0	-2.2	77	98.7	-0.9
A. # w/Normal BP w/ % of Total Screened	6	6.7	4	4.8	+1.9	3	3.9	+2.8
B. # w/Pre HTN I BP w/ % of Total Screened	8	9.0	15	18.1	-9.1	7	9.1	-0.1
C. # w/Pre HTN II BP w/ % of Total Screened	29	32.6	18	21.7	+10.9	18	23.4	+9.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	36	40.4	36	43.4	-2.9	35	45.5	-5.0
E. # w/Stage 2 HTN BP w/ % of Total Screened	10	11.2	10	12.0	-0.8	14	18.2	-6.9
Male Active Clinical Pts								
46-85 w/HTN	45		43			39		
# w/ BPs documented	43	95.6	43	100.0	-4.4	38	97.4	-1.9
A. # w/Normal BP w/ % of Total Screened	1	2.3	3	7.0	-4.7	2	5.3	-2.9
B. # w/Pre HTN I BP w/ % of Total Screened	1	2.3	7	16.3	-14.0	3	7.9	-5.6
C. # w/Pre HTN II BP w/ % of Total Screened	14	32.6	11	25.6	+7.0	12	31.6	+1.0
D. # w/Stage 1 HTN BP w/ % of Total Screened	21	48.8	17	39.5	+9.3	15	39.5	+9.4
E. # w/Stage 2 HTN BP w/ % of Total Screened	6	14.0	5	11.6	+2.3	6	15.8	-1.8
Female Active Clinical Pts								
46-85 w/HTN	46		40			39		
# w/ BPs documented	46	100.0	40	100.0	+0.0	39	100.0	+0.0
A. # w/Normal BP w/ % of Total Screened	5	10.9	1	2.5	+8.4	1	2.6	+8.3
B. # w/Pre HTN I BP w/ % of Total Screened	7	15.2	8	20.0	-4.8	4	10.3	+5.0
C. # w/Pre HTN II BP w/ % of Total Screened	15	32.6	7	17.5	+15.1	6	15.4	+17.2
D. # w/Stage 1 HTN BP w/ % of Total Screened	15	32.6	19	47.5	-14.9	20	51.3	-18.7
E. # w/Stage 2 HTN BP w/ % of Total Screened	4	8.7	5	12.5	-3.8	8	20.5	-11.8

Figure 2-69: Sample Report, Controlling High Blood Pressure

Controlling High Blood Pressure: List of patients with hypertension and BP value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

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

Figure 2-70: Sample Patient List, Controlling High Blood Pressure

## 2.8.7 Comprehensive CVD-Related Assessment

### GPRC Measure Description

During FY 2007, establish the baseline rate of at-risk patients who have a comprehensive assessment.

### Denominators

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

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

### Numerators

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

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

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

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

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

**GPRA Numerator:** Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling.

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

### **Logic Description**

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

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

*Ischemic Heart Disease (IHD) diagnosis defined as:* 410.0-412.\*, 414.0-414.9, 428.\* or 429.2 recorded in the V POV file. For BP: Having a minimum of two Blood Pressures documented on non-ER visits during the Report Period.

*For BMI,* CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

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

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening		<p><b>Any health factor for category Tobacco (see table on next page)</b></p> <p><b>V POV or current Active Problem List:</b> 305.1, 305.1* (old codes), 649.00-649.04, V15.82</p> <p><b>Patient education codes:</b> containing “TO-” or “-TO” or “-SHS”</p> <p><b>Dental code:</b> 1320</p>		
Medical Nutrition Counseling	97802-97804, G0270, G0271	<p><b>Provider codes:</b> 07, 29, 97, 99</p> <p><b>Clinic codes:</b> 67 (dietary) or 36 (WIC)</p>		
Nutrition Education		<p><b>V POV:</b> V65.3 dietary surveillance and counseling</p> <p><b>Patient education codes:</b> ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)).</p>		
Exercise Education		<p><b>V POV:</b> V65.41 exercise counseling</p> <p><b>Patient education codes:</b> ending “-EX” (exercise).</p>		
Related Exercise and Nutrition Counseling		<p><b>Patient education codes:</b> ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity).</p>		
Depression Screening		<p><b>V Exam:</b> Exam Code 36</p> <p><b>V POV:</b> V79.0</p> <p><b>BHS Problem Code:</b> 14.1 (Screening for Depression)</p> <p><b>Refusals:</b> Exam Code 36</p>		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		<p><b>At least 2 visits in PCC or BHS for:</b> 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.</p> <p><b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311</p> <p><b>BHS POV:</b> 14, 15</p>		

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

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

### Key Logic Changes from CRS Version 6.1

1. Changed to GPRA measure, replacing Cardiovascular Disease and Cholesterol Screening.
2. Revised IHD denominator definition to make it consistent with active denominators for other chronic problems, like diabetes.
3. Revised age range from 46 and older to 22 and older.
4. Added codes to LDL Cholesterol LOINC taxonomy.
5. Added new ICD-9 codes 649.00-649.04 to tobacco screening definition.
6. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP.

**Patient List Description**

List of patients with assessments received, if any.

**Measure Long-term Targets**

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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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Comprehensive CVD-Related Assessment (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active IHD Pts 22+ (GPRA)	53		44			36			
# w/ BPs documented w/in 2 yrs	50	94.3	44	100.0	-5.7	36	100.0	-5.7	
# w/LDL done w/in 5 yrs	44	83.0	38	86.4	-3.3	30	83.3	-0.3	
# w/Tobacco Screening w/in 1 yr	38	71.7	37	84.1	-12.4	27	75.0	-3.3	
# w/BMI calculated or refusal	51	96.2	43	97.7	-1.5	35	97.2	-1.0	
# w/ lifestyle educ w/in 1 yr	24	45.3	22	50.0	-4.7	22	61.1	-15.8	
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA)	20	37.7	19	43.2	-5.4	14	38.9	-1.2	
# w/ Depression screening, DX, or refusal	4	7.5	4	9.1	-1.5	2	5.6	+2.0	
A. Active IHD Pts 22+ and are NOT Active Diabetic	24		19			17			
# w/ BPs documented w/in 2 yrs	23	95.8	19	100.0	-4.2	17	100.0	-4.2	
# w/LDL done w/in 5 yrs	19	79.2	17	89.5	-10.3	13	76.5	+2.7	
# w/Tobacco Screening w/in 1 yr	16	66.7	15	78.9	-12.3	13	76.5	-9.8	
# w/BMI calculated or refusal	24	100.0	19	100.0	+0.0	16	94.1	+5.9	
# w/ lifestyle educ w/in 1 yr	11	45.8	7	36.8	+9.0	7	41.2	+4.7	
# w/ BP, LDL, tobacco, BMI and life counseling	8	33.3	6	31.6	+1.8	4	23.5	+9.8	
# w/ Depression screening, DX, or refusal	2	8.3	1	5.3	+3.1	1	5.9	+2.5	

Figure 2-71: Sample Report, Comprehensive CVD-Related Assessment

Comprehensive CVD-Related Assessment: List of patients with assessments received, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	BP: 131/67 PRE STG II
TOB: 07/25/06: NON-TOBACCO USER BMI: 25.4 LIFE: 08/15/06:UTI-N SN						
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BP: 136/84 PRE STG II
TOB: 11/28/06: NON-TOBACCO USER BMI: 33.3						
PATIENT3,JENNY	000003	COMMUNITY #1	F	47	IHD	GPRA BP: 107/61
NORMAL LDL: 08/01/06 TOB: 09/10/06: CURRENT SMOKER BMI: 24.8 LIFE: 08/11/06:PM-LA OTH						
PATIENT4,SHERRY	000004	COMMUNITY #1	F	68	IHD;AD	BP: 157/73 STG 1 HTN
LDL: 09/12/06 TOB: 09/12/06: NON-TOBACCO USER BMI: 25.3						
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	BP: 130/66 PRE STG II
LDL: 01/14/03 BMI: 31.3						
PATIENT6,TINA MARIE	000006	COMMUNITY #1	F	78	IHD;AD	BP: 133/60 PRE STG II
LDL: 04/24/06 BMI: 32.3 LIFE: 07/18/06:DC-N SN						

Figure 2-72: Sample Patient List: Comprehensive CVD-Related Assessment

## 2.8.8 Appropriate Medication Therapy after a Heart Attack (*New Topic*)

### Denominator

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

### Numerators

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

### Also included for the numerators above are sub-numerators:

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

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

**Logic Description**

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

**Denominator Exclusions**

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

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

**Numerator Logic**

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

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

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

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

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

**Beta-Blocker Numerator Logic:**

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

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

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

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

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

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

#### **ASA (aspirin)/Other Anti-Platelet Numerator Logic**

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

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

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

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

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

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

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

**ACEI/ARB Numerator Logic:**

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

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

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

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

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

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

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

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

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

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

CRS uses the following codes to define contraindications to ARBs.

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

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

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

### **Statins Numerator Logic**

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

Statin Combination Products: Caduet, PraviGard Pac, Vytarin.

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

CRS uses the following codes to define contraindications to statins.

<b>Contraindication to Statins</b> (any of the codes occurring ever unless otherwise noted)	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pregnancy		<b>POV or Problem List:</b> At least two visits during the Report Period with V22.0-V23.9, 640.*-648.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.
	<b>Abortion:</b> Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>Abortion:</b> Any of the following POVs: 635*, 636*, or 637*
	<b>Miscarriage:</b> Any of the following: 59812, 59820, 59821, 59830	<b>Miscarriage:</b> Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		<b>POV:</b> V24.1 during the Report Period <b>Patient Education:</b> BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		<b>POV:</b> 571.1 during the Report Period
NMI Refusal		<b>Refusal:</b> NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date

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

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

#### **All Medications Numerator Logic**

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

#### **Patient List Description**

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

#### **Measure Source**

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

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Appropriate Medication Therapy after a Heart Attack (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ hospitalized for AMI	12		0			0			
# w/beta-blocker Rx/refusal/Contra/ADR	6	50.0	0	0.0	+50.0	0	0.0	+50.0	
A. # w/beta-blocker Rx w/ % of Total	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
B. # w/refusal w/ % of Total	2	33.3	0	0.0	+33.3	0	0.0	+33.3	
C. # w/contra/ADR w/ % of Total	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
# w/ASA Rx/refusal/Contra/ADR	7	58.3	0	0.0	+58.3	0	0.0	+58.3	
A. # w/ASA Rx w/ % of Total	3	42.9	0	0.0	+42.9	0	0.0	+42.9	
B. # w/refusal w/ % of Total	3	42.9	0	0.0	+42.9	0	0.0	+42.9	
C. # w/contra/ADR w/ % of Total	1	14.3	0	0.0	+14.3	0	0.0	+14.3	
# w/ACEI/ARB Rx/refusal/Contra/ADR	7	58.3	0	0.0	+58.3	0	0.0	+58.3	
A. # w/ACEI/ARB Rx w/ % of Total	2	28.6	0	0.0	+28.6	0	0.0	+28.6	
B. # w/refusal w/ % of Total	2	28.6	0	0.0	+28.6	0	0.0	+28.6	
C. # w/contra/ADR w/ % of Total	3	42.9	0	0.0	+42.9	0	0.0	+42.9	
# w/statin Rx/refusal/Contra/ADR	12	100.0	0	0.0	+100.0	0	0.0	+100.0	
A. # w/statin Rx w/ % of Total	4	33.3	0	0.0	+33.3	0	0.0	+33.3	
B. # w/refusal w/ % of Total	2	16.7	0	0.0	+16.7	0	0.0	+16.7	
C. # w/contra/ADR w/ % of Total	6	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/Rx/refusal/contra/ADR of ALL meds	5	41.7	0	0.0	+41.7	0	0.0	+41.7	

Figure 2-73: Sample Report, Appropriate Medication Therapy after a Heart Attack

Appropriate Medication Therapy after a Heart Attack: List of patients with AMI, with appropriate medication therapy, if any (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CECELIA	000001	COMMUNITY #1	F	37	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN: contra statin - pregnant						
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	AC	BETA: ; ASA:
12/16/05 ; ACEI/ARB: ; STATIN: Statin contra - BF-HC						
PATIENT3,KIMBERLY A	000003	COMMUNITY #1	F	49	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN: STATIN contra POV: 06/15/06 [571.1] AC ALCOHOLIC HEPATITIS						
PATIENT4,TIMOTHY JOHN	000004	COMMUNITY #1	M	57	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN: adr Statin - AST/ALT						
PATIENT5,FELIPE	000005	COMMUNITY #1	M	57	AC	BETA: ; ASA: ;
ACEI/ARB: ACEI contra POV: 07/27/04 [396.0] MITRAL/AORTIC STENOSIS ; STATIN: 06/05/06						
PATIENT6,JAMES DALTON	000006	COMMUNITY #1	M	77	AC	ALL MEDS; BETA:
08/27/06 ; ASA: 08/27/06 ; ACEI/ARB: 08/27/06 ; STATIN: 08/27/06						

Figure 2-74: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

## 2.8.9 Persistence of Appropriate Medication Therapy after a Heart Attack (*New Topic*)

### Denominator

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

### Numerators

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

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

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

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

### Also included for the numerators above are sub-numerators:

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

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

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

**Logic Description**

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

**Denominator Exclusions**

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

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

**Numerator Logic**

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

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

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

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

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

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

- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31,
- 60 is  $\geq$  31, prescription is considered Prior Active Rx
- 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
- # Remaining Days Prescribed from Prior Active Rx:
- $(60 - (\text{Discharge Date} - \text{Prior Rx Date})) = 60 - (2/15/2004 - 1/15/2004) = 60 - 31 = 29$
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004:  
 $29 + 90 + 90 = 209$

#### **Beta-Blocker Numerator Logic**

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

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

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

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

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

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

#### **ASA (aspirin)/Other Anti-Platelet Numerator Logic**

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

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

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

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

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

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

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

#### **ACEI/ARB Numerator Logic**

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

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Capropril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

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

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

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

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

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

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

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

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

CRS uses the following codes to define contraindications to ARBs.

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

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

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

### **Statins Numerator Logic**

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

Statin Combination Products: Caduet, PraviGard Pac, Vytorin.

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

CRS uses the following codes to define contraindications to statins.

<b>Contraindication to Statins</b> (any of the codes occurring ever unless otherwise noted)	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pregnancy		<b>POV or Problem List:</b> At least two visits during the period admission/visit date through the 180 days after discharge/visit date with V22.0-V23.9, 640.*-648.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.
	<b>Abortion:</b> Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>Abortion:</b> Any of the following POVs: 635*, 636*, or 637*
	<b>Miscarriage:</b> Any of the following: 59812, 59820, 59821, 59830	<b>Miscarriage:</b> Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		<b>POV:</b> V24.1 during the period admission/visit date through the 180 days after discharge/visit date  <b>Patient Education:</b> BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date
Acute Alcoholic Hepatitis		<b>POV:</b> 571.1 during the period admission/visit date through the 180 days after discharge/visit date

<b>Contraindication to Statins</b> (any of the codes occurring ever unless otherwise noted)	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
NMI Refusal		<b>Refusal:</b> NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date

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

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

#### All Medications Numerator Logic

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

#### Patient List Description

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

**Measure Source**

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

SK		Dec 31, 2006				Page 160			
*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Persistence of Appropriate Medication Therapy after a Heart Attack (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ w/ AMI DX	9		2			4			
# w/135-day beta-blocker Rx/refusal/Contra/ADR	6	66.7	2	100.0	-33.3	3	75.0	-8.3	
A. # w/135-day beta blocker Rx w/ % of Total	2	33.3	2	100.0	-66.7	2	66.7	-33.3	
B. # w/refusal w/ % of Total	1	16.7	0	0.0	+16.7	0	0.0	+16.7	
C. # w/contra/ADR w/ % of Total	3	50.0	0	0.0	+50.0	1	33.3	+16.7	
# w/135-day ASA Rx/refusal/Contra/ADR	5	55.6	0	0.0	+55.6	3	75.0	-19.4	
A. # w/135-day ASA Rx w/% of Total	1	20.0	0	0.0	+20.0	3	100.0	-80.0	
B. # w/refusal w/ % of Total	2	40.0	0	0.0	+40.0	0	0.0	+40.0	
C. # w/contra/ADR w/ % of Total	2	40.0	0	0.0	+40.0	0	0.0	+40.0	
# w/135-day ACEI/ARB Rx/refusal/Contra/ADR	5	55.6	1	50.0	+5.6	1	25.0	+30.6	
A. # w/135-day ACEI/ARB Rx w/% of Total	1	20.0	1	100.0	-80.0	1	100.0	-80.0	
B. # w/refusal w/ % of Total	1	20.0	0	0.0	+20.0	0	0.0	+20.0	
C. # w/contra/ADR w/ % of Total	3	60.0	0	0.0	+60.0	0	0.0	+60.0	
# w/135-day statin Rx/refusal/Contra/ADR	7	77.8	2	100.0	-22.2	2	50.0	+27.8	
A. # w/135-day statin Rx w/% of Total	2	28.6	2	100.0	-71.4	2	100.0	-71.4	
B. # w/refusal w/ % of Total	1	14.3	0	0.0	+14.3	0	0.0	+14.3	
C. # w/contra/ADR w/ % of Total	4	57.1	0	0.0	+57.1	0	0.0	+57.1	
# w/Rx/refusal/ contra/ADR of ALL meds	4	44.4	0	0.0	+44.4	1	25.0	+19.4	

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

Persistence of Appropriate Medication Therapy after a Heart Attack: List of patients with AMI, with persistent medication therapy, if any. (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RHONDA	000001	COMMUNITY #1	F	35	AC	ALL MEDS; BETA: 2 dx asthma contra ; ASA: asa contra NMI Aspirin: ASPIRIN 325MG CAP 05/23/06 ; ACEI/ARB: ace/arb alleg: PROBLEM LIST: 07/01/06 [995.0] ACEI ; STATIN: adr statin creat kinase of 5000 on 07/01/06
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN: Statin contra - BF-HC
PATIENT3,KIMBERLY A	000003	COMMUNITY #1	F	49	AC	BETA: ; ASA: ; ACEI/ARB: ; STATIN: STATIN contra POV: 06/15/06 [571.1] AC ALCOHOLIC HEPATITIS
PATIENT4,TIMOTHY	000004	COMMUNITY #1	M	57	AC	BETA: Beta Blocker contra NMI med 05/09/06 ; ASA: ; ACEI/ARB: ; STATIN: adr Statin - AST/ALT
PATIENT5,JOSHUA	000005	COMMUNITY #1	M	63	AC	ALL MEDS; BETA: Beta Blocker Refusal 05/01/06 ; ASA: Anti-Platelet Refusal 05/01/06 ; ACEI/ARB: ARB Refusal 05/02/06 ; STATIN: Statin Refusal 05/02/06

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

## 2.8.10 Appropriate Medication Therapy in High Risk Patients (*New Topic*)

### Denominators

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

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

### Numerators

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

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

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

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

**Also included for the numerators above are sub-numerators:**

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

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

**Logic Description**

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

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

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

**Numerator Logic**

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

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

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

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

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

number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

**Note:** If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

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

- Report Period: 07/01/2005 – 06/30/2006
- Must have 180 days supply of indicated medication 6/30/2006 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2005
- # Days Prescribed: 60 (treats patient through 07/31/2005)
- Report Period Start Date minus Rx Date: 07/01/2005-06/01/2005 = 30; 60 (#Days Prescribed) is >= 30, prescription is considered Prior Active Rx
- 07/31/2005 is between the Report Period of 07/01/2005 and 06/30/2006, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:  
 (# Days Prescribed-(Report Period Start Date-Prior Rx Date) =  
 60-(07/01/2005-06/01/2005) = 60-30 = 30
- Rx #2: 08/05/2005, # Days Prescribed: 90
- Rx #3: 11/10/2005, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2005 and 06/30/2006, including prior active prescription: 30+90+90=210

### **Beta-Blocker Numerator Logic**

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

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

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

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

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

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

#### **ASA (aspirin)/Other Anti-Platelet Numerator Logic**

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

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

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

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

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

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

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

#### **ACEI/ARB Numerator Logic**

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

ACEI-Combination Products: Benazepril + HCTZ (Lotensin HCT), Captopril + HCTZ (Capozide, Hydrochlorothiazide + Captopril), Enalapril + HCTZ (Vaseretic), Fosinopril + HCTZ (Monopril HCT), Lisinopril + HCTZ (Prinzide, Zestoreti, Hydrochlorothiazide + Lisinopril), Moexipril + HCTZ (Uniretic), Quinapril + HCTZ (Accuretic).

*Refusal of ACEI:* REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

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

<b>Contraindication to ACE Inhibitors</b> (any of the codes occurring ever unless otherwise noted)	<b>ICD and Other Codes</b>
Moderate or Severe Aortic Stenosis	<b>POV:</b> 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	<b>Refusal:</b> NMI (not medically indicated) refusal for any ACE inhibitor at least once during the Report Period

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

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

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

ARB Combination Products: Candesartan (Atacand HCT), Irbesartan (Avalide), Losartan (Hyzaar), Telmisartan (Micardis HCT), Valsartan (Diovan HCT).

*Refusal of ARB:* REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to ARBs.

<b>Contraindication to ARBs</b> (any of the codes occurring ever unless otherwise noted)	<b>ICD and Other Codes</b>
Moderate or Severe Aortic Stenosis	<b>POV:</b> 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	<b>Refusal:</b> NMI (not medically indicated) refusal for any ARB at least once during the Report Period

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

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

### **Statins Numerator Logic**

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

*Statin Combination Products:* Caduet, PraviGard Pac, Vytarin.

*Refusal of Statin:* REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to statins.

<b>Contraindication to Statins</b> (any of the codes occurring ever unless otherwise noted)	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Pregnancy		<b>POV or Problem List:</b> At least two visits during the Report Period with V22.0-V23.9, 640.*-648.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV
	<b>Abortion:</b> Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>Abortion:</b> Any of the following POVs: 635*, 636*, or 637*
	<b>Miscarriage:</b> Any of the following: 59812, 59820, 59821, 59830	<b>Miscarriage:</b> Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		<b>POV:</b> V24.1 during the Report Period <b>Patient Education:</b> BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		<b>POV:</b> 571.1 during the Report Period
NMI Refusal		<b>Refusal:</b> NMI (not medically indicated) refusal for any statin at least once during the Report Period

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

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

#### **All Medications Numerator Logic**

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

#### **Patient List Description**

List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

#### **Measure Source**

American Heart Association/American College of Cardiology Guidelines

SK		Dec 31, 2006				Page 172			
*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Appropriate Medication Therapy in High Risk Patients (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active IHD pts 22+	53		44			36			
# w/180 day beta-blocker Rx/refusal/Contra/ADR	36	67.9	27	61.4	+6.6	18	50.0	+17.9	
A. # w/180 day beta-blocker Rx w/% of Total	21	58.3	17	63.0	-4.6	14	77.8	-19.4	
B. # w/refusal w/% of Total	1	2.8	0	0.0	+2.8	0	0.0	+2.8	
C. # w/contra/ADR w/% of Total	14	38.9	10	37.0	+1.9	4	22.2	+16.7	
# w/180 day ASA Rx/refusal/Contra/ADR	32	60.4	26	59.1	+1.3	27	75.0	-14.6	
A. # w/180 day ASA Rx w/% of Total	26	81.3	23	88.5	-7.2	22	81.5	-0.2	
B. # w/refusal w/% of Total	1	3.1	0	0.0	+3.1	0	0.0	+3.1	
C. # w/contra/ADR w/% of Total	5	15.6	3	11.5	+4.1	5	18.5	-2.9	
# w/180 day ACEI/ARB Rx/refusal/Contra/ADR	34	64.2	22	50.0	+14.2	20	55.6	+8.6	
A. # w/180 day ACEI/ARB Rx w/% of Total	31	91.2	19	86.4	+4.8	19	95.0	-3.8	
B. # w/refusal w/% of Total	1	2.9	0	0.0	+2.9	0	0.0	+2.9	
C. # w/contra/ADR w/% of Total	2	5.9	3	13.6	-7.8	1	5.0	+0.9	
# w/180 day statin Rx/refusal/Contra/ADR	33	62.3	23	52.3	+10.0	16	44.4	+17.8	
A. # w/180 day statin Rx w/% of Total	28	84.8	21	91.3	-6.5	15	93.8	-8.9	
B. # w/refusal w/% of Total	2	6.1	0	0.0	+6.1	0	0.0	+6.1	
C. # w/contra/ADR w/% of Total	3	9.1	2	8.7	+0.4	1	6.3	+2.8	
# w/180 day Rx/refusal/contra/ADR of ALL meds	20	37.7	12	27.3	+10.5	6	16.7	+21.1	

Figure 2-77: Sample Report, Appropriate Medication Therapy in High Risk Patients

Appropriate Medication Therapy in High Risk Patients: List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	ALL MEDS; BETA: Beta Blocker Refusal 09/11/06 ; ASA: Aspirin Refusal 09/11/06 ; ACEI/ARB: ACEI Refusal 09/11/06 ; STATIN: Statin Refusal 09/11/06
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BETA: ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT3,GENEVA	000003	COMMUNITY #1	F	47	IHD	BETA: 2 dx asthma contra ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT4,SHERRY LISA	000004	COMMUNITY #1	F	68	IHD;AD	BETA: ; ASA: total days aspirin: 330 ; ACEI/ARB: total days ACE/ARB: 280 ; STATIN: total days STATIN: 331
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	ALL MEDS; BETA: 2 dx asthma contra ; ASA: total days aspirin: 180 ; ACEI/ARB: total ACE/ARB: 187 ; STATIN: Statin Refusal 06/24/06

Figure 2-78: Sample Patient List: Appropriate Medication Therapy in High Risk Patients

## 2.8.11 Cholesterol Management for Patients with Cardiovascular Conditions

### Denominators

*Active Clinical patients* ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD). Broken down by gender.

*User Population patients* ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), percutaneous transluminal coronary angioplasty (PTCA), or ischemic vascular disease (IVD). Broken down by gender.

### Numerators

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

- Patients with LDL  $\leq 100$ , completed during the Report Period
- Patients with LDL 101-130, completed during the report during the Report Period -365 days after diagnosis
- Patients with LDL  $> 130$ , completed during the Report Period

### Logic Description

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

CRS uses the following codes and taxonomies to define the denominators and numerators. For each of the numerators, finds the most recent LDL test from the Report Period end date.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		<b>V POV:</b> 410.*0, 410.*1		
PTCA	33140, 92980-92982, 92984, 92995, 92996	<b>V Procedure:</b> 36.01, 36.02, 36.05, 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536, 35600, 33572	<b>V Procedure:</b> 36.1*, 36.2		
IVD – Coronary Artery Disease		<b>V POV:</b> 414.0*, 429.2		
IVD – Stable Angina		<b>V POV:</b> 411.*, 413.*		
IVD - Lower Extremity Arterial Disease/Peripheral Artery Disease		<b>V POV:</b> 443.9, 440.20-440.24, 440.29		
IVD – Ischemia		<b>V POV:</b> 435.*		
IVD – Stroke		<b>V POV:</b> 433.*, 434.*, 437.0, 437.1, 438.0-438.42, 438.5*, <b>438.6-438.9</b>		
IVD - Artheroembolism		<b>V POV:</b> 444.*, 445.*		
IVD - Abdominal Aortic Aneurysm		<b>V POV:</b> 441.*		
IVD - Renal Artery Atherosclerosis		<b>V POV:</b> 440.1		
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX

### Key Logic Changes from CRS Version 6.1

1. Revised method for calculating performance measure rates (i.e. percentages) for all sub-numerators to use the number screened as the denominator vs. the denominator.
2. Added codes to LDL Cholesterol LOINC taxonomy.

**Patient List Description**

List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

**Measure Source**

HEDIS

SK	Dec 31, 2006		Page 179					
*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000								
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Cholesterol Management for Patients with Cardiovascular Conditions (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical pts 18-75 with dx of AMI, CABG, PTCA, or IVD								
	34		37			27		
# w/LDL done	24	70.6	23	62.2	+8.4	11	40.7	+29.8
A. # w/LDL <=100 w/% of Total Screened								
	12	50.0	12	52.2	-2.2	5	45.5	+4.5
B. # w/LDL 101-130 w/% of Total Screened								
	6	25.0	4	17.4	+7.6	2	18.2	+6.8
C. # w/LDL >130 w/% of Total Screened								
	4	16.7	5	21.7	-5.1	4	36.4	-19.7
Male Active Clinical pts 18-75 with DX AMI, CABG PTCA, or IVD								
	21		24			11		
# w/LDL done	12	57.1	13	54.2	+3.0	5	45.5	+11.7
A. # w/LDL <=100 w/% of Total Screened								
	4	33.3	5	38.5	-5.1	2	40.0	-6.7
B. # w/LDL 101-130 w/% of Total Screened								
	3	25.0	3	23.1	+1.9	1	20.0	+5.0
C. # w/LDL >130 w/% of Total Screened								
	3	25.0	3	23.1	+1.9	2	40.0	-15.0
Female Active Clinical pts 18-75 with DX AMI, CABG PTCA, or IVD								
	13		13			16		
# w/LDL done	12	92.3	10	76.9	+15.4	6	37.5	+54.8
A. # w/LDL <=100 w/% of Total Screened								
	8	66.7	7	70.0	-3.3	3	50.0	+16.7
B. # w/LDL 101-130 w/% of Total Screened								
	3	25.0	1	10.0	+15.0	1	16.7	+8.3
C. # w/LDL >130 w/% of Total Screened								
	1	8.3	2	20.0	-11.7	2	33.3	-25.0

Figure 2-79: Sample Report, Cholesterol Management After Acute Cardiovascular Event

Cholesterol Management for Patients with Cardiovascular Conditions: List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC;IVD DXLDL	09/12/06 114
PATIENT2,CODY JACK	000002	COMMUNITY #1	M	41	UP;AC;IVD DX	
PATIENT3,TIMOTHY ALLEN	000003	COMMUNITY #1	M	43	UP;AC;IVD DXLDL	05/16/06 128
PATIENT4,TRACE	000004	COMMUNITY #1	M	47	UP;AC;IVD DX	
PATIENT5,KENNETH	000005	COMMUNITY #1	M	60	UP;AC;IVD DX	
PATIENT6,ROSS WAYNE	000006	COMMUNITY #1	M	60	UP;AC;AMI DXLDL	11/12/06 97
PATIENT7,WILLIAM	000007	COMMUNITY #1	M	62	UP;AC;IVD DXLDL	11/18/06 140
PATIENT8,JASON LEE	000008	COMMUNITY #1	M	63	UP;AC;IVD DXLDL	11/18/06 64
PATIENT30,ALLISON	000030	COMMUNITY #2	F	52	UP;AC;IVD DXLDL	06/11/06 87
PATIENT31,ALLEN JAMES	000031	COMMUNITY #2	M	44	UP;AC;IVD DXLDL	12/19/06

Figure 2-80: Sample Patient List: Cholesterol Management After Acute Cardiovascular Event

## 2.9 STD-Related Measure Topics

### 2.9.1 Prenatal HIV Testing and Education

#### **GPRA Measure Description**

In FY 2007, maintain the FY 2006 target rate of 65.0% for pregnant female patients who are screened for HIV.

#### **Denominator**

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

#### **Numerators**

Patients who received counseling and/or patient education about HIV in the past 20 months.

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

A. Number of documented refusals in past 20 months.

#### **Logic Description**

Pregnancy is defined as at least two visits during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report Period but whose initial diagnosis (and HIV test) were documented prior to Report Period.

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		<b>V POV:</b> V22.0-V23.9, 640.*-648.*, 651.*-676.*		
Miscarriage (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	<b>V POV:</b> 630, 631, 632, 633*, 634*		
Abortion (after 2 <sup>nd</sup> pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	<b>V POV:</b> 635*, 636* 637*		
HIV diagnosis		<b>V POV or Problem List:</b> 042, 042.0-044.9 (old codes), V08, 795.71		
HIV test	Antibody: 86689, 86701-86703, Confirmatory Test 86689 Antigen 87390, 87391, 87534-87539	<b>Refusal:</b> Lab Test HIV	Yes	BGP GPRA HIV TESTS TAX
HIV Counseling		<b>V POV:</b> V65.44 HIV Counseling <b>Patient education codes:</b> containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71		
Refusal of HIV test in past 20 months				Lab Test HIV

**Key Logic Changes from CRS Version 6.1**

1. Added CPT codes to abortion definition.
2. Added codes to HIV test LOINC taxonomy.

**Patient List Description**

List of pregnant patients without documented HIV test or refusal in past 20 months.

**Measure Past Performance and Long-term Targets**

Performance	Percent
IHS FY 2006 Performance	65.0%
IHS FY 2005 Performance	54.0%
<i>HP2010 goal for measure 25-17 has not been developed</i>	<i>Developmental measure</i>
<i>IHS 2010 Goal</i>	<i>95.0%</i>

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-----								
Prenatal HIV Testing (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant Female User Pop Pts w/ no HIV (GPRA)	32		38			34		
# w/HIV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/HIV test (GPRA)	19	59.4	7	18.4	+41.0	0	0.0	+59.4
A. # refusals w/ % of total tests	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-81: Sample Report, Prenatal HIV Testing

Prenatal HIV Testing: List of pregnant patients without documented HIV test or refusal in past 20 months (con't)  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, HELEN MARY	000001	COMMUNITY #1	F	29	PREG	
PATIENT2, CECELIA	000002	COMMUNITY #1	F	37	PREG	
PATIENT15, BRENDA G	000015	COMMUNITY #2	F	18	PREG	
PATIENT16, ALYSHA	000016	COMMUNITY #2	F	20	PREG	

Figure 2-82: Sample Patient List, Prenatal HIV Testing

## 2.9.2 HIV Quality of Care

### Denominator

All User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months.

### Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving tests.

### Logic Description

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

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

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
HIV		042, 042.0-044.9 (old codes); V08; 795.71		
CD4	86359, 86360 86361		Yes	BGP GPRA CD4 TESTS TAX
HIV Viral Load	87536, 87539		Yes	BGP GPRA HIV VIRAL LOAD TESTS TAX

#### **Key Logic Changes from CRS Version 6.1**

Added codes to CD4 and HIV Viral Load LOINC taxonomies.

#### **Patient List Description**

For confidentiality reasons, no patient lists can be produced for this measure.

#### **Measure Source**

HP 2010 developmental measure 13-13a Viral Load Testing

#### **Measure Long-term Targets**

<b>Measure</b>	<b>Target</b>
<i>HP2010 goal for viral load testing (13-13a)</i>	<i>Developmental</i>
<i>HP2010 baseline for CD4 testing</i>	<i>Nearly 100%</i>

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-----								
HIV Quality of Care								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts >13 w/ HIV Dx	0		1			2		
# w/CD4 only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/both	0	0.0	1	100.0	-100.0	2	100.0	-100.0
TOTAL # w/ any tests	0	0.0	1	100.0	-100.0	2	100.0	-100.0

Figure 2-83: Sample Report HIV Quality of Care

**Note:** No Patient List is available for this measure.

### 2.9.3 Chlamydia Screening

**Denominators**

*Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25.*

*Female User Population patients ages 16 through 25, broken down into age groups 16-20 and 21-25.*

**Numerator**

Patients tested for Chlamydia during the Report Period.

**Logic Description**

Age is calculated at beginning of the Report Period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810	V POV: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

**Key Logic Changes from CRS Version 6.1**

1. Added codes to the Chlamydia LOINC taxonomy,

2. Removed codes with a site of “unspecified” in the Chlamydia LOINC taxonomy.

**Patient List Description**

List of patients with documented screening, if any.

**Measure Source**

HP 2010 25-16a, annual screening for genital Chlamydia - females enrolled in commercial MCOs (aged 25 years and under); 25-16b, annual screening for genital Chlamydia - females enrolled in Medicaid MCOs (aged 25 years and under).

**Measure Long-term Targets**

HP 2010 Goal for both HP 2010 25-16a and 25-16b: 62%

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-----									
Chlamydia Testing									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical 16-25	139		134			128			
# w/Chlamydia Screen	49	35.3	49	36.6	-1.3	43	33.6	+1.7	
A. Female Active Clinical 16-20	56		52			57			
# w/Chlamydia Screen	21	37.5	16	30.8	+6.7	23	40.4	-2.9	
B. Female Active Clinical 21-25	83		82			71			
# w/Chlamydia Screen	28	33.7	33	40.2	-6.5	20	28.2	+5.6	
Female User Population 16-25	262		247			237			
# w/Chlamydia Screen	65	24.8	58	23.5	+1.3	51	21.5	+3.3	
A. Female User Population 16-20	128		115			118			
# w/Chlamydia Screen	29	22.7	19	16.5	+6.1	25	21.2	+1.5	
B. Female User Population 21-25	134		132			119			
# w/Chlamydia Screen	36	26.9	39	29.5	-2.7	26	21.8	+5.0	

Figure 2-84: Sample Report Chlamydia Testing

Chlamydia Testing: List of patients with documented screening, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANNE	000001	COMMUNITY #1	F	16	UP;AC	
PATIENT2,LISA MARIE	000002	COMMUNITY #1	F	16	UP;AC	
PATIENT3,CRYSTAL LEE	000003	COMMUNITY #1	F	17	UP;	
PATIENT4,DANIELLE	000004	COMMUNITY #1	F	18	UP;AC	lab test 04/04/06
PATIENT5,KELLYE	000005	COMMUNITY #1	F	19	UP;	
PATIENT6,RUBY	000006	COMMUNITY #1	F	19	UP;AC	lab test 08/11/06
PATIENT7,SANDRA KAY	000007	COMMUNITY #1	F	21	UP;AC	lab test 10/18/06

Figure 2-85: Sample Patient List, Chlamydia Testing

## 2.10 Other Clinical Measures Topics

### 2.10.1 Osteoporosis Management

#### Denominators

*Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.*

*Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.*

#### Numerator

Patients treated or tested for osteoporosis after the fracture.

#### Logic Description

Age is calculated at the beginning of the Report Period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e. earliest) fracture during the period six months (180) days prior to the beginning of the Report Period and the first six months of the Report Period. If multiple fractures are present, only the first fracture will be used.

The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

#### Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is

defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).

2. Patients with a fracture diagnosed at an outpatient visit, which also had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit, which also had a fracture within 60 days prior to the ADMISSION DATE.

### **Osteoporosis Treatment and Testing Is Defined As:**

1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or B) a BMD test within six months of the Index Episode Start Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

### **Fracture Codes**

1) 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, 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

2) POVs: 733.1, 805\*-806\*, 807.0-807.4, 808\*-815\*, 818\*-825\*, 827\*, 828\*

3) 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.

### **BMD Test Codes**

1) CPT: 76070, 76071, 76075, 76076, 76078, 76977, 78350, 78351

2) V Procedure 88.98, 3) V POV V82.81

*Treatment medication codes* are defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, Teriparatide, Fluoride, Vitamin D, and Calcium Products.)

**Key Logic Changes from CRS Version 6.1: None**

**Patient List Description**

List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

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Report Period: Jan 01, 2006 to Dec 31, 2006								
Previous Year Period: Jan 01, 2005 to Dec 31, 2005								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Osteoporosis Management (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Female Active Clinical Pts								
67 and older								
w/fracture	8		5			7		
# w/osteoporosis treatment	4	50.0	2	40.0	+10.0	1	14.3	+35.7
or testing								
Female User Pop Pts								
67 and older								
w/fracture	9		5			7		
# w/osteoporosis treatment	5	55.6	2	40.0	+15.6	1	14.3	+41.3
or testing								

Figure 2-86: Sample Report Osteoporosis Management

Osteoporosis Management: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ALWENA	000001	COMMUNITY #1	F	68	UP,ACFracture: DX: 733.13 on 06/18/06	76076 09/30/06
PATIENT2,SYBIL	000002	COMMUNITY #1	F	69	UP,ACFracture: DX: 824.2 on 04/30/06	bmd DX V82.81 09/17/06
PATIENT3,ELIZABETH	000003	COMMUNITY #1	F	78	UP,ACFracture: DX: 820.8 on 05/03/06	
PATIENT4,KATIE	000004	COMMUNITY #1	F	80	UP,ACFracture: DX: 820.8 on 10/23/06	
PATIENT5,LINDSAY	000005	COMMUNITY #1	F	81	UP,ACFracture: DX: 820.8 on 10/02/06	
PATIENT6,ELIZABETH	000006	COMMUNITY #1	F	86	UPFracture: DX: 805.9 on 04/23/06	osteo med: 04/23/06
PATIENT7,HEATHER J	000007	COMMUNITY #1	F	88	UP,ACFracture: DX: 813.01 on 10/06/05	osteo med: 11/01/05
PATIENT8,AMENDA	000008	COMMUNITY #2	F	77	UP,ACFracture: DX: 733.13 on 03/23/06	
PATIENT9,CORRINA	000009	COMMUNITY #2	F	81	UP,ACFracture: DX: 807.3 on 10/17/06	

Figure 2-87: Sample Patient List, Osteoporosis Management

## 2.10.2 Osteoporosis Screening in Women

### Denominators

*Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.*

*Female User Population patients ages 65 and older without a documented history of osteoporosis.*

### Numerators

Patients who had osteoporosis screening documented in the past two years, including documented refusals in past year.

A. Patients with documented refusal in past year.

### Logic Description

Age is calculated at the beginning of the Report Period.

	<b>CPT Codes</b>	<b>ICD and Other Codes</b>
Osteoporosis Screening	76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)	<b>ICD Procedure:</b> 88.98 (Quantitative CT) <b>V POV:</b> V82.81 Special screening for other conditions, Osteoporosis <b>Refusals:</b> CPT or V Radiology 76075 (Central DEXA), 76076 (Peripheral DEXA), 76070 (Central CT), 76071 (Peripheral CT), 76977 (US Bone Density)

**Key Logic Changes from CRS Version 6.1:** None

**Patient List Description**

List of female patients ages 65 and older with osteoporosis screening, if any.

**Measure Long-term Target**

IHS 2010 Goal: 20.0%

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Report Period: Jan 01, 2006 to Dec 31, 2006								
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Baseline Period: Jan 01, 2000 to Dec 31, 2000								
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Osteoporosis Screening in Women (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts =>65	30		27			29		
# w/osteoporosis screening in past 2 years	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Female User Pop Pts =>65	74		71			79		
# w/osteoporosis screening in past 2 years	0	0.0	0	0.0	+0.0	0	0.0	+0.0
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-88: Sample Report, Osteoporosis Screening in Women

Osteoporosis Screening in Women: List of female patients ages 65 and older with osteoporosis screening, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, SHERRY	000001	COMMUNITY #1	F	68	UP;AC	
PATIENT2, APRIL	000002	COMMUNITY #1	F	68	UP;AC	
PATIENT3, JACKIE	000003	COMMUNITY #1	F	69	UP;AC	
PATIENT4, PAULINE	000004	COMMUNITY #1	F	70	UP;AC	
PATIENT5, SHANNON	000005	COMMUNITY #1	F	72	UP;AC	
PATIENT6, TINA MARIE	000006	COMMUNITY #1	F	78	UP;AC	

Figure 2-89: Sample Patient List, Osteoporosis Screening in Women

### 2.10.3 Rheumatoid Arthritis Medication Monitoring

#### Denominator

*Active Clinical patients* ages 16 and older diagnosed with *rheumatoid arthritis (RA)* prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

#### Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

#### Logic Description

Age is calculated at the beginning of the Report Period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.\* prior to the Report Period, and at least two RA POVs during the Report Period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

*Example of Patient Not on Chronic Medication (not included in Denominator)*

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.

Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

*Example of Patient on Chronic Medication (included in Denominator)*

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medications Prescribed:

Sulfasalazine: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

**Maintenance Therapy Medications Defined As**

1. Medications shown in table below. *Except* for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of ten days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2005, the March 7 test will not be counted since it was performed only six days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathioprine or Sulfasalazine	4 CBCs during the Report Period
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

2. **NSAID Medications:** All of the following medications must have Creatinine, Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celocoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.
3. **Glucocorticoid Medications:** Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

*Example of Patient Not Included in Numerator:*

Medications Prescribed and Required Monitoring:

Gold, Oral, last Rx Jun 15, 2005. Requires CBC and Urine Protein within past 90 days of Report Period end date.

CBC performed on Dec 1, 2005, which is within past 90 days of Report Period end

date of Dec 31, 2005. No Urine Protein performed during that period. Patient is not in numerator.

*Example of Patient Included in Numerator:*

**Medications Prescribed and Required Monitoring:**

Diclofenac, last Rx Sep 1, 2005. Requires LFT and CBC during Report Period.

Mycophenolate, last Rx Mar 10, 2005. Requires CBC within past 180 days from Report Period end date.

LFT and CBC performed during Report Period. CBC performed Nov 1, 2005, which is within past 180 days of Report Period end date of Dec 31, 2005. Patient is in numerator.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Glucose	82947, 82948, 82950, 82951, 82952, 82962	Yes	DM AUDIT GLUCOSE TESTS TAX
Potassium	84132	Yes	BGP POTASSIUM TESTS

**Key Logic Changes from CRS Version 6.1**

1. Added glucocorticoids to this topic and renamed the glucocorticoids taxonomy to BGP RA GLUCOCORTICOIDS MEDS.
2. Added Creatinine as requirement for NSAID medications.
3. Deleted the User Population denominator.
4. Added codes to the ALT, AST, Creatinine, Potassium, and Urine Protein LOINC taxonomies.

**Patient List Description**

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with "YES:" and patients who did not meet the measure are prefixed with "NO:" The chronic medications and all lab tests the patient *did* have are displayed.

**Measure Long-term Target: TBD**

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-----								
Rheumatoid Arthritis Medication Monitoring (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>16								
w/RA DX and maintenance								
therapy RX	4		0			0		
# w/RA chronic med								
monitoring	2	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure 2-90: Sample Report, Rheumatoid Arthritis Medication Monitoring

Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with YES: and patients who did not meet the measure are prefixed with NO:. The chronic medications and all lab tests the patient DID have are displayed. (con't)

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RUTH	000001	COMMUNITY #1	F	64	;AC	NUMERATOR: YES: Has NSAID:
CREAT: 10/21/06CBC: 09/22/06 LFT: 05/21/06						
PATIENT2,SHANNON	000002	COMMUNITY #1	F	72	;AC	NUMERATOR: YES: Has
Glucocorticoids: has Glucose						
PATIENT25,BOBBY LEE	000025	COMMUNITY #2	M	62	;AC	NUMERATOR: NO: Has NSAID: No
CREAT						
PATIENT34,CATHERINE	000034	COMMUNITY #3	F	50	;AC	NUMERATOR: NO: Has
Glucocorticoids: does not have Glucose						
Total # of Patients on list: 4						

Figure 2-91: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

**2.10.4 Osteoarthritis Medication Monitoring**

**Denominator**

Active Clinical patients ages 40 and older diagnosed with *osteoarthritis (OA)* prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

**Numerator**

Patients who received appropriate monitoring of chronic medication during the Report Period.

**Logic Description**

Age is calculated at the beginning of the Report Period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.\* prior to the Report period, and at least two OA POVs during the Report Period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e. the Medication Period) and the sum of the days supply  $\geq 348$ . This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

*Example of Patient Not on Chronic Medication (not included in Denominator):*

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2004, Days Supply=90; 2nd Rx: Jan 1, 2005: Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=90.

Total Days Supply=270. 270 is not  $>348$ . Patient is not considered on chronic medication and is not included in the denominator.

*Example of Patient on Chronic Medication (included in Denominator):*

Report Period: Jan 1 – Dec 31, 2005

Medication Period: 465 days from end of Report Period (Dec 31, 2005): Sep 22, 2004 - Dec 31, 2005

Medication Prescribed:

Etodolac: 1st Rx: Sep 30, 2004, Days Supply=90; 2nd Rx: Dec 30, 2004, Days Supply=90; 3rd Rx: Mar 15, 2005: Days Supply=180.

Total Days Supply=360. 360 is  $>348$ . Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown below.

### **Maintenance Therapy Medications Defined with the Following NSAID Medications**

Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefanamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celcoxib. All of these medications, *except* aspirin, are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

#### *Example of Patient Not Included in Numerator:*

Medication Prescribed and Required Monitoring:

Diclofenac, last Rx Jun 15, 2005. Requires Creatinine, LFT and CBC during Report Period.

Only the LFT was performed during Report Period. Patient is not in numerator.

#### *Example of Patient Included in Numerator:*

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2005. Requires Creatinine, LFT and CBC during Report Period.

Creatinine, LFT, and CBC performed during Report Period.

Patient is in numerator.

	<b>CPT Codes</b>	<b>LOINC Codes</b>	<b>Taxonomy</b>
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS

**Key Logic Changes from CRS Version 6.1**

1. Removed glucocorticoid medications from this topic.
2. Removed Urine Glucose test from test definitions, since it applies only to glucocorticoids.
3. Added Creatinine as requirement for NSAID medications.
4. Added Creatinine test definition.
5. Deleted the User Population denominator.
6. Added codes to the ALT, AST, and Creatinine LOINC taxonomies.

**Patient List Description**

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. The chronic medications and all lab tests the patient *did* have are displayed.

**Measure Long-term Target: TBD**

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Report Period: Jan 01, 2006 to Dec 31, 2006								
Previous Year Period: Jan 01, 2005 to Dec 31, 2005								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								
-----								
Osteoarthritis Medication Monitoring (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>40								
w/OA DX and maintenance								
therapy RX	4		6			4		
# w/OA chronic								
med monitoring	2	50.0	3	50.0	+0.0	2	50.0	+0.0

Figure 2-92: Sample Report, Osteoarthritis Medication Monitoring

Osteoarthritis Medication Monitoring: List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with YES: and patients who did not meet the measure are prefixed with NO:. All lab tests the patient DID have are displayed.

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RUTH CREAT: 10/21/06CBC: 09/22/06 LFT: 05/21/06	000001	COMMUNITY #1	F	64	;AC 459 days of nsaid	YES:
PATIENT2,JACKIE CREAT: 10/30/06CBC: 08/06/06 LFT: 10/30/06	000002	COMMUNITY #1	F	69	;AC 472 days of nsaid	YES:
PATIENT15,RAYMOND CREAT: 09/12/06	000015	COMMUNITY #2	M	84	;AC 804 days of nsaid	NO:
PATIENT33,ROBERT LEE 12/02/06 LFT: 08/06/06	000033	COMMUNITY #3	M	62	;AC 397 days of nsaid	NO: CBC:

Total # of Patients on list: 4

Figure 2-93: Sample Patient List, Osteoarthritis Medication Monitoring

## 2.10.5 Asthma

### Denominators

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

### Numerators

Patients who have had two asthma-related visits during the Report Period, or categorized in ARS as persistent.

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

### Logic Description

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

**Key Logic Changes from CRS Version 6.1:** None

### Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

### Measure Source

HP 2010 measure 24-2.

### Measure Long-term Targets

Measure	Target
<b>HP1998 baseline for hospitalizations for asthma:</b>	
<i>Under 5</i>	<i>45.6 per 10,000</i>
<i>5-64</i>	<i>12.5 per 10,000</i>
<i>65 and older</i>	<i>17.7 per 10,000</i>
<b>HP2010 goal for hospitalizations for asthma:</b>	
<i>Under 5</i>	<i>25 per 10,000</i>
<i>5-64</i>	<i>7.7 per 10,000</i>
<i>65 and older</i>	<i>11 per 10,000</i>

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Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Asthma (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Total Active Clinical Patients	1,173		1,138			1,099			
# w/asthma	33	2.8	32	2.8	+0.0	25	2.3	+0.5	
under 5	9	27.3	13	40.6	-13.4	12	48.0	-20.7	
5-64	22	66.7	19	59.4	+7.3	11	44.0	+22.7	
65 and older	2	6.1	0	0.0	+6.1	2	8.0	-1.9	
A. # w/asthma hospitalization w/ % of total asthma	0	0.0	1	3.1	-3.1	2	8.0	-8.0	
under 5	0	0.0	0	0.0	+0.0	1	50.0	-50.0	
5-64	0	0.0	1	100.0	-100.0	1	50.0	-50.0	
65 and older	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-94: Sample Report, Asthma

Asthma: List of patients diagnosed with asthma and any asthma-related hospitalizations.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, GENEVA	000001	COMMUNITY #1	F	47	AC	09/10/06 493.90
PATIENT2, JACKIE	000002	COMMUNITY #1	F	69	AC	10/30/06 493.90
PATIENT3, PAULINE	000003	COMMUNITY #1	F	70	AC	05/21/06 493.92
PATIENT4, WILLIAM R	000004	COMMUNITY #1	M	7	AC	09/12/06 493.92
PATIENT5, ZACHARY	000005	COMMUNITY #1	M	11	AC	09/12/06 493.90
PATIENT42, JOSEPHINE	000042	COMMUNITY #2	F	4	AC	05/30/06 493.90

Figure 2-95: Sample Patient List, Asthma

### 2.10.6 Asthma Quality of Care

#### Denominators

*Active Clinical patients ages 5-56 with persistent asthma* within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups.

*User Population patients ages 5-56 with persistent asthma* within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD). Broken down by age groups.

**Numerator**

Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report Period.

**Logic Description**

Age of the patient is calculated at the beginning of the Report Period. Emphysema defined as any visit at any time on or before the end of the Report Period with POV codes: 492.\*, 506.4, 518.1, 518.2. Chronic obstructive pulmonary disease (COPD) is defined as any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 496, 506.\*.

Persistent asthma defined as meeting any of the following five criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:

1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493\* (asthma)
2. At least one acute inpatient discharge with primary diagnosis 493.\*. Acute inpatient discharge defined as Service Category of H
3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.\* *and* at least two asthma medication dispensing events (see definition below)
4. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also meet criteria in 1-3 above or have at least one visit with POV 493.\* in the same year as the leukotriene modifier (i.e. during the Report Period or within the year prior to the beginning of the Report Period.), *or*...
5. Categorized in the Asthma Register System (ARS) at *any* time before the end of the Report Period as Active patient with Severity 2, 3 or 4. A dispensing event is 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.

A dispensing event is one prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ( $100/30 = 3.33$ , rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

**Note:** If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

*Asthma medication codes for denominator* defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers, Methylxanthines, or Long-acting, inhaled beta-2 agonists.)

To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report Period.

*Primary asthma therapy medication codes for numerator* defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)

**Key Logic Changes from CRS Version 6.1:** None

#### **Patient List Description**

List of asthmatic patients with primary asthma therapy medications, if any.

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Report Period: Jan 01, 2006 to Dec 31, 2006							
Previous Year Period: Jan 01, 2005 to Dec 31, 2005							
Baseline Period: Jan 01, 2000 to Dec 31, 2000							
-----							
Asthma Quality of Care (con't)							
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	% CHG from BASE %
Active Clinical Pts 5-56 w/persistent asthma	9		6			4	
# w/asthma control medication	9	100.0	5	83.3	+16.7	3	75.0 +25.0
A. Active Clinical ages 5-9	4		2			1	
# w/asthma control medication	4	100.0	1	50.0	+50.0	1	100.0 +0.0
B. Active Clinical ages 10-17	2		2			1	
# w/asthma control medication	2	100.0	2	100.0	+0.0	0	0.0 +100.0
C. Active Clinical ages 18-56	3		2			2	
# w/asthma control medication	3	100.0	2	100.0	+0.0	2	100.0 +0.0

Figure 2-96: Sample Report, Asthma Quality of Care

Asthma Quality of Care: List of asthmatic patients with primary asthma therapy medications, if any. (con't)

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ZACHARY	000001	COMMUNITY #1	M	11	UP;AC 4 meds	4 medsMONTELUKAST NA 10MG TAB 03/07/06
PATIENT12,TINA DANIELLE	000012	COMMUNITY #2	F	7	UP;AC 4 POVS AND 2 MEDS	4 medsMONTELUKAST NA 10MG TAB 03/20/06
PATIENT13,THERESA LYNN	000013	COMMUNITY #2	F	23	UP;AC DX ON HOSP/OR ER ON 09/26/05 4 POVS AND 2 MEDS	FLUTICASONE PROPIONATE 110MCG INHALER 09/19/06
PATIENT36,JULIE NICOLE	000036	COMMUNITY #3	F	29	UP;AC 4 POVS AND 2 MEDS	4 POVS AND 2 MEDSFLUTICASONE PROPIONATE 110MCG INHALER 11/22/06
PATIENT37,JANELLE MARIE	000037	COMMUNITY #3	F	37	UP;AC 4 POVS AND 2 MEDS	4 POVS AND 2 MEDSFLUTICASONE PROPIONATE 110MCG INHALER 01/17/06
PATIENT38,THOMAS ELLIS	000038	COMMUNITY #3	M	7	UP;AC 4 meds	LEUKOTRIENE AND 1 DXMONTELUKAST NA 10MG TAB 11/06/06

Figure 2-97: Sample Patient List, Asthma Quality of Care

## 2.10.7 Asthma and Inhaled Steroid Use

### Denominators

*Active Clinical patients* ages one or older who have had two *asthma*-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

*User Population patients* ages one or older who have had two asthma-related visits during the Report Period or categorized in ARS as persistent. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

### Numerators

Patients prescribed an inhaled corticosteroid during the Report Period.

### Logic Description

Age of the patient is calculated at the beginning of the Report Period. Asthma visits are defined as diagnosis (POV) 493.\*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report Period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmecort), fluticasone (Flovent).)

**Key Logic Changes from CRS Version 6.1:** None

### Patient List Description

List of patients with asthma with inhaled corticosteroid prescription, if any.

### Measure Source

HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

### Measure Long-term Target

IHS 2010 Goal: 60.0%

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Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Asthma and Inhaled Steroid Use (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Ages 1 and older with asthma	33		28			20			
# w/ Inhaled Steroid Rx	15	45.5	7	25.0	+20.5	2	10.0	+35.5	
Active Clinical ages 1-4 with asthma	9		9			7			
# w/ Inhaled Steroid Rx	2	22.2	1	11.1	+11.1	1	14.3	+7.9	
Active Clinical ages 5-19 with asthma	13		9			7			
# w/Inhaled Steroid Rx	7	53.8	3	33.3	+20.5	0	0.0	+53.8	
Active Clinical ages 20-44 with asthma	4		7			4			
# w/ Inhaled Steroid Rx	3	75.0	2	28.6	+46.4	0	0.0	+75.0	
Active Clinical ages 45-64 with asthma	5		3			0			
# w/ Inhaled Steroid Rx	3	60.0	1	33.3	+26.7	0	0.0	+60.0	
Active Clinical ages 65 and older with asthma	2		0			2			
# w/ Inhaled Steroid Rx	0	0.0	0	0.0	+0.0	1	50.0	-50.0	

Figure 2-98: Sample Report, Asthma and Inhaled Steroid Use

Asthma and Inhaled Steroid Use: List of patients with asthma with inhaled corticosteroid prescription, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,GENEVA PROPIONATE 110MCG INHALER on 11/06/06	000001	COMMUNITY #1	F	47	UP;AC	FLUTICASONE
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	UP;AC	
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	UP;AC	
PATIENT4,WILLIAM	000004	COMMUNITY #1	M	7	UP;AC	
PATIENT5,ZACHARY LEE	000005	COMMUNITY #1	M	11	UP;AC	
PATIENT25,JOSEPHINE PROPIONATE 110MCG INHALER on 05/30/06	000025	COMMUNITY #2	F	4	UP;AC	FLUTICASONE

Figure 2-99: Sample Patient List, Asthma and Inhaled Steroid Use

### 2.10.8 Chronic Kidney Disease Assessment

**Denominators**

*Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.*

*User Population patients ages 18 and older with serum creatinine test during the Report Period.*

**Numerators**

Patients with Estimated GFR.

A. Patients with GFR less than (<) 60.

**Logic Description**

Age is calculated at beginning of the Report Period.

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

**Key Logic Changes from CRS Version 6.1**

Added codes to Creatinine and Estimated GFR LOINC taxonomies.

**Patient List Description**

List of patients with Creatinine test, with GFR and value, if any.

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-----								
Chronic Kidney Disease Assessment (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts => 18 with Serum								
Creatinine test	269		257			221		
# w/Est GFR	180	66.9	0	0.0	+66.9	0	0.0	+66.9
# w/GFR <60	33	12.3	0	0.0	+12.3	0	0.0	+12.3
User Pop Pts =>18 with Serum								
Creatinine	332		311			261		
# w/ Est GFR	215	64.8	0	0.0	+64.8	0	0.0	+64.8
# w/GFR <60	36	10.8	0	0.0	+10.8	0	0.0	+10.8

Figure 2-100: Sample Report, Chronic Kidney Disease Assessment

Chronic Kidney Disease Assessment: List of patients with Creatinine test, with GFR and value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERISA	000001	COMMUNITY #1	F	18	UP;AC	
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	UP;AC	
PATIENT3,HALEY DEBRA	000003	COMMUNITY #1	F	25	UP;AC	
PATIENT4,HELENE MARIE	000004	COMMUNITY #1	F	29	UP;AC	GFR: 08/16/06 78
PATIENT5,MARTHA	000005	COMMUNITY #1	F	30	UP;AC	GFR: 12/17/06 89
PATIENT6,PAULA KAYE	000006	COMMUNITY #1	F	34	UP;AC	
PATIENT7,KATHLEEN	000007	COMMUNITY #1	F	38	UP;AC	GFR: 12/09/06 85

Figure 2-101: Sample Patient List, Chronic Kidney Disease Assessment

### 2.10.9 Prediabetes/Metabolic Syndrome

#### Denominators

Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

#### Numerators

Patients with Blood Pressure documented at least twice during the Report Period.

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

Patients with fasting glucose test, regardless of result, during the Report Period.

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

Patients who have been screened for tobacco use during the Report Period.

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

Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.

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

Patients with all screenings (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening).

### **Logic Description**

Age is calculated at beginning of the Report Period.

*Prediabetes/Metabolic Syndrome defined as:*

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, *or...*
2. Any three or more of the following occurring during the Report Period except as otherwise noted:
  - BMI => 30 *or* Waist Circumference >40 inches for men or >35 inches for women
  - Triglyceride value >=150
  - HDL value <40 for men or <50 for women
  - Patient diagnosed with hypertension *or* mean Blood Pressure value => 130/85 where systolic is =>130 *or* diastolic is =>85
  - Fasting Glucose value =>100 *and* <126

**Note:** Waist circumference and fasting glucose values will be checked last.

*Definition for patients without diabetes:*

No diabetes diagnosis ever (POV 250.00-250.93).

**BMI:** CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the

Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

### **Blood Pressure**

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

### **Hypertension**

Diagnosis of (POV or problem list) 401.\* occurring prior to the Report Period, and at least one hypertension POV during the Report Period.

### **Nephropathy Assessment**

1. Estimated GFR with result during the Report Period *and* Quantitative Urinary Protein Assessment during the Report Period. **Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values, *or...*
2. End Stage Renal Disease diagnosis/treatment defined as: *any* diagnosis ever of 585.5, 585.6 or V45.1 or *any* CPT in the range of 90918-90925.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride	84478		Yes	DM AUDIT TRIGLYCERIDE TAX
HDL	83718		Yes	DM AUDIT HDL TAX
Fasting Glucose		<b>V POV:</b> 790.21	Yes	DM AUDIT FASTING GLUCOSE TESTS
LDL	83721		Yes	DM AUDIT LDL CHOLESTEROL TAX
Estimated GFR			Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	82042, 82043, or 84156		Yes	BGP QUANT URINE PROTEIN
Tobacco Screening		<p><b>Any health factor for category Tobacco</b></p> <p><b>V POV or current Active Problem List:</b> 305.1, 305.1* (old codes), 649.00-649.04, V15.82</p> <p><b>Patient education codes:</b> containing "TO-" or "-TO" or "-SHS"</p> <p><b>Dental code:</b> 1320</p>		
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	<p><b>Provider codes:</b> 07, 29, 97, 99</p> <p><b>Clinic codes:</b> 67 (dietary) or 36 (WIC)</p>		
Lifestyle Counseling - Nutrition Education		<p><b>V POV:</b> V65.3 dietary surveillance and counseling</p> <p><b>Patient education codes:</b> ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)).</p>		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Exercise Education		<b>V POV:</b> V65.41 exercise counseling <b>Patient education codes:</b> ending “-EX” (exercise).		
Lifestyle Counseling - Related Exercise and Nutrition Counseling		<b>Patient education codes:</b> ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity).		
Depression Screening		<b>V Exam:</b> Exam Code 36 <b>V POV:</b> V79.0 <b>BHS Problem Code:</b> 14.1 (Screening for Depression) <b>Refusals:</b> Exam Code 36		
Mood Disorders		<b>At least 2 visits in PCC or BHS for:</b> 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. <b>V POV:</b> 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 <b>BHS POV:</b> 14, 15		

### Key Logic Changes from CRS Version 6.1

1. Revised nephropathy assessment definition.
2. Added codes to Estimated GFR, Fasting Glucose, HDL, LDL, and Triglycerides LOINC taxonomies.
3. Added new ICD-9 codes 649.00-649.04 to tobacco screening definition.
4. Revised ESRD definition to have one definition for all topics that use it.
5. Fixed software problem that was requiring three *measurements* and not three BPs, which meant a patient could have had three visits with just height recorded or two visits with BP recorded and one visit with just height recorded. This resulted in some patients having a BP value of “unknown” and

was also allowing two BPs to be used in calculation of mean BP vs. three when three were available. Correction of problem could increase number of patients with BP documented.

### Patient List Description

List of patients age 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. The denominator column displays the condition the patient met, either the diagnosis of 277.7 or the three conditions the patient met (e.g. BMI=35,TG=155,HDL=35).

### Measure Source

“IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)”

### Measure Long-term Target

Others TBD

Measure	Target
<i>IHS 2010 goal for patients with BP assessed</i>	95.0%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
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-----								
Prediabetes/Metabolic Syndrome (con't)								
Active Clinical Pts =>18								
w/PreDiabetes/								
Met Syn	56	53			36			
# w/BP								
documented	52 92.9	47 88.7		+4.2	34 94.4		-1.6	
# w/LDL done	39 69.6	38 71.7		-2.1	24 66.7		+3.0	
# w/ fasting								
glucose	0 0.0	1 1.9		-1.9	0 0.0		+0.0	
# w/ est GFR &								
quant UP assmt or								
w/ ESRD	2 3.4	0 0.0		+3.4	0 0.0		+3.4	
# w/Tobacco Screening								
w/in 1 yr	46 82.1	44 83.0		-0.9	26 72.2		+9.9	
# w/BMI calculated								
or refusal	56 100.0	53 100.0		+0.0	36 100.0		+0.0	
# w/lifestyle adaptation								
counseling	20 35.7	19 35.8		-0.1	12 33.3		+2.4	
# w/Depression screening,								
DX, or refusal	7 12.5	2 3.8		+8.7	1 2.8		+9.7	
# w/ All								
screenings	0 0.0	0 0.0		+0.0	0 0.0		+0.0	

Figure 2-102: Sample Report, Prediabetes/Metabolic Syndrome

Prediabetes/Metabolic Syndrome: List of patients 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HALEY DEBRA	000001	COMMUNITY #1	F	25	UP;AC	BMI=33.64; TRIG=271; HDL=45.4; HTN DX: 01/13/06;TOB SCR: 01/13/06;BMI: 33.64
PATIENT2,CYNTHIA	000002	COMMUNITY #1	F	36	UP;AC	BMI=38.08; TRIG=214; HDL= 2 BPs;LDL: 07/14/06 148;GFR: 07/14/06 & QUANT UP: QUANT UP-CPT-07/14/06;TOB SCR: 07/14/06;BMI: 38.08
PATIENT3,ABIGAIL	000003	COMMUNITY #1	F	39	UP;AC	TRIG=166; HDL=48.8; BP=131/80 2 BPs;LDL: 11/21/06 125;TOB SCR: 07/09/06;BMI: 28.35
PATIENT4,ANNA LINDA	000004	COMMUNITY #1	F	44	UP	BMI=34.97; TRIG=194; BP=149/84 2 BPs;TOB SCR: 05/14/06;BMI: 34.97;DEPR SCR: 2 dxs PCC:
PATIENT5,DARLENE T	000005	COMMUNITY #1	F	54	UP;AC	TRIG=182; HDL=; HTN DX: 10/16/06; BP=139/73 2 BPs;LDL: 10/16/06 180;TOB SCR: 10/16/06;BMI: 25.96;DEPR SCR: 2 dxs PCC:

Figure 2-103: Sample Patient List, Prediabetes/Metabolic Syndrome

## 2.10.10 Medications Education

### Denominators

*Active Clinical patients with medications* dispensed at their facility during the Report Period.

*All User Population patients with medications* dispensed at their facility during the Report Period.

### Numerator

Patients who were provided patient education about their medications in any location.

### Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

**Note:** If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerators:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication) DMC-IN (Diabetes Medicine - Insulin) FP-DPO (Family Planning – Depot Medroxyprogesterone Injections) FP-OC (Family Planning – Oral Contraceptives) FP-TD (Family Planning – Transdermal (Patch)) ASM-NEB (Asthma – Nebulizer) ASM-MDI (Asthma – Metered Dose Inhalers) PL-NEB (Pulmonary Disease – Nebulizer) PL-MDI (Pulmonary Disease – Metered Dose Inhalers)
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**Key Logic Changes from CRS Version 6.1:** None

**Patient List Description**

List of patients receiving medications with med education, if any.

**Measure Long-term Target**

Measure	Target
<i>HP 2010 goal for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)</i>	95.0%

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Medications Education (con't)								
	REPORT PERIOD	PREV YR PERIOD	%	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts receiving medications	663	622				592		
# receiving medication educ	486	268	73.3	43.1	+30.2	81	13.7	+59.6
User Pop Pts receiving medications	868	793				753		
# receiving medication educ	601	307	69.2	38.7	+30.5	87	11.6	+57.7

Figure 2-104: Sample Report, Medications Education

Medications Education: List of patients receiving medications with med education, if any  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, ANDREA MARY	000001	COMMUNITY #1	F	0	UP;AC	
PATIENT2, VIRGINIA A	000002	COMMUNITY #1	F	0	UP	08/06/06 BF-M
PATIENT3, MICHAELA	000003	COMMUNITY #1	F	0	UP	10/10/06 BF-M
PATIENT4, MISTY	000004	COMMUNITY #1	F	5	UP;AC	05/16/06 M-DI
PATIENT5, RITA ANN	000005	COMMUNITY #1	F	15	UP;AC	09/05/06 M-I
PATIENT6, DIANE LOUISE	000006	COMMUNITY #1	F	15	UP	08/21/06 M-I
PATIENT7, ALICIA	000007	COMMUNITY #1	F	15	UP;AC	
PATIENT8, ALYSHA	000008	COMMUNITY #1	F	16	UP;AC	
PATIENT9, SHELLY	000009	COMMUNITY #1	F	18	UP;AC	03/12/06 FP-OC

Figure 2-105: Sample Patient List, Medications Education

## 2.10.11 Public Health Nursing

### Patient-Related Measures

#### Denominator

All User Population patients.

#### Numerators

- Patients served by PHNs in any setting
- Patients served by a PHN driver/interpreter in any setting
- Patients served by PHNs in Home setting
- Patients served by a PHN/driver/interpreter in Home setting

### Visit-Related Measures

#### Denominators

Number of visits to User Population patients by PHNs in any setting, including Home, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

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

Number of visits to User Population patients by PHNs in Home setting, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

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

#### Numerators

No numerator: count of visits only.

**Logic Description**

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

**Key Logic Changes from CRS Version 6.1:** None

**Patient List Description**

List of patients with PHN visits documented.

**Measure Past Performance and Long-term Targets**

	<b>All PHN visits</b>	<b>PHN Home Visits</b>
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
<i>IHS 2010 Goal</i>	<i>None currently</i>	<i>None currently</i>

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Public Health Nursing (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
All User Population patients	2,370		2,300			2,332			
# served by PHNs in any Setting	13	0.5	13	0.6	-0.0	13	0.6	-0.0	
# served by PHN drivers/interpreter - in any Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# served by PHNs in a Home Setting	3	0.1	3	0.1	-0.0	0	0.0	+0.1	
# served by PHN drivers/interpreters in Home Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Total # PHN Visits - Any Setting	18		16		+2	19		-1	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days - 12 months	1		3		-2	0		+1	
C. Ages 1-64 years	16		13		+3	19		-3	
D. Ages 65+	1		0		+1	0		+1	
E. Driver/Interpreter visits - any setting	0		0		+0	0		+0	
Total # PHN Visits - Home Setting	5		3		+2	0		+5	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days- 12 months	1		1		+0	0		+1	
C. Ages 1-64 years	3		2		+1	0		+3	
D. Ages 65+	1		0		+1	0		+1	
E. Driver/interpreter visits - Home Setting	0		0		+0	0		+0	

Figure 2-106: Sample Report, Public Health Nursing

Public Health Nursing: List of patients with PHN visits documented

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HELENE MARIE driver all; 0 driver home	000001	COMMUNITY #1	F	29	UP	2 all PHN; 0 home; 0
PATIENT2,KATHLEEN driver all; 0 driver home	000002	COMMUNITY #1	F	38	UP	3 all PHN; 3 home; 0
PATIENT40,ERIKA SUE driver all; 0 driver home	000040	COMMUNITY #2	F	37	UP	1 all PHN; 0 home; 0
PATIENT41,DANIEL RAY driver all; 0 driver home	000041	COMMUNITY #2	M	0	UP	1 all PHN; 1 home; 0

Figure 2-107: Sample Patient List, Public Health Nursing

## 2.10.12 Breastfeeding Rates (*New Topic*)

### **Denominators**

Active Clinical patients who are 45-394 days old.

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of one year (350-394 days).

### **Numerators**

Patients who were screened for infant feeding choice at least once.

Patients who were screened for infant feeding choice at the age of two months (45-89 days).

Patients were screened for infant feeding choice at the age of six months (165-209 days).

Patients who were screened for infant feeding choice at the age of nine months (255-299 days).

Patients who were screened for infant feeding choice at the age of one year (350-394 days).

Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed.

Patients who, at the age of six months (165-209 days), were either exclusively or mostly breastfed.

Patients who, at the age of nine months (255-299 days), were either exclusively or mostly breastfed.

Patients who, at the age of one year (350-394 days), were either exclusively or mostly breastfed.

### **Logic Description**

Age of the patient is calculated at the beginning of the Report Period. The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was

assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of two months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for six months, 270 days for nine months, and 365 days for one year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

### Patient List Description

List of patients 45-394 days old, with infant feeding choice value, if any.

<b>Note:</b> "DO" represents "Days Old."
--

### Measure Source

HP 2010, 16-19d Exclusive breastfeeding-through three months, 16-19e Exclusive breastfeeding-through six months.

### Measure Long-term Targets

	Percent
<i>HP 2010 goal for breastfeeding through 3 months of age</i>	60.0%
<i>HP 2010 goal for breastfeeding through 6 months of age</i>	25.0%

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Baseline Period: Jan 01, 2000 to Dec 31, 2000									
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Breastfeeding Rates (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 45-394 days	45		27			31			
# w/infant feeding choice screening	10	22.2	0	0.0	+22.2	1	3.2	+19.0	
# w/screening @ 2 mos	4	8.9	0	0.0	+8.9	1	3.2	+5.7	
# w/screening @ 6 mos	3	6.7	0	0.0	+6.7	0	0.0	+6.7	
# w/screening @ 9 mos	4	8.9	0	0.0	+8.9	0	0.0	+8.9	
# w/screening @ 1 yr	3	6.7	0	0.0	+6.7	0	0.0	+6.7	
AC Pts 45-394 days screened @ 2 mos	4		0			1			
# @ 2 mos exclusive/mostly breastfed	4	100.0	0	0.0	+100.0	1	100.0	+0.0	
AC Pts 45-394 days screened @ 6 mos	3		0			0			
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7	
AC Pts 45-394 days screened at 9 mos	4		0			0			
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0	
AC Pts 45-394 days screened @ 1 yr	3		0			0			
# @ 1 year exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7	

Figure 2-108: Sample Report, Breastfeeding Rates

Breastfeeding Rates: List of patients 45-394 days old, with infant feeding choice value, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,AMANDA DEBRA	000001	COMMUNITY #1	F	0	AC	
PATIENT2,LEROY JAMES	000002	COMMUNITY #1	M	0	AC	scrn;9 MOS: MOSTLY
BREASTFEEDING-269 DO-10/29/05						
PATIENT3,TERRY SCOTT	000003	COMMUNITY #1	M	0	AC	
PATIENT4,ROBERT	000004	COMMUNITY #1	M	1	AC	scrn;2 MOS: EXCLUSIVE
BREASTFEEDING-48 DO-01/20/05;6 MOS: EXCLUSIVE BREASTFEEDING-178 DO-05/30/05;9 MOS:						
EXCLUSIVE BREASTFEEDING-276 DO-09/05/05;1 YR: MOSTLY BREASTFEEDING-382 DO-12/20/05						
PATIENT11,STEVEN CODY	000011	COMMUNITY #2	M	0	AC	scrn;6 MOS: EXCLUSIVE
BREASTFEEDING-187 DO-08/11/05						
PATIENT12,ANDREW THOMAS	000012	COMMUNITY #2	M	0	AC	scrn;9 MOS: MOSTLY
BREASTFEEDING-278 DO-10/16/05						
PATIENT13,ROBERT	000013	COMMUNITY #2	M	0	AC	
PATIENT14,RICHARD ABE	000014	COMMUNITY #2	M	0	AC	scrn;1 YR: FORMULA
ONLY-361 DO-02/05/06						
PATIENT15,JEFFREY LYLE	000015	COMMUNITY #2	M	0	AC	
PATIENT16,JASON EDWARD	000016	COMMUNITY #2	M	0	AC	scrn;1 YR: EXCLUSIVE
BREASTFEEDING-383 DO-11/05/06						

Figure 2-109: Sample Patient List, Breastfeeding Rates

### 2.10.13 Drugs to be Avoided in the Elderly (*New Topic*)

#### Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by gender.

#### Numerators

Patients who received at least one drug to be avoided in the elderly during the Report Period.

Patients who received at least two different drugs to be avoided in the elderly during the Report Period.

#### Logic Description

Age of the patient is calculated at the beginning of the Report Period. Drugs to be avoided in the elderly (i.e. potentially harmful drugs) defined with medication taxonomies: BGP HEDIS ANTIANXIETY MEDS, BGP HEDIS ANTIEMETIC MEDS, BGP HEDIS ANALGESIC MEDS, BGP HEDIS ANTIHISTAMINE MEDS, BGP HEDIS ANTIPSYCHOTIC MEDS, BGP HEDIS AMPHETAMINE MEDS, BGP HEDIS BARBITURATE MEDS, BGP HEDIS BENZODIAZEPINE MEDS, BGP HEDIS OTHER BENZODIAZEPINE, BGP HEDIS CALCIUM CHANNEL MEDS, BGP HEDIS GASTRO ANTISPASM MED, BGP HEDIS BELLADONNA ALKA MEDS, BGP HEDIS SKL MUSCLE RELAX MED, BGP HEDIS ORAL ESTROGEN MEDS, BGP HEDIS ORAL HYPOGLYCEMIC RX, BGP HEDIS NARCOTIC MEDS, BGP HEDIS VASODILATOR MEDS, BGP HEDIS OTHER MEDS AVOID ELD. (Medication classes are: Antianxiety; antiemetic; analgesic;

antihistamines; antipsychotics, typical; amphetamines; barbiturates; long-acting benzodiazepines; other long-acting benzodiazepines; calcium channel blockers; gastrointestinal antispasmodics; belladonna alkaloids (including combination drugs); skeletal muscle relaxants; oral estrogen; oral hypoglycemics; narcotics; vasodilators; and other (desiccated thyroid; methyltestosterone; and nitrofurantoin)).

For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

**Patient List Description**

List of patients 65 and older with at least one prescription for a potentially harmful drug.

**Measure Source:** HEDIS

**Measure Long-term Target:** TBD

SK		Dec 31, 2006				Page 223			
*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Drugs to be Avoided in the Elderly (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts =>65	61		62			65			
# w/exposure to at least 1 harmful drug	22	36.1	14	22.6	+13.5	19	29.2	+6.8	
# w/exposure to multiple harmful drugs	9	14.8	2	3.2	+11.5	9	13.8	+0.9	
Male Active Clinical =>65	25		28			27			
# w/exposure to at least 1 harmful drug	10	40.0	5	17.9	+22.1	7	25.9	+14.1	
# w/exposure to multiple harmful drugs	3	12.0	1	3.6	+8.4	2	7.4	+4.6	
Female Active Clinical =>65	36		34			38			
# w/exposure to at least 1 harmful drug	12	33.3	9	26.5	+6.9	12	31.6	+1.8	
# w/exposure to multiple harmful drugs	6	16.7	1	2.9	+13.7	7	18.4	-1.8	

Figure 2-110: Sample Report, Drugs to be Avoided in the Elderly

Drugs to be Avoided in the Elderly: List of patients 65 and older with at least one prescription for a potentially harmful drug. (con't)

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, JONELLE	000001	COMMUNITY #1	F	69	UP;AC	2 drugs: ESTERIFIED ESTROGENS 0.625MG TAB-08/04/06(ORAL ESTROGEN);PROPOXYPHENE-N 100MG/APAP 650MG TAB-08/04/06(NARCOTIC)
PATIENT2, PAULINE	000002	COMMUNITY #1	F	70	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-12/17/06(SKL MUSCLE)
PATIENT3, NADINE	000003	COMMUNITY #1	F	82	UP;AC	2 drugs: DIAZEPAM 5MG TAB-09/25/06(BENZODIAZEPINE);PROPOXYPHENE-N 100MG/APAP 650MG TAB-09/25/06(NARCOTIC)
PATIENT4, JESSE NATHAN	000004	COMMUNITY #1	M	77	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-08/27/06(SKL MUSCLE)

Figure 2-111: Sample Patient List, Drugs to be Avoided in the Elderly

## 2.10.14 Functional Status Assessment in Elders (*New Topic*)

### **Denominator**

Active Clinical patients ages 55 and older, broken down by gender.

### **Numerator**

Patients screened for functional status at any time during the Report Period.

### **Logic Description**

Age is calculated at the beginning of the Report Period. Functional status screening defined as: any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

### **Patient List Description**

List of patients =>55 with functional status codes, if any. The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS – Transportation

**Measure Long-term Target:** TBD

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*** IHS 2007 Clinical Performance Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2006 to Dec 31, 2006									
Previous Year Period: Jan 01, 2005 to Dec 31, 2005									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Functional Status Assessment in Elders (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts =>55	153		153			125			
# w/functional status screening	2	1.3	0	0.0	+1.3	0	0.0	+1.3	
Male Active Clinical =>55	69		71			58			
# w/functional status screening	1	1.4	0	0.0	+1.4	0	0.0	+1.4	
Female Active Clinical =>55	84		82			67			
# w/functional status screening	1	1.2	0	0.0	+1.2	0	0.0	+1.2	

Figure 2-112: Sample Report, Functional Status Assessment in Elders

Functional Status Assessment in Elders: List of patients =>55 with functional status codes, if any.

The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Contenance
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS - Transportation

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

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, GLENDA JOYCE	000001	COMMUNITY #1	F	57	AC	NO:
PATIENT2, NADINE	000002	COMMUNITY #1	F	61	AC	NO:
PATIENT3, CHARLOTTE MAE	000003	COMMUNITY #1	F	64	AC	YES: 02/24/06:
BATH; CONT; COOK; DRES; FEED; FIN; HSWK; MEDS; SHOP; TLT; TRNS; XFER						
PATIENT4, KATHERINE ANN	000004	COMMUNITY #1	F	66	AC	YES: 07/11/06:
BATH; FIN						
PATIENT5, ANNA MARIE	000005	COMMUNITY #1	F	66	AC	NO:
PATIENT6, DIANA	000006	COMMUNITY #1	F	67	AC	NO:
PATIENT7, PEGGY ANN	000007	COMMUNITY #1	F	70	AC	NO: 05/20/06: FIN

Figure 2-113: Sample Patient List, Functional Status Assessment in Elders

## 2.10.15 Fall Risk Assessment in Elders (*New Topic*)

### Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by age groups.

### Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals:

- A. Patients who have been screened for fall risk in the past year
- B. Patients with a documented history of falling in the past year
- C. Patients with a fall-related injury diagnosis in the past year
- D. Patients with abnormality of gait/balance or mobility diagnosis in the past year
- E. Patients with a documented refusal of fall risk screening exam in the past year

### Logic Description

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

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

	<b>ICD and Other Codes</b>	<b>Exam Code</b>	<b>E Codes (Injury)</b>
Fall Risk Exam		<b>V Exam: 37</b> (Fall Risk)	
History of Falling	<b>V POV: V15.88</b> (Personal History of Fall)		<b>V POV (Cause Codes #1-3):</b> E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*
Abnormality of Gait/Balance or Mobility	<b>V POV: 781.2, 781.3,</b> 719.7, 719.70, 719.75- 719.77, 438.84, 333.99, 443.9		
Refusal		<b>V Exam: 37</b> (Fall Risk)	

#### **Patient List Description**

List of patients 65 years or older with fall risk assessment, if any.

#### **Measure Source**

HP 2010 15-28 Reduce hip fractures among older adults

#### **Measure Long-term Target**

IHS 2010 Goal: 50.0%

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*** IHS 2007 Clinical Performance Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2006 to Dec 31, 2006 Previous Year Period: Jan 01, 2005 to Dec 31, 2005 Baseline Period: Jan 01, 2000 to Dec 31, 2000									
-----									
Fall Risk Assessment in Elders (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 65+	61		62			65			
# w/ fall risk screen/Dx/refusal	11	18.0	8	12.9	+5.1	8	12.3	+5.7	
A. # w/ fall risk screen	1	1.6	0	0.0	+1.6	0	0.0	+1.6	
B. # w/ history of fall	1	1.6	0	0.0	+1.6	0	0.0	+1.6	
C. # w/ fall injury	2	3.3	1	1.6	+1.7	3	4.6	-1.3	
D. # w/ abnormal gait	6	9.8	7	11.3	-1.5	5	7.7	+2.1	
E. # w/ refusal	1	1.6	0	0.0	+1.6	0	0.0	+1.6	
Male Active Clinical 65+	25		28			27			
# w/ fall risk screen/Dx/refusal	5	20.0	3	10.7	+9.3	2	7.4	+12.6	
A. # w/ fall risk screen	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ history of fall	1	4.0	0	0.0	+4.0	0	0.0	+4.0	
C. # w/ fall injury	0	0.0	0	0.0	+0.0	1	3.7	-3.7	
D. # w/ abnormal gait	3	12.0	3	10.7	+1.3	1	3.7	+8.3	
E. # w/ refusal	1	4.0	0	0.0	+4.0	0	0.0	+4.0	
Female Active Clinical 65+	36		34			38			
# w/ fall risk screen/Dx/refusal	6	16.7	5	14.7	+2.0	6	15.8	+0.9	
A. # w/ fall risk screen	1	2.8	0	0.0	+2.8	0	0.0	+2.8	
B. # w/ history of fall	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/ fall injury	2	5.6	1	2.9	+2.6	2	5.3	+0.3	
D. # w/ abnormal gait	3	8.3	4	11.8	-3.4	4	10.5	-2.2	
E. # w/ refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-114: Sample Report, Fall Risk Assessment in Elders

Fall Risk Assessment in Elders: List of patients 65 years or older with fall risk assessment, if any.  
 UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic  
 PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC	
PATIENT2,LORETTA LYNN	000002	COMMUNITY #1	F	78	UP	
PATIENT17,NICOLE 333.99-07/01/06	000017	COMMUNITY #2	F	71	UP;AC	Abnormal Gait: exam 37-12/01/06
PATIENT18,VERONICA	000018	COMMUNITY #2	F	72	UP;AC	Fall Injury: E883.9- 11/10/06
PATIENT19,STEPHANIE	000019	COMMUNITY #2	F	76	UP;AC	Hx of Fall DX: V15.88-07/25/06
PATIENT87,MICHAEL JOHN V15.88-07/25/06	000087	COMMUNITY #3	M	81	UP;AC	ref exam 37-11/16/06
PATIENT88,KENNETH RAY	000088	COMMUNITY #3	M	85	UP;AC	

Figure 2-115: Sample Patient List, Fall Risk Assessment in Elders

### 3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

**Phone:** (505) 248-4371 or  
(888) 830-7280

**Fax:** (505) 248-4363

**Web:** <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

**Email:** [ITSCHelp@ihs.gov](mailto:ITSCHelp@ihs.gov)