

2007 GPRA REPORTING INSTRUCTIONS

RPMS and Non-RPMS Users (Urban Programs)

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Statement of Purpose

Dear Program Administrator:

The purpose of this letter is to request your continued assistance in collecting the Government Performance and Results Act (GPRA) data for Fiscal Year 2007. I would first like to take this opportunity to thank you and your staff for your participation in the performance improvement process.

As you may know GPRA continues to be an important component in monitoring and improving quality patient care in your facility. The basic questions that GPRA data can answer are straightforward: “Are we doing those things that we agreed were important for maximizing the health of our Active clinical patients?” and “Are there ways that we could improve the overall health status of our patient population?”

As was requested in the previous reporting year, the staff at your facility will be asked to participate in the reporting process again in 2007. While this process may still seem tedious, know that continued involvement will allow for the establishment of processes that will prove useful and rewarding toward meeting program goals with regard to patient care. In addition, many providers have found that participating in the GPRA reporting process provides a necessary review of changes in standards of care for a broad range of disease categories and identifies disease trends at their facility. Through the reporting process, providers often have a better idea of what changes they can make to improve the outcome for their patient population who suffer from devastating and otherwise preventable diseases.

Once the reporting process is completed based on your local process in addition to this guidance, the data should be forwarded to you Area GPRA Coordinator (Appendix A-3) who will then forward reports on to the National GPRA data repository at the California Area Office. We recommend that you print a summary report and all supporting documentation (queries including logic for each measure) for your records. This report will be useful in the event of an audit and will also assist your staff with successive reporting requirements.

Your area GPRA coordinator can assist you in obtaining reports and comparison data. In addition, your Area GPRA coordinator can assist you in identifying program strengths and deficiencies. Facilities are encouraged to review the summary report and recommendations in a team setting, establish priorities together, and develop an action plan with a timetable for re-evaluation.

Preface

Welcome to GPRA 2007! The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Annual Performance Plan.

The Indian Health Service tracks and reports on GPRA clinical measures relating to diabetes care, cancer screening, immunization, and other preventative health measures. Other GPRA measures include non-clinical measures relating to technology and data improvement, quality of care, and infrastructure.

Please take the time to read carefully through the following information for a brief summary of this year's changes followed by general directions. More specific instructions for any of the steps appear in subsequent sections.

Introduction

RPMS vs. Non-RPMS

Facilities that are currently running RPMS are able to report on any or all of over 200 clinical performance measures, representing 44 clinical topics. Each year, an updated version of CRS software is released to reflect changes in and additions to clinical performance measure definitions. Due to these continuous changes, it is critical to ensure the most up to date software is in place prior to the GPRA reporting period. If your facility is currently running RPMS please see the subsequent section (*GPRA reporting instructions for RPMS users*) for the appropriate reporting instructions. For additional information on CRS software installation and logic please reference the following: <http://www.ihs.gov/cio/crs/index.asp>.

Facilities that do not run RPMS clinical software will have to submit GPRA data using the provided Excel template (*2007 GPRA reporting template*). For facilities that wish to run their audits through electronic queries, it is imperative to run simultaneous manual and e-audits and compare results before submitting data. The results from the manual and e-audit should be quite similar. If the results of one or more of the elements are significantly different, an investigation into the reasons for the divergence needs to be undertaken. Once the differences are resolved, the two auditing methods should yield analogous results and the electronic query audits can provide validated results. If your facility is currently running a Non-RPMS software package, please see the subsequent section (*GPRA reporting instructions for Non-RPMS users*) for the appropriate reporting instructions.

GPRA Reporting Instructions for RPMS users

**Note: 2007 GPRA report is due on: April 30th, 2007 (using CRS 7.0) – 3rd Quarter Report and August 15, 2007 (using CRS 7.0) – 4th Quarter Report*

These instructions provide specific information about the menu options you must choose in order to generate the correct output for this reporting requirement. (Please note that you **will not** be able to generate the most current reportable data unless you have installed CRS Version 7.0. Previous CRS versions will run a GPRA report, but will provide outdated information for purposes of GPRA reporting).

To run the National GPRA Report

NOTE: Before running the National GPRA report for national (GPRA reporting) use, you should know the name of the community taxonomy to be used, if it's different from the default.

1. To access the **GPRA Menu**, type **GPRA** at the “Select IHS Core Option:” prompt.
2. To access the CRS 2007 Main Menu, type **CI07** at the “Select IHS Clinical Reporting System (CRS) Main Menu option:” prompt from the CRS Main Menu (Figure 6-1).

```
*****
** IHS/RPMS CLINICAL REPORTING SYSTEM (CRS) **
*****
                        Version 7.0
                        DEMO INDIAN HOSPITAL
CI07 CRS 2007 ...
CI06 CRS 2006 ...
CI05 CRS 2005 ...
GP04 GPRA+ FY04 ...
GP03 GPRA+ FY03 ...
GP02 GPRA+ FY02 ...
```

Figure 6-1: CRS Main Menu

3. The CRS 2007 Main Menu will be displayed (Figure 6-2).
4. To access the **CRS Reports Menu**, type **RPT** at the “Select CRS 2007 Option:” prompt.

```
*****
** IHS/RPMS CRS 2007 **
** Clinical Reporting System **
*****
                        Version 7.0
                        DEMO INDIAN HOSPITAL
RPT Reports ...
SET System Setup ...
AO Area Options ...
Select CRS 2007 Option: RPT Reports
```

Figure 6-2: CRS 2007 Main Menu

2007 GPRA Reporting Instructions

5. The CRS 2007 Reports menu is displayed (Figure 6-3).

- **To access the sub-menu for the National GPRA reports**, type **NTL** at the “Select Reports Option:” prompt. The National GPRA Reports menu displays (Figure 6-3).

```
*****
** IHS/RPMS CRS 2007 **
** Reports Menu **
*****
Version 7.0
DEMO INDIAN HOSPITAL
NTL National GPRA Reports ...
LOC Reports for Local Use: IHS Clinical Measures ...
OTH Other National Reports ...
TAX Taxonomy Reports ...
```

Figure 6-3: CRS 2007 Reports Menu

6. Type **GP** at the “Select National GPRA Reports Option:” prompt.

```
*****
** IHS/RPMS CRS 2007 **
** National GPRA Reports **
*****
Version 7.0
DEMO INDIAN HOSPITAL
GP National GPRA Report
XP Comprehensive National GPRA Export
CMP Comprehensive National GPRA Patient List
LST National GPRA Report Patient List
NST Create Search Template for National Patient List
```

Figure 6-4: National GPRA Reports Menu

7. Information about the National GPRA report will appear and the site-populated taxonomies needed to run the report will be checked (Figure 6-5).

```
IHS 2007 National GPRA Report
This will produce a National GPRA report.
You will be asked to provide the Community taxonomy to determine which patients
will be included. This report will be run for the time period July 1, 2006
through June 30, 2007 with a baseline period of July 1, 1999 through
June 30, 2000. This report will include beneficiary population of
American Indian/Alaska Native only.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER:
```

Figure 6-5: Running the National GPRA Report: Report Description Display and Taxonomy Check

2007 GPRA Reporting Instructions

8. If the message “The following taxonomies are missing or have no entries:” displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

**See CRS User Manual (4.0 – Getting Started: System Setup) for instructions on how to edit/modify site-populated laboratory and drug taxonomies.*

If the message “All taxonomies are present. End of taxonomy check. Press ENTER:” displays, press the Enter key to continue.

9. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the “Enter the Name of the Community Taxonomy:” prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

NOTE: *If you are running the National GPRA report for national (GPRA reporting) use, you should use your site’s official GPRA community taxonomy.*

10. Type **Y** or **N** at the “Do you wish to export this data to Area?” prompt. You should only choose this option when you are ready to send final data to your Area Office.

11. The “Do you wish to create a HEIGHT/WEIGHT Output file?” prompt is displayed, along with information about this file. If you want to create a file containing this data for your local use, type “Y.” You will then be prompted to choose whether you want to create a single file of data or multiple files. If you want to view this data in Excel, you may want to create multiple data files, since Excel limits the total records to 65,536 to a single file and truncates the remaining records. **NOTE: If you choose not to create the local file, a file will not be created on your local server; however, the height and weight data will still be sent to your Area Office UNLESS the Height/Weight site parameter is set to “N”. If your facility does want to export its height and weight data to the Division of Epidemiology, this site parameter should be set to “Y.”** A copy of a letter addressed to Tribal Clinic Directors that discusses this data file in detail and explains how the information will be used is included in Appendix A.

NOTE: The height and weight files include data for all active clinical patients included in the National GPRA report and includes visit data containing height and/or weight measurements taken during the period July 1, 1999 through June 30, 2007. The Area Office will create a combined file that contains unduplicated data from all facilities, which it will send to the California Area Office for transmission to the Division of Epidemiology. The Division of Epidemiology will use the data to construct frequency curves. Only the unique registration record ID of each patient is sent; individual names and chart numbers are not sent. **Set the Height/Weight site parameter to “N” if your facility does not want its height and weight data exported to the Division of Epidemiology.**

2007 GPRA Reporting Instructions

```
Specify the community taxonomy to determine which patients will be
included in the report. You should have created this taxonomy using QMAN.
Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
Your HOME location is defined as: HOME asufac: 999989
Do you wish to export this data to Area? Y YES
Height and Weight data is contained in this report. Do you wish to create
a file of all the heights and weights in this file? You can use this file
to upload to another system like SAS or Microsoft ACCESS.
WARNING: This file can be very large as it contains 1 record for each
height and weight taken on the patients in the active clinical population.
This file may be too large for EXCEL. If you don't plan on using this
data for a study some kind, please answer NO to the next question.
Do you wish to create a HEIGHT/WEIGHT Output file? N// NO
```

Figure 6-6: Running the National GPRA Report: Selecting Community Taxonomy, Export Option, Height and Weight File Option

12. A Summary of the report will display (Figure 6-7), showing the pre-defined date ranges, selected community taxonomy name and Home location. If any of this information is incorrect, type a caret (^) (Shift-6) to return to a previous menu.

```
                SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED
The date ranges for this report are:
    Report Period: Jul 01, 2006 to Jun 30, 2007
    Previous Year Period: Jul 01, 2005 to Jun 30, 2006
    Baseline Period: Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 999989

Please choose an output type. For an explanation of the delimited
file please see the user manual.

Select one of the following:

P Print Report on Printer or Screen
D Create Delimited output file (for use in Excel)
B Both a Printed Report and Delimited File

Select an Output Option: P//
DEVICE: HOME// 0;P-OTHER80 VT    Right Margin: 80//
```

Figure 6-7: Running the National GPRA Report: Selecting Print Options – Print to Screen

13. Type the corresponding letter for your output at the “Select an Output Option:” prompt.

- **D** (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways.

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing **Q** at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

Once you select D (Delimited) at the “Select an Output Option:” prompt, you will be prompted to print your file to the screen (S) or to an **electronic file (F)**.

2007 GPRA Reporting Instructions

Once you select F (File), type the name of the delimited file at the “Enter a filename for the delimited output:” prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network’s Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

Before you queue the file to run write down the following information (Figure 6-7):

- Text file name and directory: MYTESTFILE.txt//usr/ihs/trg directory
- BG07 file name and directory: BG07####.###/usr/spool/uucppublic/ directory

Note: Depending on your site configuration, these files may not be exported to the Area Office. If this is the case, please e-mail the files to your Area GPRA Coordinator (Appendix A-3:GPRA Coordinators List).

11. You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d Create Delimited output file (for use in Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

    S SCREEN - delimited output will display on screen for capture
    F FILE - delimited output will be written to a file in pub

Select output type: S// f FILE - delimited output will be written to a file in
pub
Enter a filename for the delimited output (no more than 40 characters):
mytestfile

When the report is finished your delimited output will be found in the
/usr/ihs/trg directory. The filename will be MYTESTFILE.txt

A file will be created called BG07661610.33 and will reside
in the /usr/spool/uucppublic/ directory.

Note: Depending on your site configuration, these files may need to be
manually sent to your Area Office.

Won't you queue this ? Y// y YES
Requested Start Time: NOW//20:00:00 (APR 27, 2007@20:00:00)
Tasked with 2033810
```

Figure 6-8: Running the National GPRA Report: Delimited Reports

NOTE: When you select Y at Export, the CRS software will automatically create a file that begins with “BG07” in the PUB directory. This file is different from any files you may create, such as a delimited file. You will need to transmit this file to your Area Office. If you choose to create the height/weight file, it will automatically create a file that begins with “HW” in the PUB directory. Do **not** export this file to the Area Office.

GPRA Reporting for Non-RPMS Users

Electronic Queries

**Note: 2007 GPRA report is due on:
April 30th, 2007 (using CRS 7.0) – 3rd Quarter Report
August 15, 2007 (using CRS 7.0) – 4th Quarter Report*

Data Collection

1. Run a list of your **GPRA user population** (based on definition provided on page 15) to determine all patients that should be included in the review process.
2. Once you have tracked and identified your GPRA user population files, sub-categorize those patients into their appropriate denominator definition for each specific measure or group of measures (see Table 1, column B).
3. Once you have identified all of the active patients in that measure denominator, identify the records of those patients that fit the criteria described by the numerator logic of that measure.
4. Continue this process until you have queried all appropriate patients for each measure.

**As noted previously, all electronic queries and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

Data Entry

1. For manual tabulation of data please use the Electronic Query Cheat Sheet (Table 1). This method requires that data be transferred to the 2007 GPRA reporting template (Appendix A-2) before it can be submitted to your Area GPRA coordinator (Appendix A-3) for review and forwarding to the National GPRA Support Team.

Data Submission

1. Once you have entered your data into the 2007 GPRA reporting template, save the file as: FacilityName2007.xls
2. Open e-mail and send file as an attachment to your Area GPRA coordinator (Appendix A-3) with subject title (FacilityName 2007 GPRA Report).

Manual Chart Reviews

In an effort to maintain similar standards for all Urban programs, facilities that perform manual chart reviews are strongly encouraged to audit 100% of their patient population. However, in the event that your facility is unable to audit all charts you will need to follow the subsequent guidance relating to sample size and reporting of population samples.

****Note: 2007 GPRA report is due on: April 30th, 2007 (using CRS 7.0) – 3rd Quarter Report and August 15, 2007 (using CRS 7.0) – 4th Quarter Report***

100% Chart Review for GPRA reporting

Data Collection

1. Run a list of your **GPRA user population** (based on definition provided on page 15) off of your patient registration data to determine all patients that should be included in the review process.
2. Once you have tracked down the records of all GPRA users, sort the records by GPRA denominator group, (i.e. separate out all active diabetic patients).
3. Record the number of patients in that group (denominator). [Column D-Table1]
4. Once the records are separated review each chart for the appropriate numerator logic (e.g. documented A1c, etc). **Manual Chart Review Sheet** (Appendix A-1)
5. After completion of the first group, continue the process for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

Data Entry

6. From each Manual Chart Review Sheet, tabulate the total number of patients in the numerator and denominator of each group and transpose the data onto the Electronic Query Cheat Sheet (Table 1).
7. Once the data collection process is complete (Electronic Query Cheat Sheet), transfer the data to the Excel Template ***2007 GPRA reporting template*** (Appendix A-2) provided.

Data Submission

8. Once you have entered your data into the 2007 GPRA reporting template, save the file as: FacilityName2007.xls and send file as an attachment to **your Area GPRA coordinator** (Appendix A-3) with subject title (FacilityName 2007 GPRA Report).

Population sampling for GPRA reporting

Data Collection

1. **Determine your sample size.** See Table 2
2. **Randomly select charts:**

The systematic random sampling technique will provide the best representative sample for audit. This is done in the following fashion: Suppose you need to select 69 charts from a registry list of 1000 patients. First, divide 1000 by 69, which yields the number 14.4. You now know that you must select one chart out of fourteen.

However, don't automatically start with the first person. Use any method of random chance to determine which one of the first 14 people on the list should be selected. Use your imagination! Number 14 pieces of paper with 1 through 14 and have someone draw one, or simply ask someone to pick a number between 1 and 14. Then use that number to select your first name for chart audit.

Proceed through the entire list, selecting every 14th person on the list. Please note that it is important to track down the charts which are missing from Medical Records as these are likely to belong to patients who have been seen recently and have high compliance with the Standards of Care.

3. Once you have tracked down all of the records for that GPRA measure or group of measures, **review each chart** for the appropriate numerator logic (e.g. documented A1c, etc). *Manual Chart Review Sheet* (Appendix A-1)
4. After completion of the first group, **continue the random sampling process** for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

Data Entry

9. From each Manual Chart Review Sheet, **tabulate the total** number of patients in the numerator and denominator of each group and transfer the data onto the Electronic Query Cheat Sheet (Table 1).
10. Once the data collection process is complete (Electronic Query Cheat Sheet), transfer the data to the Excel Template *2007 GPRA reporting template* (Appendix A-2) provided.

Data Submission

11. Once you have entered your data into the 2007 GPRA reporting template, save the file as: FacilityName2007.xls and send file as an attachment to **your Area GPRA coordinator** (Appendix A-3) with subject title (FacilityName 2007 GPRA Report)

**Note: All manual review sheets and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

Table 1: Electronic Query Cheat Sheet

FACILITY NAME/ASUFAC: _____ SAMPLING METHOD (circle the appropriate method): 100% RANDOM SAMPLING

	A. GPRA Measure	B. Denominator (logic cross reference)	C. # Patients in Numerator	D. # Patients in Denominator
1	Diabetes Dx Ever	GPRA User Population		
2	Documented HbA1c	Active Diabetic Patients		
3	Poor Glycemic Control	Active Diabetic Patients		
4	Ideal Glycemic Control	Active Diabetic Patients		
5	Controlled BP <130/80	Active Diabetic Patients		
6	LDL Assessed	Active Diabetic Patients		
7	Nephropathy Assessed	Active Diabetic Patients		
8	Influenza 65+	Active Clinical Patients ages 65 or older		
9	Pneumovax 65+	Active Clinical Patients ages 65 or older		
10	Pap Smear Rates	Female Active Clinical Patients ages 21-64 w/out documented history of Hysterectomy		
11	Mammogram Rates	Female Active Clinical Patients ages 52-64 w/out doc hx of bilateral mastectomy or 2 separate unilateral mastectomies		
12	FAS Prevention	Female Active Clinical Patients ages 15-44		
13	DV/IPV Screening	Female Active Clinical Patients ages 15-40		
14	BMI (Childhood Weight Control)	Active Clinical Patients ages 2-5 for whom BMI could be calculated		
15	Tobacco Cessation	Active Clinical Patients identified as current tobacco users		
16	Childhood Immunization	Active Clinical Patients ages 19-35 months		
17	Depression Screening	Active Clinical Patients 18+		

How to determine sample size:

The number of charts you will need to select depends on the number of active patients for **each** specific GPRA measure. Some measures can be grouped together such as: Diabetes Group [Documented A1c, Poor Glycemic Control, Ideal Glycemic Control, Controlled BP, LDL Assessed, and Nephropathy Assessed] and Elder care Group (65+) [Influenza and Pneumovax]. All other measures require the determination of sample sizes separately based on the denominator designation.

Table 2 outlines the minimum number of charts you will need to audit to be reasonably sure (95% Confident) that a 5% difference noted from previous or subsequent audits is a real change and not just due to chance. Please review the following example; [*DV/IPV screening measure*] – If your facility has 200 Active female patients between the ages of 15-40, than you will need to randomly select 132 of those charts and review/document if they have received the appropriate screening within the Report period (see GPRA logic for exact measure definition).

Table 2: Sample Size Calculations

Population (specific to measure)	95% Confidence Level (5% CI) Sample size	Population (specific to measure)	95% Confidence Level (5% CI) Sample size
<30	All	320	175
30	28	340	180
40	36	360	186
50	44	380	191
60	52	400	196
70	59	420	201
80	66	440	205
90	73	460	209
100	79	480	213
110	86	500	217
120	91	525	222
130	97	550	226
140	103	575	230
150	108	600	234
160	113	650	241
170	118	700	248
180	123	750	254
190	127	800	260
200	132	900	269
220	140	1000	278
240	148	2000	322
260	155	3000	341
280	162	4000	350
300	168	5000	357

GPRA Performance Measures and Logic

GPRA DENOMINATOR DEFINITIONS

Report Period: July 1, 2006 – June 30, 2007

Unless noted otherwise in the measure definition, patient age is calculated as of the beginning of the Report Period.

- **Active Clinical Population for National GPRA Reporting (for Urban Programs Providing Direct Services)**

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

The second visit can be to either a core clinic or one of the following:

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

- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN).
- Must reside in a community assigned to the program.

- **Active Clinical Population for National GPRA Reporting (for referral programs only)**

- Must have two referral visits in the 3 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).
- Must reside in a community assigned to the program.

- **GPRA User Population (This definition is only used for the Diabetes Ever measure)**

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN)
- Must reside in a community assigned to the program.

FY07 Performance Measure Logic (CRS 7.0)

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions, GPRA measures in yellow</i>)
<p>Diabetes Prevalence* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (included in NTL report; not reported to Congress)</i></p>	<p><i>No changes from Version 6.1</i></p> <p>Denominator: User Population patients. Numerators: 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever.</p>
<p>Diabetes: Glycemic Control* Diabetes Program/ Dr. Charlton Wilson +</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerators:</p> <ol style="list-style-type: none"> 1) Hemoglobin A1c documented during the Report Period. 2) GPRA: Poor control: A1c greater than (>) 9.5 3) GPRA: Ideal control: A1c less than (<) 7 <p>Definitions:</p> <ol style="list-style-type: none"> 1) A1c: CPT 83036, LOINC taxonomy or site-populated taxonomy DM AUDIT HGB A1C TAX
<p>Diabetes: Blood Pressure Control* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: see Diabetes: Glycemic Control topic above. Numerator: GPRA: Controlled BP, < 130/80</p> <p>Definitions:</p> <ol style="list-style-type: none"> 1) Blood Pressure - CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

2007 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i> , GPRA measures in yellow)
<p>Diabetes: Lipids Assessment* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i> Denominator: see Diabetes: Glycemic Control topic above). Numerator: GPRA: Patients with LDL completed during the Report Period, regardless of result</p> <p>Definitions: 1) Lipid Profile: CPT 80061; LOINC taxonomy (<i>removed all LOINC codes in the LOINC taxonomy except one, as they were not tests for a lipids profile/panel</i>); site-populated taxonomy DM AUDIT LIPID PROFILE TAX. 2) LDL: CPT 83721; LOINC taxonomy (<i>added codes to LOINC taxonomy</i>); site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.</p>
<p>Diabetes: Nephropathy Assessment* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i> Denominator: see Diabetes: Glycemic Control topic above). Numerator: GPRA: Patients with <i>nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria)</i> during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period. Definitions: 1) Estimated GFR: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy (<i>added codes to LOINC taxonomy</i>). 2) <i>Quantitative Urinary Protein Assessment: CPT 82042, 82043, or 84156; LOINC taxonomy; or 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)</i> 3) End Stage Renal Disease: ANY diagnosis ever of 585.5, 585.6 or V45.1 or ANY CPT in the range of 90918-90925.</p>
<p>Adult Immunizations: Influenza* Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i> Denominator: GPRA: Ages 65 and older. Numerator: GPRA: Patients with influenza vaccine documented during the Report Period or with documented refusal. Definitions: 1) Influenza Vaccine: Immunization/CVX codes 15, 16, 88, or 111; POV V04.8 (old code), V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) Refusal of Influenza Vaccine: Immunization/CVX codes: 15, 16, 88, or 111</p>

2007 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i> , GPRA measures in yellow)
<p>Adult Immunizations: Pneumovax* Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients ages 65 or older.</p> <p>Numerator: GPRA: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.</p> <p>Definitions: 1) Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) Refusal of Pneumovax Vaccine: Immunization/CVX codes 33, 100, 109</p>
<p>Cancer Screening: Pap Smear Rates Carolyn Aoyama</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy.</p> <p>Numerator: GPRA: Patients with documented pap smear in past three years or refusal in past year.</p> <p>Definitions: 1) Hysterectomy: A) V Procedure: 68.4-68.9; B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135. 2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (corrected description), V72.3 Gynecological Examination , Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (corrected description) (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; C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; E) Women’s Health: Procedure called Pap Smear; F) LOINC taxonomy; G) Site-populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear</p>
<p>Cancer Screening: Mammogram Rates* Carolyn Aoyama</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.</p> <p>Numerator: GPRA: Patients with documented mammogram in past two years or refusal in past year.</p> <p>Definitions: 1) Bilateral Mastectomy: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) Unilateral Mastectomy: Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) Mammogram: A) V Radiology or V CPT: 76090, 76091, 76092, G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women’s Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) Refusal Mammogram: V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202.</p>

2007 GPRA Reporting Instructions

Performance Measure	<p align="center">Definition</p> <p align="center">(NOTE: <i>Red, bold italic type indicates new or edited definitions, GPRA measures in yellow</i>)</p>
<p>Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) Wilbur Woodis</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: 1) GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerators: 1) GPRA: Patients screened for alcohol use during the Report Period, including refusals in the past year.</p> <p>Definitions:</p> <p>1) Alcohol Screening: PCC Exam code 35; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1 2) Alcohol-related Diagnoses: POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69 4) Alcohol Education: All Patient Education codes containing “AOD-” or “-AOD” or old codes containing “CD-” or “-CD”</p>
<p>Intimate Partner (Domestic) Violence Screening* Dr. Theresa Cullen/ Denise Grenier, LCSW</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 15-40.</p> <p>Numerator: GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.</p> <p>Definitions: 1) IPV/DV Screening: PCC Exam Code 34 or BHS IPV/DV exam 2) IPV/DV Related Diagnoses: POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) IPV/DV Patient Education: Patient Education codes containing “DV-” or “-DV” 4) IPV/DV Counseling: POV V61.11 5) Refusals: A) <u>Any</u> PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) <u>Any</u> refusal in past year with Patient Education codes containing "DV-" or “-DV”.</p>

Performance Measure	<p align="center">Definition</p> <p align="center">(NOTE: <i>Red, bold italic type indicates new or edited definitions</i>, GPRA measures in yellow)</p>																																											
<p>Childhood Weight Control Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups.</p> <p>Numerator: GPRA: Patients with a BMI 95% and up.</p> <p>Definitions: 1) Age: All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group.</p> <p>2) BMI: 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 are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight.</p> <p align="center">BMI STANDARD REFERENCE DATA</p> <table border="1" data-bbox="492 915 1521 1249"> <thead> <tr> <th rowspan="2">Ages</th> <th rowspan="2">Sex</th> <th rowspan="2">(Overwt)</th> <th colspan="2">Data Check Limits</th> </tr> <tr> <th>BMI ></th> <th>BMI <</th> </tr> </thead> <tbody> <tr> <td rowspan="2">2-2</td> <td>Male</td> <td>18.7</td> <td>36.8</td> <td>7.2</td> </tr> <tr> <td>Female</td> <td>18.6</td> <td>37.0</td> <td>7.1</td> </tr> <tr> <td rowspan="2">3-3</td> <td>Male</td> <td>18.0</td> <td>35.6</td> <td>7.1</td> </tr> <tr> <td>Female</td> <td>18.1</td> <td>35.4</td> <td>6.8</td> </tr> <tr> <td rowspan="2">4-4</td> <td>Male</td> <td>17.8</td> <td>36.2</td> <td>7.0</td> </tr> <tr> <td>Female</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td rowspan="2">5-5</td> <td>Male</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td>Female</td> <td>18.5</td> <td>39.2</td> <td>6.8</td> </tr> </tbody> </table>	Ages	Sex	(Overwt)	Data Check Limits		BMI >	BMI <	2-2	Male	18.7	36.8	7.2	Female	18.6	37.0	7.1	3-3	Male	18.0	35.6	7.1	Female	18.1	35.4	6.8	4-4	Male	17.8	36.2	7.0	Female	18.1	36.0	6.9	5-5	Male	18.1	36.0	6.9	Female	18.5	39.2	6.8
Ages	Sex				(Overwt)	Data Check Limits																																						
		BMI >	BMI <																																									
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3-3	Male	18.0	35.6	7.1																																								
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5-5	Male	18.1	36.0	6.9																																								
	Female	18.5	39.2	6.8																																								
<p>Tobacco Cessation Mary Wachacha/ Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients identified as current tobacco users prior to the Report Period</p> <p>Numerator: GPRA: Patients who have received tobacco cessation counseling during the Report Period, including documented refusal in past year.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless (<i>deleted Cessation-Smoker and Smokeless; not a current Health Factor</i>); B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), <i>649.00-649.04</i>, or V15.82; C) Dental code 1320.</p> <p>2) Tobacco Cessation Counseling: Any of the following: Patient Education codes containing "TO-", "-TO", or "-SHS"; Clinic Code 94, Dental Code 1320, <i>CPT code G0375 or G0376</i>; or documented refusal of patient education codes containing "TO-", "-TO", or "-SHS" during Report Period.</p> <p>3) Quit Smoking: POV or Current Active Problem List 305.13, Health Factors Previous Smoker, Previous Smokeless.</p>																																											

Performance Measure	<p align="center">Definition</p> <p align="center">(NOTE: <i>Red, bold italic type indicates new or edited definitions</i>, GPRA measures in yellow)</p>
<p>Childhood Immunizations Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p> <p>*NOTE: RPMS Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.</p> <p>Non-RMS sites must use the denominator definition of: GPRA Active Clinical patients (pg. 15) 19 – 35 months at the end of the Report Period.</p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: User Population patients active in the Immunization Package who are 19-35 months at end of Report period.</p> <p>Numerator: GPRA: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.</p> <p>1) Dosage and types of immunization definitions:</p> <ul style="list-style-type: none"> • 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap ad 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 1Measles; or 4) 1 each of Measles, Mumps, and Rubella. • 3 doses of Hep B • 3 doses of HIB • 1 dose of Varicella • If codes for the same immunization are dated within 10 days of each other they are to be considered the same immunization. <p>2) Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below:</p> <ul style="list-style-type: none"> • 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.

2007 GPRA Reporting Instructions

Performance Measure	<p style="text-align: center;">Definition</p> <p style="text-align: center;">(NOTE: <i>Red, bold italic type indicates new or edited definitions</i>, GPRA measures in yellow)</p>
<p>Depression Screening* Denise Grenier, LCSW/ Dr. David Sprenger</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 6.1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients ages 18 and older, broken down by gender.</p> <p>Numerator: GPRA: Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year.</p> <p>Definitions:</p> <ol style="list-style-type: none"> 1) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 2) Mood Disorders: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 3) Screening Refusal: Any PCC refusal in past year with Exam Code 36. 4) Depression-related patient education: A) Patient education codes containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or B) "PDEP-" (postpartum depression) or any refusal in past year with Patient Education codes containing "DEP-", "BH-", "SB-", or "PDEP-".

APPENDIX

A

Appendix A-1

Manual Chart Review Sheet

Report Date: July 1, 2006 – June 30, 2007

Demographic Data

Audit Date/Auditor Initials _____ Chart Number _____

Date of Birth ____/____/____ (MM/DD/YYYY) Age _____ Sex _____(M/F)

**Note: Population sections (e.g. Active Diabetic Population) should be used to track population counts for each measure; these values do not need to be entered for each patient.*

<i>All Groups</i>	YES	NO
Diabetes Prevalence: Has this patient been diagnosed w/ Diabetes at any time before the end of the Report period?		
Diabetes Incidence: Has this patient been diagnosed with Diabetes at any time during the Report period?		

<i>Diabetes Group (if applicable)</i>	YES	NO
Documented A1c: Does the patient have a documented A1c during the Report period, regardless of result?		
Poor Glycemic Control: Does the patient have an A1c value <i>greater than (>) 9.5</i> , during the Report period?		
Ideal Glycemic Control: Does the patient have an A1c value <i>less than (<) 7.0</i> , during the Report period?		
Controlled BP: Does the patient have controlled blood pressure (mean systolic <130 and mean diastolic <80), during the Report period?		
LDL Assessed: Does the patient have a completed LDL, during the Report period?		
Nephropathy Assessed: Does the patient have an estimated GFR AND a quantitative urinary protein assessment (changed from positive urine protein or any microalbuminuria) during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period?		
Active Diabetic Population _____		

<i>Adult Immunizations Group (if applicable)</i>	YES	NO
Influenza 65+: Has the patient had Influenza vaccination documented during the Report period, including refusals or not medically indicated in the past year?		
Pneumovax 65+: Has the patient had Pneumococcal vaccination documented at any time before the end of the Report period, including refusals or not medically indicated in the past year?		
Active Clinical Population 65+ _____		

<i>Cervical Cancer Screening Group (if applicable)</i>	YES	NO
Pap Smear: Has the patient had a Pap smear documented in the past 3 years, including refusal in the past year?		
Active Female Clinical Population 21-64 _____		

Manual Chart Review Sheet

<i>Breast Cancer Screening Group (if applicable)</i>	YES	NO
Mammogram: Has the patient had a Mammogram documented in the past 2 years, including refusal in the past year?		
Active Female Clinical Population 52-64 _____		

<i>FAS Screening Group (if applicable)</i>	YES	NO
FAS Screening: Has the patient been screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report period, including refusal in the past year?		
Active Female Clinical Population 15-44 _____		

<i>DV/IPV Screening Group (if applicable)</i>	YES	NO
DV/IPV Screening: Has the patient been screened for or diagnosed with intimate partner (domestic) violence at any time during the Report period, including refusal in the past year?		
Active Female Clinical Population 15-40 _____		

<i>Childhood Weight Control Group (if applicable)</i>	YES	NO
CWC: Does the patient have a BMI > or = 95%? (see BMI chart in logic description)		
Active Clinical Population 2-5 _____		

<i>Tobacco Cessation Group (if applicable)</i>	YES	NO
Tobacco Cessation: Has the patient received tobacco cessation counseling during the Report period, including documented refusal in the past year?		
Active Clinical Population identified as a tobacco user _____		

<i>Depression Screening Group (if applicable)</i>	YES	NO
Depression Screening: Has the patient been screened for depression or diagnosed with mood disorder at any time during the Report period, including refusal in the past year?		
Active Clinical Population 18+ _____		

<i>Childhood Immunization Group (if applicable)</i>	YES	NO
Childhood Immunizations: Has the patient received the 4:3:1:3:3 combination (4 DTap, 3 Polio, 1MMR, 3 HiB, and 3 HepB), including refusals, contraindications, and evidence of disease, during the Report period?		
Active Clinical Population 19-35 months _____		

**** Do not destroy this document ****

Keep all chart audits so that these documents are reproducible in the audit review process.

Appendix A-2

2007 GPRA Reporting Template

Audit Specifications				
<i>Facility Name</i>				
<i>ASUFAC</i>				
<i>Audit Date</i>				
<i>Auditor's Initials</i>				
<i>Audit Method (see Legend Tab)</i>				
<i>GPRA Data</i>	Numerator	Denominator	%	2007 Target
Diabetes Diagnosis Ever			#DIV/0!	N/A
Documented HbA1c			#DIV/0!	N/A
Poor Glycemic Control			#DIV/0!	17%
Ideal Glycemic Control			#DIV/0!	39%
Controlled BP			#DIV/0!	46%
LDL Assessed			#DIV/0!	56%
Nephropathy Assessed			#DIV/0!	baseline
Influenza 65+			#DIV/0!	51%
Pneumovax 65+			#DIV/0!	35%
Pap Smear			#DIV/0!	50%
Mammogram			#DIV/0!	40%
FAS Prevention			#DIV/0!	34%
DV/IPV Screening			#DIV/0!	12%
BMI (Childhood Weight Control)			#DIV/0!	14%
Tobacco Cessation			#DIV/0!	25%
Childhood Immunization			#DIV/0!	37%
Depression Screening			#DIV/0!	33%

Appendix A-3

AREA GPRA COORDINATORS AS OF April 4, 2007

AREA	GPRA COORDINATOR(S)	CONTACT INFORMATION
Aberdeen	Robin Lee, Acting	Robin.Lee@ihs.gov 605-226-7473
Alaska	Bonnie Boedeker	Bonnie.Boedeker@ihs.gov (907) 729-3665
Albuquerque	Regina Robertson	Regina.Robertson@ihs.gov (505) 248-4773
Bemidji	Mary Fairbanks	Mary.Fairbanks@ihs.gov (218) 444-0488
Billings	Diane Jeanotte	Diane.Jeanotte@ihs.gov (406) 247-7125
California	Elaine Brinn	Elaine.Brinn@ihs.gov (916) 930-3981 ext. 320
Nashville	Kristina Rogers	Kristina.rogers@ihs.gov (615) 467-1500
Navajo	Jenny Notah	Genevieve.Notah@ihs.gov (928) 871-5836
Oklahoma	Marjorie Rogers	Marjorie.Rogers@ihs.gov (405) 951-6020
Phoenix	Jody Sekerak	Jody.Sekerak@ihs.gov (602) 364-5274
Portland	Mary Brickell	Mary.Brickell@ihs.gov 503-326-7434
Tucson	John Kittredge, M.D. Karen Higgins, PhD (alternate)	John.Kittredge@ihs.gov (520) 295-2406 Karen.higgins@ihs.gov (520) 295-2532

APPENDIX A-4

Height and Weight Data File Letter



DEPARTMENT OF HEALTH & HUMAN SERVICES

Indian Health Service
Division of Epidemiology
Disease Prevention
5300 Homestead Road, S
Albuquerque, NM 87110

May 2, 2006

To: Area Director
Chief Medical Officer
Clinical Director
GPRA Coordinator
Indian Health Service

From: Chief of Chronic Disease
Medical Epidemiologist
GPRA Field Lead
Indian Health Service

Subject: AI/AN Pediatric Height-Weight Surveillance System

This letter contains important information regarding the American Indian and Alaska Native (AI/AN) Pediatric Height-Weight Surveillance System, a new public health surveillance activity that will help address the problem of obesity among American Indian and Alaska Native children. This letter describes the new activity and its primary data source: height and weight data collected through the Clinical Reporting System (CRS). Because this information is being collected at the site level, we want you to be fully informed about the parameters of this activity, and to understand how this information will be used.

As you know, the prevalence of obesity in American Indian and Alaska Native (AI/AN) populations has increased dramatically over the past 30 years. Among American Indian preschool and school-age children, obesity rates are up to three times higher than those of other US populations. An estimated 40 percent of AI children are overweight. Obesity is a risk factor for diabetes, which now affects over one quarter of the adult AI population, as well as cardiovascular disease, and some cancers. IHS is committed to reducing childhood obesity through SDPI-funded projects, nutrition education and other community and clinical interventions, and partnerships with Tribes.

Obesity is very difficult to treat. Comprehensive obesity prevention programs beginning early in childhood are necessary if the epidemics of obesity and diabetes among AI/AN populations are to be reversed. Evidence-based school and community interventions that are culturally oriented and family centered are needed to encourage lifelong healthy eating and regular physical activity. However, we do not have a consistent source of accurate data on obesity rates among AI/AN populations, and consequently we cannot track or evaluate efforts to prevent and treat obesity in AI/AN communities. In 2001, IHS reported to Congress on the problem of obesity within the AI/AN community, along with suggestions on how to address the problem. We were greatly

hampered in writing this report by the lack of current data. One major recommendation of this report was to “Support clinical behavioral research and evaluation of public health approaches conducted in partnership with tribes by NIH, CDC, and IHS to prevent and treat obesity in AI/AN populations.”* We anticipate being asked to do a follow-up report, and will need better baseline and trend information.

Even prior to this report, IHS began tracking Body Mass Index (BMI) measurement for GPRA reporting in FY 2000. From 2000-2005 this GPRA measure tracked the proportion of active users, ages 2-74, who had height and weight measured and BMI calculated. As of FY 2006, this GPRA measure has begun to focus specifically on reducing obesity among 2-5 year old children, by tracking the rate of children with a BMI above the 95th percentile. While summarized Area reports can provide a useful overview, GPRA data is not detailed enough for purposes of this surveillance activity. For example, the more complete data file would allow tracking of BMI by one-year groups, or comparing trends among children at age 2 with those in the 2-5 year old age group. Different clinical approaches may be required depending upon which of these groups is experiencing an increase in BMI. It will also be possible to calculate other measures such as weight-for-height, which are not programmed into the GPRA report.

The American Indian and Alaska Native (AI/AN) Pediatric Height-Weight Surveillance System is part of the effort to combat childhood obesity. The purpose of this activity is to collect information on the current height and weight status of AI/AN children and use the information to:

- establish a national baseline prevalence of childhood overweight and underweight by defined geographic regions;
- increase awareness of the high prevalence of childhood overweight;
- track changes over time, using consistent measures;
- target resources for healthy growth and development for prevention of diabetes and other chronic diseases; and
- justify additional resources for early intervention in local, regional, and national IHS/Tribal/Urban Indian health programs and communities to decrease the health disparities in AI/AN.

The IHS Division of Epidemiology has worked with the CRS technology staff to develop a method for obtaining the data necessary from reporting GPRA sites. For CRS Version 6.0 (the current released version of the software), when a facility runs the National GPRA report and exports its data to its Area Office, a file is created for children ages 0-18 from 1999-2006, containing the following data elements:

1. Site Name
2. ASUFAC

* Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives*. April 2001

3. Unique Registration ID (from Registration)
4. Date of Birth in MM/DD/CCYY format (from Registration)
5. Ethnicity (from Registration)
6. Gender (from Registration)
7. State of Residence (from Registration)
8. Unique Visit ID (Visit file)
9. Visit/Admit Date&Time (Visit file)
10. Height (converted from inches to centimeters)
11. Weight (converted from pounds to kilograms)

Note both a height and a weight must be recorded for each visit. If only a height or a weight was recorded, it will not be sent in this file.

This file is created automatically, although it does not display during the run. The data for this file is included in the National GPRA file (i.e. files beginning with "BG06") that goes to the Area for aggregation. The Area Office may then run an option to combine all of the facilities' height and weight data into a single data file to be sent to Elaine Brinn at the CAO. The files will then be collected and forwarded to Drs. Marty Kileen and Nat Cobb at the Division of Epidemiology. No unduplication of data occurs during the aggregation process, and the files are not sent automatically to Epidemiology. A site may obtain a data file relating to its population from the Area coordinator.

In CRS Version 6.1, to be released in late June 2006, two changes are going to occur:

1. The content of this file is going to be expanded to include height and weight data for ALL Active Clinical patients, regardless of age. For children ages 0-18, both a height and weight must be recorded on a visit; for all other ages, either a height and/or a weight must be recorded on each visit. The purpose of this change is to allow us to do analyses and trending for adults similar to those described for children.
2. Functionality is going to be added to prompt the user when s/he chooses to export the National GPRA report data to the Area Office if s/he would to create the Height and Weight file locally on their server as a delimited text file. If the user chooses to create the file, it may be opened in an application such as SAS, MS Access or MS Excel. Note that Excel imposes a maximum of 65,535 records per file and if the file contains more than that number of records, the file will be truncated and there will be no way to retrieve the remaining records. Thus, it is recommended that SAS or Access be used to open these files. It is also strongly cautioned that, unless this data is going to be actively used and reviewed, this file should not be created each time the National GPRA report data is exported to the Area Office because the file can be very large, depending on the number of patients in the facility's database.

In order for this data to be complete, statistically meaningful, and comparable to other data sources, it needs to be collected at a local level. Additionally, the site-specific data

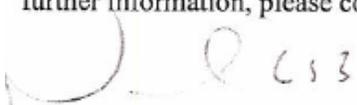
will allow an individual Service Unit or Tribal program to develop interventions or approaches to weight control that take into account specific factors unique to a population. Local-level data also allows us to compare with data from other sources, for internal validation purposes. For example, height and weight data has been collected at several sites for children in schools and Head Start facilities by the Tribal Epicenters. By comparing this data with that collected through CRS, we can find out how well the BMIs currently measured in our clinics represent the BMIs of the entire population of children. It is possible, for instance, that heavier children are more likely to be weighed and measured in our clinics, skewing our statistics.

There are three points we want to emphasize about this surveillance system and the data file. First, **this file does not collect any site-specific performance-related data.** It is a file designed to capture height and weight data for the purposes of statistical data collection only. **No** performance-related measure information is captured and no GPRA measure information is collected, including the proportion of patients who have a BMI calculated at a specific site.

Second, **no site-specific statistical data will be published.** Our intent is to use this statistical data to create age-specific trend data (summarized at the area or state level) to help guide decision making about the childhood weight GPRA measure and associated interventions. We will also use this data to compare with population-based estimates generated from other data collection. Weight and height data will be collected in future years as well.

Third, as is true of any of our patient information, **collection and storage of data will be governed by applicable HIPAA regulations,** and any proposal or request to perform research using this database will be subject to the standard process of IRB review and approval.

We hope that you will appreciate the value of such information, both to the overall effort to combat obesity, and as a potential resource for your site. However, if you have objections to including data from your site in this surveillance system, or would like further information, please contact your Area GPRA coordinator.



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