



RESOURCE AND PATIENT MANAGEMENT SYSTEM

iCare Population Management GUI

(BQI)

Improving Patient Care User Manual

Version 2.7 Patch 1
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Office of Information Technology
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Preface

The purpose of this manual is to provide the information needed to use the latest enhancements to the Panel List window in the iCare (BQI) population management application.

This manual contains reference information about iCare views, examples of its processes, and step-by-step procedures to show how to perform activities related to the Panel List window in the latest version of the iCare application.

For more information about iCare basic functionality, iCare usage, or training for iCare, consult these resources:

- iCare – IHS Office of Information Technology (OIT) available at <https://www.ihs.gov/icare/>
- iCare Population Management GUI, User Manual Version 2.7 (January 2018) available at https://www.ihs.gov/RPMS/PackageDocs/BQI/bqi_027u_ipc.pdf
- iCare Training available at <https://www.ihs.gov/icare/training/>
- Recorded Adobe Connect sessions for iCare available at <https://ihs.adobeconnect.com/r6yazmoz1gm>
- Join the iCare listserv by sending an e-mail to icare@listserv.ihs.gov

1.0 Introduction

iCare is a computer desktop software application that provides a robust method of interacting with the IHS Resource and Patient Management System (RPMS). It retrieves key patient information from various components of the RPMS database and brings it all together under a single, user-friendly interface. iCare helps providers manage the care of their patients by providing the ability to group common categories (e.g., age, diagnosis, community) and create panels that personalizes the way they are able to interact with and gain valuable insights from patient data.

The information included in this Improving Patient Care (IPC) manual covers the IPC functionality updated in iCare v2.7 p1. For more information about iCare basic functionality, iCare usage, or training for iCare, consult the resources listed above in the Preface.

1.1 Background

Along with the rest of the healthcare industry, IHS has developed a set of chronic condition management (or register) applications, for diabetes, asthma, and human immunodeficiency virus (HIV). This type of application provides a way for healthcare providers to manage a specific group (register) of patients for a single-disease state. Register management applications assist healthcare providers to identify high-risk patients, proactively track care reminders and health status of individuals or populations, provide more standardized and appropriate care by embedding evidence-based guidelines and report outcomes.

Many patients, however, have more than one diagnosed disease. For instance, at the current time within the Indian Health system, a diabetic asthmatic woman could be a member of four RPMS registers (diabetes, asthma, women's health, and immunizations). This silo approach to patient care could potentially result in fragmented care and could increase the risk of inadequate patient-care management due to misidentification of the true level of risk.

1.2 iCare Graphical User Interface

The iCare GUI is intended to allow healthcare providers to see a more complete view of patients with multiple conditions, while maintaining the integrity of the user-defined, disease-specific registers.

iCare can help IHS providers by:

- Proactively identifying and managing different groups (populations) of patients who share user-defined characteristics.

- Providing an integrated view of a patient's conditions that would minimize siloed care management.
- Providing an intuitive and integrated interface to the diverse patient data elements of the RPMS database.
- Facilitating providers with a review of clinical quality of care measures for their own patients to enable improvement in the quality of healthcare delivery.
- Enabling views of traditional healthcare information from the perspectives of community, population, and public health.
- Providing the default tag selection as Proposed and Accepted. Tag selection can be changed for any record by selecting or de-selecting any check box.
- Selecting **use AND?** when there are multiple tags selected. The **And** option searches for patients who have ALL the user-defined tags.

1.3 Who Should Use iCare?

Any provider who needs to identify a group of patients for long-term management or to create a temporary list should consider using iCare. Do you fit any of the following scenarios?

- I am a nurse at a facility that assigns a primary care provider to each patient. Every day, I want to create a list of scheduled patients for two different doctors in my clinic.
- I want to identify which of my patients are considered obese, so I can recommend nutrition counseling.
- Because providers at our clinic have performance goals related to annual Government Performance and Results Act (GPRA) clinical measures, I want to identify which of my patients are missing key clinical data.
- Our Women's Health Clinic wants to focus on two clinical performance improvement initiatives this year. We want to identify the performance problem areas for female patients between the ages of 18 and 50.
- I am one of two part-time case managers for a group of children and I want to create a patient list that we both can use.

2.0 Improving Patient Care Support in iCare

IPC is an IHS initiative to improve the healthcare of American Indian and Alaska Native ITU patients. Learn more information about IPC at <http://www.ihs.gov/ipc/>.

2.1 IPC Package Manager

There is an IPC Package Manager key. The user must be granted this key permission by the iCare Package Manager in order to manage the IPC site parameters.

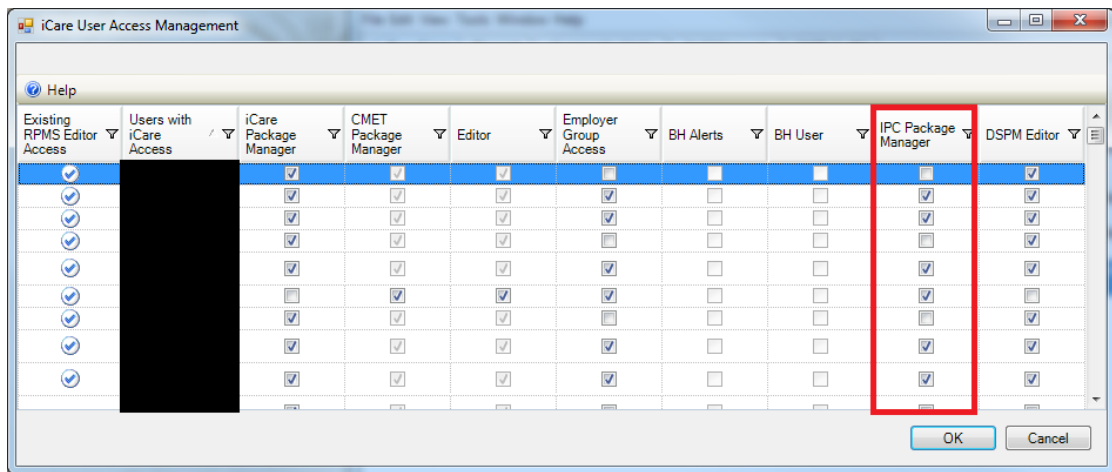


Figure 2-1: iCare User Access Management dialog – IPC Package Manager option

2.2 iCare Site Parameter Options

Access the **iCare Site Parameters** from the **Tools** menu.

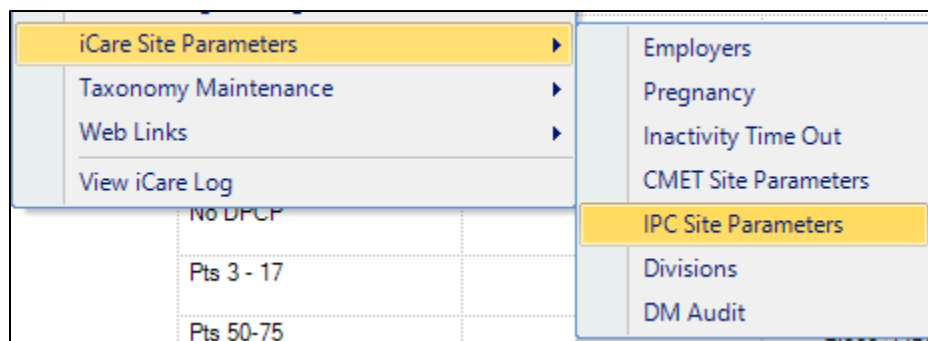


Figure 2-2: iCare Site Parameter options

Use the IPC Site Parameters option to determine the IPC version, day of the month to run IPC data collection, and clinics used for IPC. Select the **IPC Site Parameters** option to access the **iCare Site Parameters - IPC** dialog.

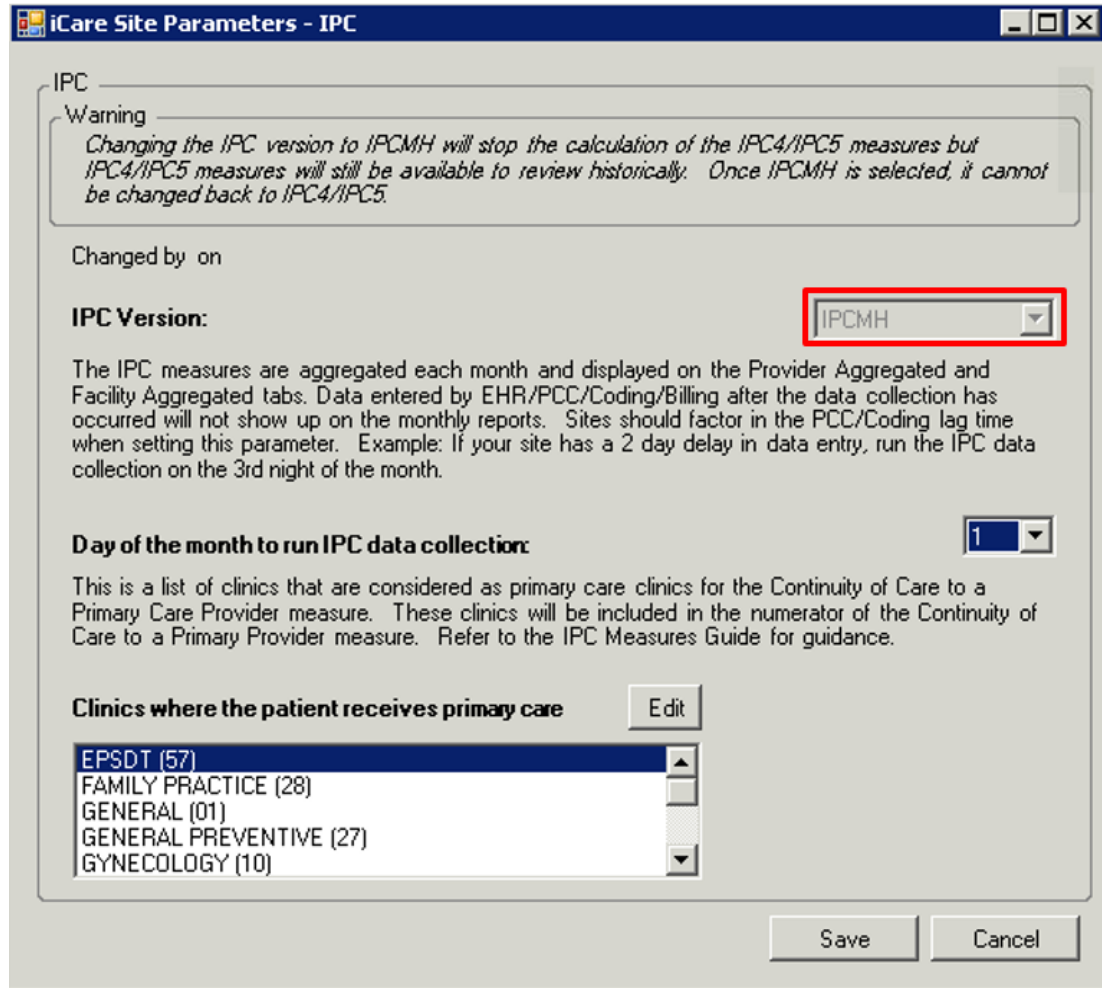


Figure 2-3: Sample iCare Site Parameters - IPC dialog

IPC Version: This is the current version that a site is using. The standard current version was named IPC4/IPC5. With the installation of iCare v2.7 p1, the updated version named IPCMH has been updated. This control will be read only with the installation of iCare v2.7 p1.

Warning: When iCare V2.7 p1 is installed, the site will automatically update to IPCMH. Once the IPC Version has been changed to IPCMH in IPC Site Parameters, it cannot be changed back to IPC4/IPC5. Also, calculations will no longer be done for version IPC4/IPC5, but all previous data will still exist for historical viewing.

2.3 Creating IPC Panels

In Panel Definition dialog on the **Definition** tab (Click **Modify** on Panel List Tab), any panel can be designated as an **IPC** panel. Only those panels selected will be available in the **IPC** tab. Any of the selected panels can be viewed in the **IPC** tab for the **Patient Detail** and **Provider Detail** tabs. The aggregation, seen on the three aggregated tabs, is only done for providers or teams that have providers who have assigned patients.

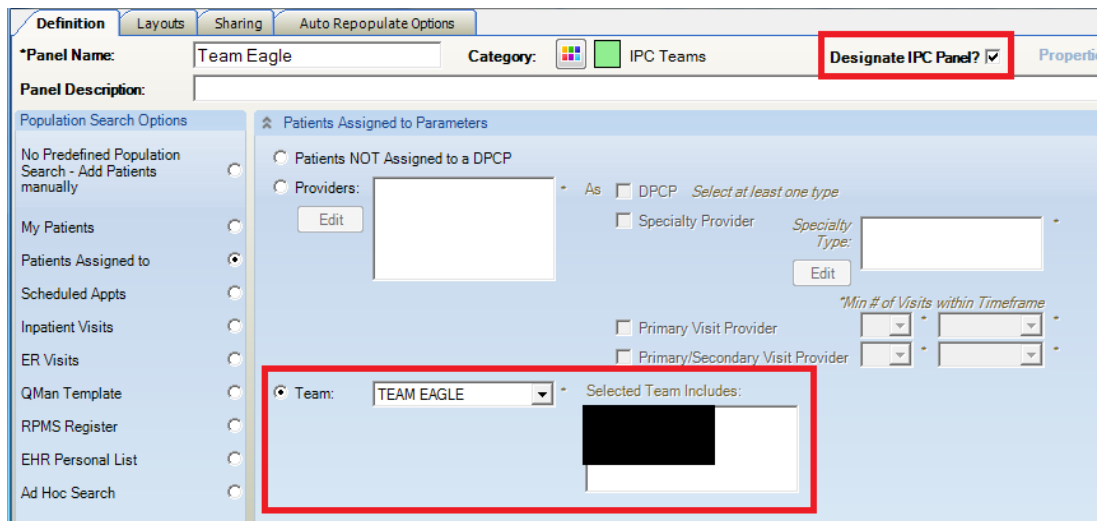


Figure 2-4: Designation of New Patient Panel as IPC Panel by Team

As shown in Figure 2-4, iCare also allows users to create panels of patients that are assigned to a Team.

2.4 IPC Main View

2.4.1 Main View Tab

As shown in Figure 2-5, there is one **IPC** main view tab.

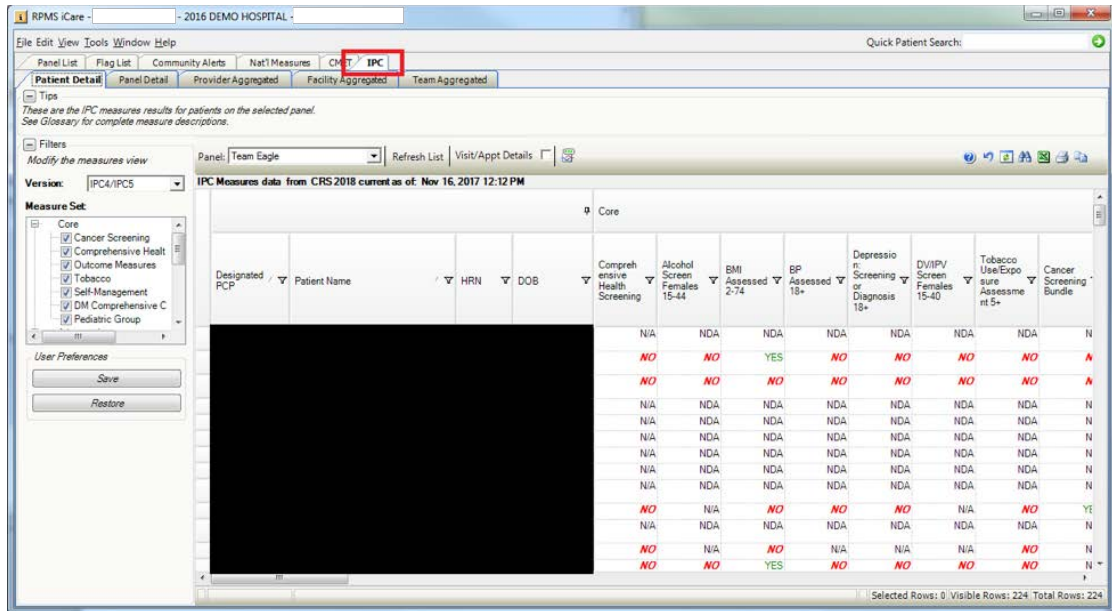


Figure 2-5: IPC main view tab and sub-tabs – **Patient Detail** data displayed with IPC4/5 selected

2.4.2 Sub-Tabs and Measures View

As shown in Figure 2-5, there are five **IPC** main view sub-tabs:

- **Patient Detail**
- **Panel Detail**
- **Provider Aggregated**
- **Facility Aggregated**
- **Team Aggregated**

On the Patient Detail sub-tab, core, and supplemental IPC Measures compliance data for each patient (aggregated by provider) are shown in the table (see Figure 2-5) by the following designations:

- **Yes** (compliant)
- **No** (noncompliant)
- **NDA** (no data available)
- **N/A** (not applicable to patient).

In the **Panel** menu above the data table, select a measure name to display IPC Measures data for all listed patients for the listed providers.

Reduce the amount of horizontal scrolling necessary to see a large number of measure data columns: use the right sidebar **Category Filter** selector to limit columnar data display for each of these IPC Measures or measure sets individually:

- For a panel designated as an **IPC** panel, **Patient Detail** displays all patients with the values of their IPC Measures. The calculated values are based on the last iCare nightly job or weekly National Measures job.
- For the **Panel Detail** sub-tab, core, and supplemental IPC Measure compliance data for each provider are shown in the table by display of measure numerator, denominator, and compliance (% Met = numerator/denominator, Figure 2-6). In the **Panel** menu above the data table, display single IPC Measure data for all listed providers by selecting the measure name.
- In the **Panel Detail** view, a new column will display the total number of IPC patients who have no data available (**Total NDA**) (Figure 2-6). To the left of the **NDA** column, a new **Total Deceased** column also displays, which totals the suspected number of deceased patients erroneously included in each measure.

The screenshot shows the 'Panel Detail' view for 'Team Eagle'. It displays a table of IPC Measures data from CRS2018 current as of Nov 16, 2017 12:12 PM. The table has columns for Measure, Numerator, Denominator, % Met, IPC Goal, Total Patients, Total Deceased, and Total NDA. The 'Total NDA' column is highlighted with a red box.

Measure	Numerator	Denominator	% Met	IPC Goal	Total Patients	Total Deceased	Total NDA
Comprehensive Health Screening	0	61	0%	80%	224	2	224
Alcohol Screen Females 15-44	0	14	0%				
BMI Assessed 2-74	28	58	48%				
BP Assessed 18+	0	55	0%				
Depression: Screening or Diagnosis 18+	0	55	0%				
DVI/IPV Screen Females 15-40	0	14	0%				
Tobacco Use/Exposure Assessment 5+	0	61	0%				
Cancer Screening Bundle	10	32	37%	70%			

Figure 2-6: IPC Panel Detail view with Total NDA column highlighted

Click **Aggregate** to change the data in the table to an aggregated view for all measures and for all providers. The **Aggregate View** hides the **Provider** column and displays aggregated totals for all providers for each measure.

IPC Goal data for the indicated measures also display in this table (Figure 2-7).

Note: IPC Goal values currently only exist for IPC Version IPC4/IPC5.

For a panel designated as an IPC panel, **Panel Detail** displays aggregated data for all patients in the panel for all IPC Measures by provider. The values are calculated based on the last iCare nightly job or weekly National Measures job.

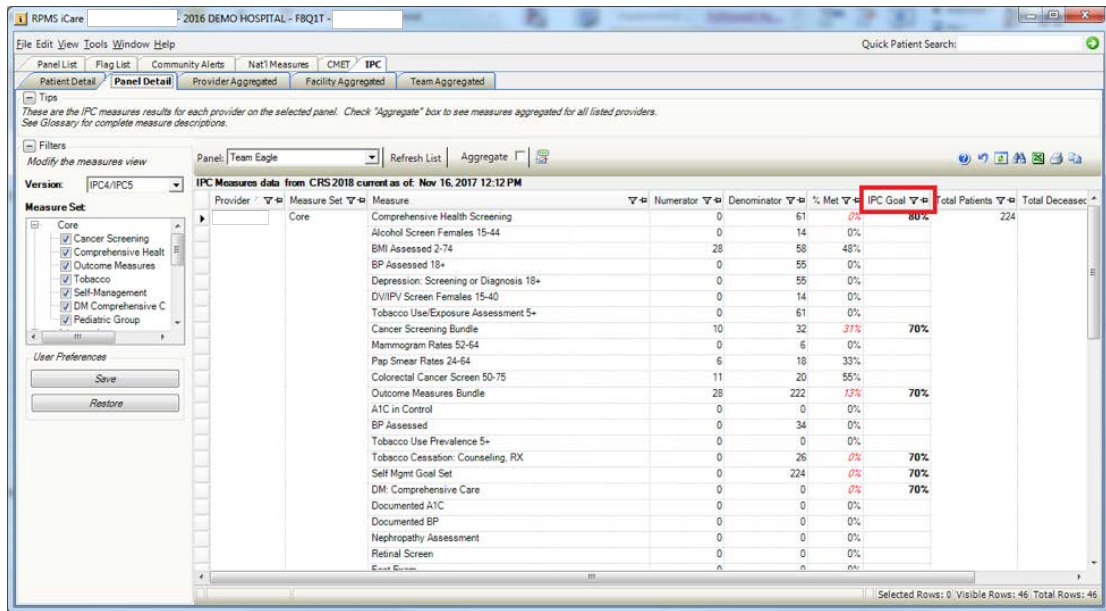


Figure 2-7: IPC Panel Detail sub-tab – IPC Goal column

2.4.2.1 Provider Aggregated Sub-Tab

For the **Provider Aggregated** sub-tab, core, and supplemental IPC-measures compliance data for each provider are shown in the table by the compliance rate (% Met = numerator/denominator) for the indicated month (Figure 2-8). Move the cursor to each data cell in the table to view the numerator and denominator (in a hover box/tooltip) used for calculating the displayed compliance rate.

IPC Goal data for the indicated measures also display in this table (Figure 2-8).

Note: Currently, IPC Goal values exist for IPC Version IPC4/IPC5 only.

As each month or week is processed, **Provider Aggregated** is a view of all providers who are Primary Care Providers for all IPC Measures. These values are not refreshed after they are calculated. They are a snapshot for the previous month or week, which is calculated the next month or weekly on the day specified in the IPC site parameters for data collection.

The screenshot shows the 'Provider Aggregated' sub-tab in the iCare Population Management GUI. The main data table displays compliance data for various measures. The 'IPC Goal' column is highlighted with a red box. The table data is as follows:

Provider	Measure Set	Measure	IPC Goal	11/19/2017	11/12/2017	11/05/2017	10/29/2017
	Immunizations	Childhood Immunization Status	0%	0%	0%	0%	0%
		Adolescents Immunization Status	0%	0%	0%	0%	0%
		Adult Composite Immunization	43%	43%	43%	43%	43%
		Influenza Immunization Status	0%	0%	0%	0%	0%
	Chronic Care	Diabetes Comprehensive Care	0%	0%	0%	0%	0%
		A1C Control > 9	0%	0%	0%	0%	0%
		BP Control	0%	0%	0%	0%	0%
		Asthma Control - Pharmacologic Therapy for Persistent Asthma	0%	0%	0%	0%	0%
		Body Mass Index (BMI) Screening	43%	43%	43%	43%	43%
		Weight Assessment/Counseling Children/Adolescents	0%	0%	0%	N/A	N/A
	Other Preventive Services	Colorectal Colon Rectal Screening	38%	38%	38%	38%	38%
		Breast Cancer Screening	0%	0%	0%	0%	0%
		Cervical Cancer Screening	77%	77%	77%	77%	77%
	Behavioral Health	Screening for Clinical Depression	0%	0%	0%	0%	0%
	Immunizations	Childhood Immunization Status	0%	0%	0%	0%	0%
		Adolescents Immunization Status	0%	0%	0%	0%	0%
		Adult Composite Immunization	13%	13%	6%	6%	6%
		Influenza Immunization Status	13%	13%	6%	6%	6%
	Chronic Care	Diabetes Comprehensive Care	0%	0%	0%	0%	0%
		A1C Control > 9	0%	0%	0%	0%	0%
		BP Control	0%	0%	0%	0%	0%
		Asthma Control - Pharmacologic Therapy for Persistent Asthma	0%	0%	0%	0%	0%
		Body Mass Index (BMI) Screening	7%	7%	7%	7%	7%

Figure 2-8: **Provider Aggregated** sub-tab with data displayed

Click **Graph It!** for a user-definable, graphical display of the data in the table. The appropriate IPC goals will also display in the graphs.

2.4.2.2 Facility Aggregated Sub-Tab

For the **Facility Aggregated** sub-tab, core, and supplemental IPC Measures compliance data for all providers combined are shown in the table by display of the compliance rate (% Met = numerator/denominator) for the indicated month (Figure 2-9). Move the cursor to each data cell in the table to view the numerator and denominator (in a hover box) used for calculating the displayed compliance rate.

IPC Goal data for the indicated measures also appear in this table (Figure 2-9).

Note: Currently, IPC Goal values exist for IPC Version IPC4/IPC5 only.

The **Facility Aggregated** sub-tab provides a month-by-month or weekly view for all IPC Measures for all providers who are Primary Care Providers. These values are not refreshed once they are calculated. They are a snapshot for the previous month that is calculated the next month on the day specified in the IPC site parameters for data collection.

Click **Graph It!** for a user-definable, graphical display of the data in the table. The appropriate IPC goals will also display in the graphs.

Measure Set	Measure	IPC Goal	1/19/2017	11/12/2017	11/05/2017	10/29/2017	10/22/2017	10/15/2017
Core	Total Patients in Microsystem		N/A	N/A	N/A	N/A	N/A	N/A
	% of Pts Empanelled to a Primary Care Provider	90%	0%	100%	0%	100%	100%	0%
	Comprehensive Health Screening	80%	N/A	N/A	N/A	N/A	N/A	N/A
	Alcohol Screen Females 15-44		N/A	N/A	N/A	N/A	N/A	N/A
	BMI Assessed 2-74		N/A	N/A	N/A	N/A	N/A	N/A
	BP Assessed 18+		N/A	N/A	N/A	N/A	N/A	N/A
	Depression: Screening or Diagnosis 18+		N/A	N/A	N/A	N/A	N/A	N/A
	DV/IPv Screen Females 15-40		N/A	N/A	N/A	N/A	N/A	N/A
	Tobacco Use/Exposure Assessment 5+		N/A	N/A	N/A	N/A	N/A	N/A
	Cancer Screening Bundle	70%	N/A	N/A	N/A	N/A	N/A	N/A
	Mammogram Rates 52-64		N/A	N/A	N/A	N/A	N/A	N/A
	Pap Smear Rates 24-64		N/A	N/A	N/A	N/A	N/A	N/A
	Colorectal Cancer Screen 50-75		N/A	N/A	N/A	N/A	N/A	N/A
	Outcome Measures Bundle	70%	N/A	N/A	N/A	N/A	N/A	N/A
	A1C in Control		N/A	N/A	N/A	N/A	N/A	N/A
	BP Assessed		N/A	N/A	N/A	N/A	N/A	N/A
	Tobacco Use Prevalence 5+		N/A	N/A	N/A	N/A	N/A	N/A
	Tobacco Cessation: Counseling, RX	70%	N/A	N/A	N/A	N/A	N/A	N/A

Figure 2-9: Facility Aggregated sub-tab

2.4.2.3 Team Aggregated Sub-Tab

For the **Team Aggregated** sub-tab, core, and supplemental IPC Measures compliance data for all providers combined are shown in the table by display of the compliance rate (% Met = numerator/denominator) for the indicated month (Figure 2-10). Move the cursor to each data cell in the table to view the numerator and denominator (in a hover box) used for calculating the displayed compliance rate.

IPC Goal data for the indicated measures also appear in this table (Figure 2-10).

The **Team Aggregated** sub-tab provides a month-by-month or weekly view for all IPC Measures by team. These values are not refreshed once they are calculated. They are a snapshot for the previous month that is calculated the next month on the day specified in the IPC site parameters for data collection.

Click **Graph It!** for a user-definable, graphical display of the data in the table. The appropriate IPC goals will also display in the graphs.

Note: Currently, IPC Goal values exist for IPC Version IPC4/IPC5 only.

The screenshot shows the 'Team Aggregated' sub-tab in the iCare Population Management GUI. The interface includes a menu bar (File, Edit, View, Tools, Window, Help), a toolbar with options like Panel List, Flag List, Community Alerts, Nat'l Measures, CMET, and IPC, and a 'Quick Patient Search' field. Below the menu is a 'Tips' section with a description: 'This tab displays snapshots of IPC measures for the by month or week for all patients assigned to a designated primary care provider (DPCP) within the facility by care team. The weekly date represents the date the aggregation was performed...'. A 'Filters' section on the left allows users to modify the measures view, with options for Version (IPCMH), Period (WEEKLY), and Timeframe (Last 8 Weeks). The main data area is a table with columns for Team, Measure Set, Measure, IPC Goal, and four dates (11/19/2017, 11/12/2017, 11/05/2017, 11/05/2017). The 'IPC Goal' column is highlighted with a red box. The table lists measures for TEAM EAGLE and TEAM TIGER, including Immunizations, Chronic Care, and Other Preventive Services. The status bar at the bottom indicates 'Selected Rows: 1 Visible Rows: 45 Total Rows: 45'.

Team	Measure Set	Measure	IPC Goal	11/19/2017	11/12/2017	11/05/2017	11/05/2017
TEAM EAGLE	Immunizations	Childhood Immunization Status	0%	0%	0%	0%	0%
		Adolescents Immunization Status	0%	0%	0%	0%	0%
		Adult Composite Immunization	64%	65%	64%	64%	64%
		Influenza Immunization Status	0%	0%	0%	0%	0%
	Chronic Care	Diabetes Comprehensive Care	0%	0%	0%	0%	0%
		A1C Control > 9	0%	0%	0%	0%	0%
		BP Control	0%	0%	0%	0%	0%
		Asthma Control - Pharmacologic Therapy for Persistent Asthma	0%	0%	0%	0%	0%
		Body Mass Index (BMI) Screening	48%	46%	48%	48%	45%
		Weight Assessment/Counseling Children/Adolescents	0%	0%	0%	0%	N/
	Other Preventive Services	Colorectal Colon Rectal Screening	55%	46%	48%	54%	54%
		Breast Cancer Screening	0%	0%	0%	0%	0%
		Cervical Cancer Screening	33%	27%	26%	26%	26%
	Behavioral Health	Screening for Clinical Depression	0%	0%	0%	0%	0%
	Population Health	Continuity of care to a Designated Care Team	0%	0%	0%	0%	0%
TEAM TIGER	Immunizations	Childhood Immunization Status	0%	0%	0%	0%	0%
		Adolescents Immunization Status	0%	0%	0%	0%	0%
		Adult Composite Immunization	13%	13%	6%	6%	6%
		Influenza Immunization Status	13%	13%	6%	6%	6%
	Chronic Care	Diabetes Comprehensive Care	0%	0%	0%	0%	0%
		A1C Control > 9	0%	0%	0%	0%	0%
		BP Control	0%	0%	0%	0%	0%
		Asthma Control - Pharmacologic Therapy for Persistent Asthma	0%	0%	0%	0%	0%
		Body Mass Index (BMI) Screening	7%	7%	7%	7%	7%

Figure 2-10: Team Aggregated sub-tab – IPC Goal

2.4.3 Glossary/Tips/Tooltips

As shown in Figure 2-11, there are Tips for some IPC tabs that describe the displayed information. Users can hide or display these Tips by clicking the Tips **plus (+)** or **minus (-)** buttons.

By moving the cursor over IPC column names, measure names, and data cells, you can also view informational IPC Tooltips that display in hover boxes.

Access the IPC Glossary by clicking **Help** in the top tool banner and selecting **IPC Glossary** (Figure 2-11).

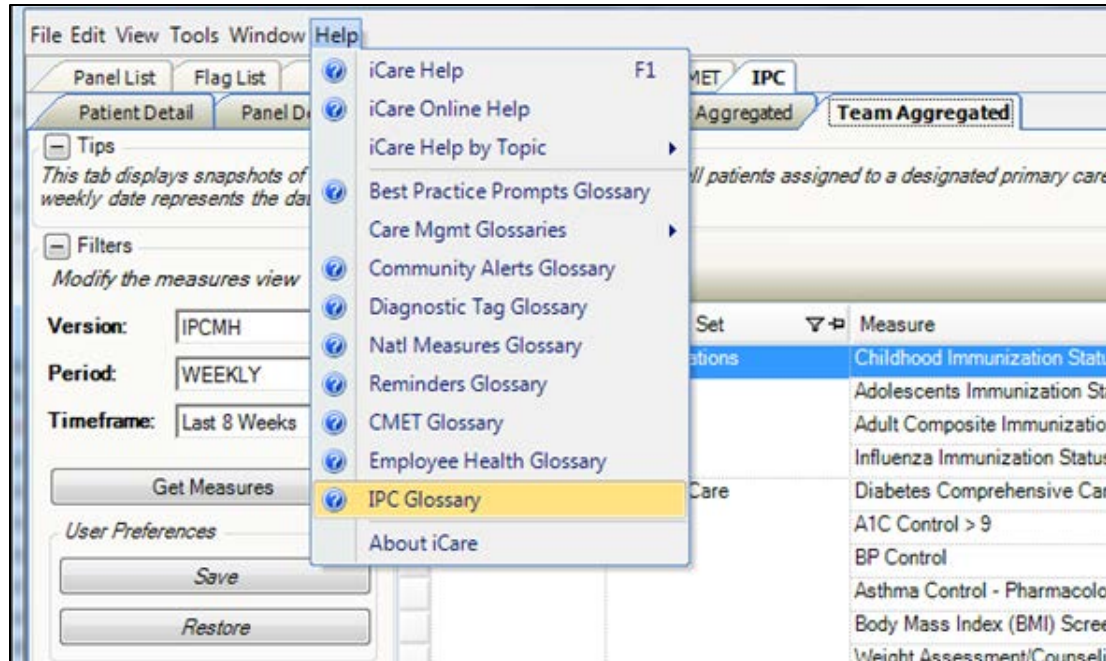


Figure 2-11: Help menu, IPC Glossary

2.5 User Preferences

Click **Tools** in the tool banner to access the **IPC User Preferences** dialog. iCare users can define IPC views from five IPC tab preferences; **Patient Detail, Panel Detail, Provider Aggregated, Facility Aggregated, and Team Aggregated.**

The standard default for the Patient Detail and Panel Detail IPC User Preferences is IPC Version **IPC4/IPC5** and all measures checked (if no previous modification of measures has been done by the user). Changing the IPC Version, Measure Set or Panel and clicking **OK** saves the User Preferences for that tab. There is no way to cancel any changes once **OK** has been clicked. Simply re-do them.

Check at least one measure for Measure Set before clicking **OK**. No data will display unless measures are checked.

If a panel is not selected for the Panel, IPC Patient Detail or Panel Detail will automatically select the first IPC panel from the panel list to load data.

There are three tabs were to set User Preferences for Provider Aggregated, Facility Aggregated and Team Aggregated. The standard default values will be IPC Version **IPC4/IPC5**; Period will be **MONTHLY**, and Timeframe will be **This Current Year.**

If this is the first time signing on after the install of v2.7, the User Preferences will default to the standard default. If the IPC tab is immediately selected after changing User Preferences, it may be necessary to click **Restore** to implement the changes made to User Preferences. On the Aggregated tabs, click **Get Measures** to refresh the view. The alternate solution is to sign off from iCare and sign back on.

1. **Patient Detail** tab: **IPC Version, Measure Set, Panel, Collapse Tips Display, and Collapse Filters Display** default (Figure 2-12).

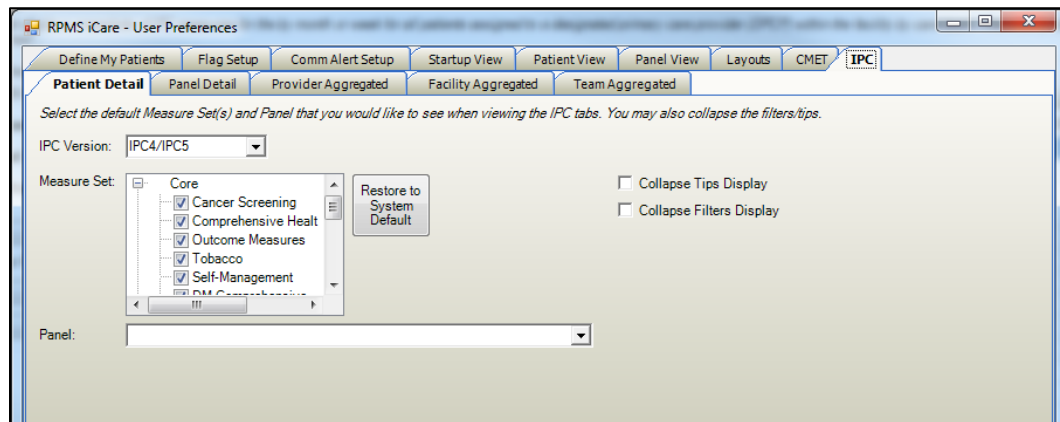


Figure 2-12: **User Preferences** dialog – **IPC** tab, **Patient Detail** sub-tab

2. **Panel Detail** tab: **IPC Version, Measure Set, Panel, Collapse Tips Display, and Collapse Filters Display** default (Figure 2-13).

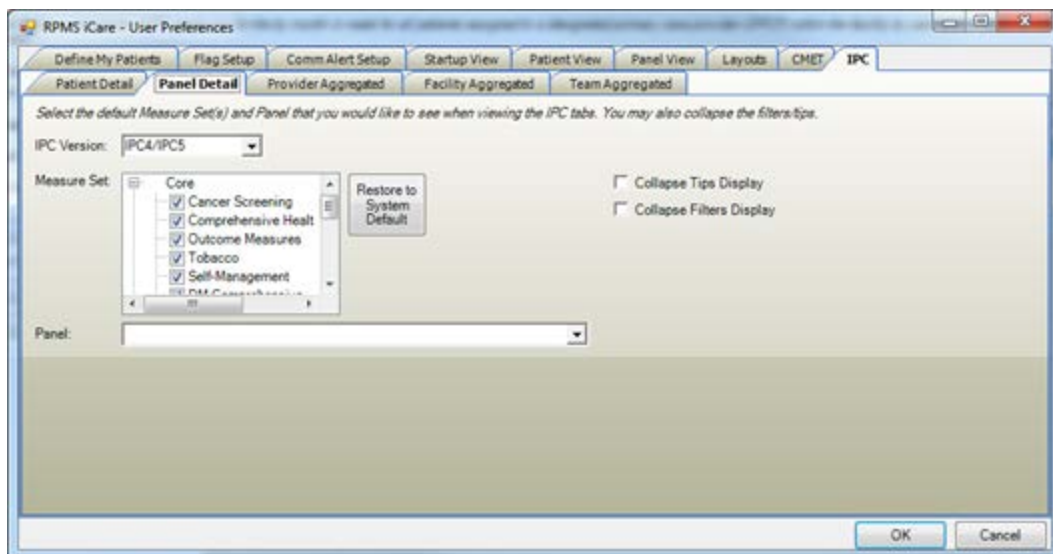


Figure 2-13: **User Preferences** dialog – **IPC** tab, **Panel Detail** sub-tab

3. **Provider Aggregated** tab: **IPC Version, Period, Timeframe, Collapse Tips Display, and Collapse Filters Display** (Figure 2-14)

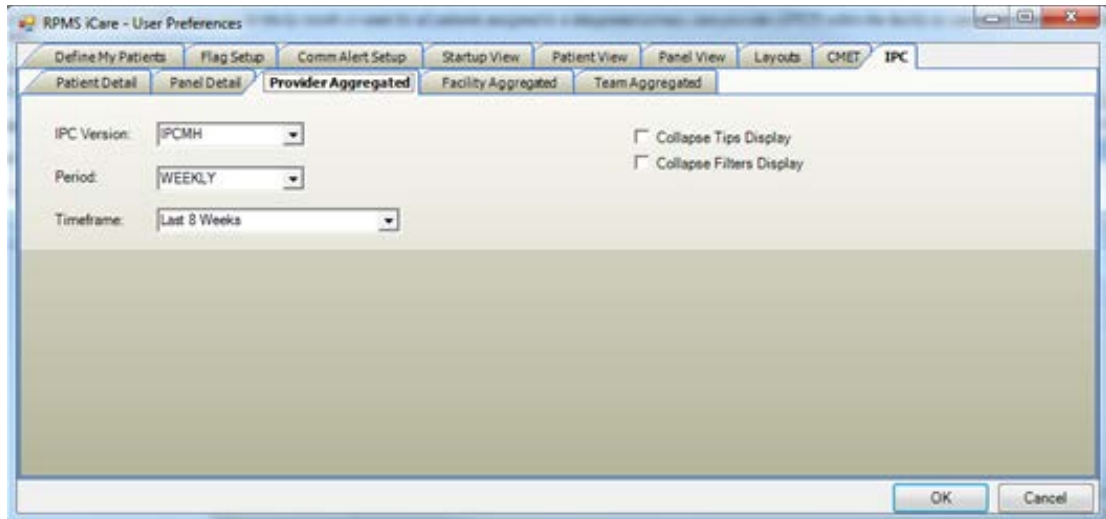


Figure 2-14: **User Preferences** dialog – **IPC** tab, **Provider Aggregated** sub-tab

4. **Facility Aggregated** tab: **IPC Version**, **Period**, **Timeframe**, **Collapse Tips Display**, and **Collapse Filters Display** (Figure 2-15).

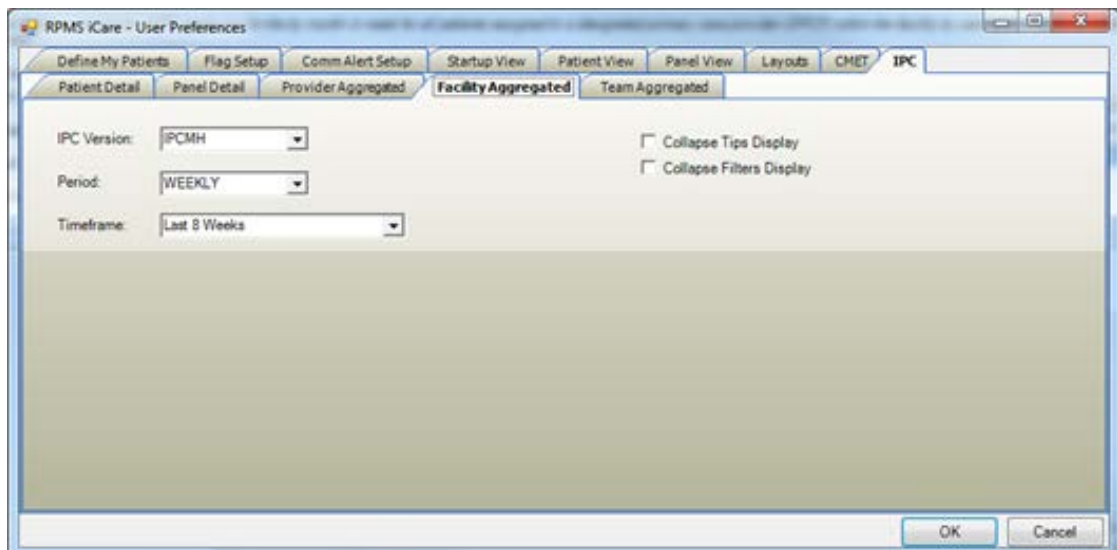


Figure 2-15: **User Preferences** dialog – **IPC** tab, **Facility Aggregated** sub-tab

5. **Team Aggregated** tab: **IPC Version**, **Period**, **Timeframe**, **Collapse Tips Display**, and **Collapse Filters Display** (Figure 2-16).

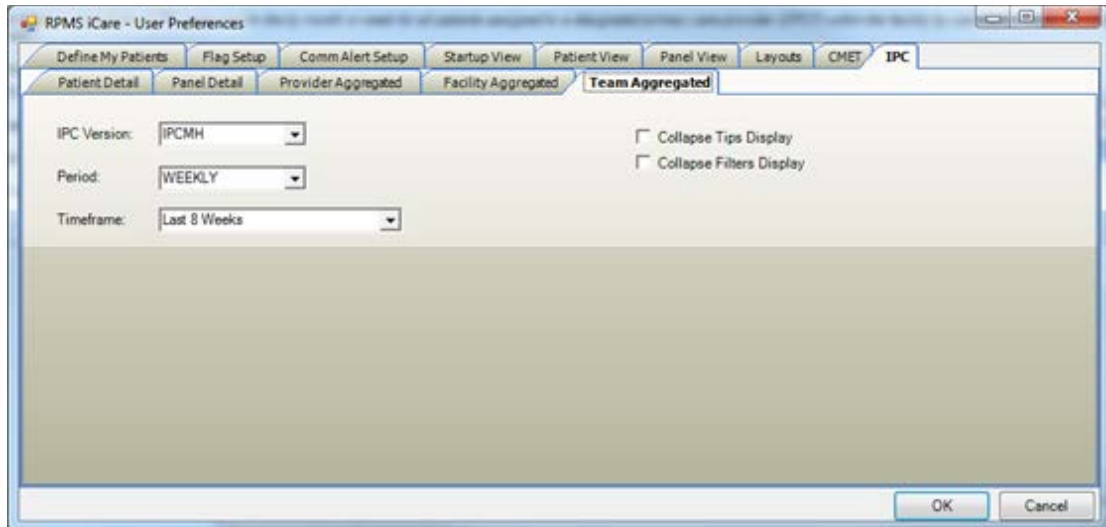


Figure 2-16: **User Preferences** dialog: **IPC** tab, **Team Aggregated** sub-tab

2.6 IPC Data Collection

The monthly IPC data aggregation will be automatically performed on the day of the month as defined in the IPC site parameters for data collection, during the iCare nightly job. The default date is the first of the month. Depending on the timeliness of data entry at each site, this can be adjusted up to the seventh of the month.

The weekly IPC data aggregation will be automatically performed on Sunday during the iCare Nightly Background job.

Version IPC4/IPC5 data can still be exported to the existing Excel templates that were being used before. Version IPCMH data cannot be exported to the Excel templates, but can be exported via the generic Excel export available on all datagrids in iCare.

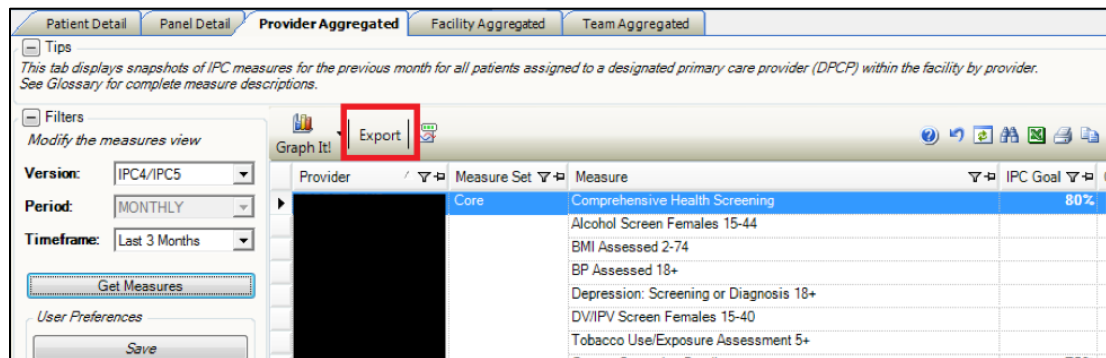


Figure 2-17: **Export** button

To export the IPC4/IPC5 data, click **Export** in the tab toolbar as shown in Figure 2-17. A dialog will open. To complete the export process:

1. In the **Provider** box, add the appropriate providers.
2. On the **IPC Export Parameters** dialog (Figure 2-18), click **Edit** to edit the **Provider** listings and select the **Reporting Month**. The selected reporting month must have previously saved calculations and data.

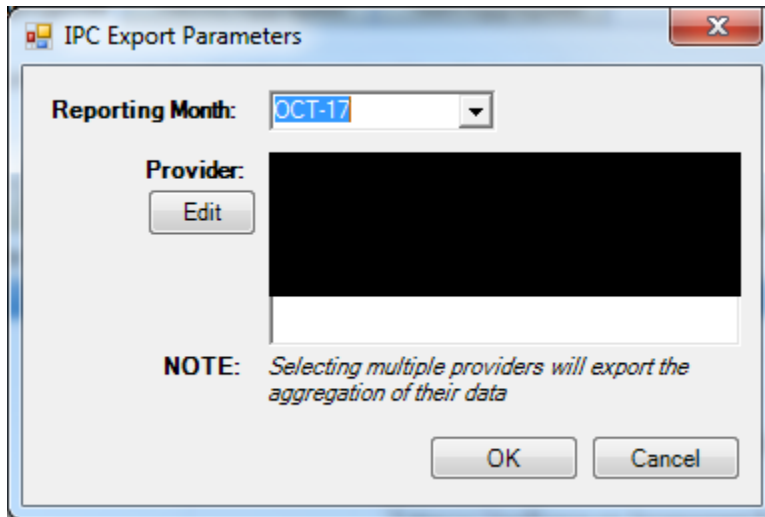


Figure 2-18: IPC Export Parameter dialog – Reporting Month and Provider fields

3. Click **OK**; the file may now be opened in Excel.



Figure 2-19: Excel icon

4. Select the Provider's Excel template to use (the standard one that you have been using). Click **OK** to automatically populate the Excel template for the providers specified in step 2.
5. Once the Excel template is updated, save the changes to the Excel file to complete the export process. The data for the reporting month will display in the proper row in the template.

2.7 Graphing IPC Measures Over Time

2.7.1 Graph It!

Each of the IPC aggregated subtabs allows the user to graph the measure data by provider, team or facility over time. This functionality seeks to show trends and replaces the graphing capabilities that are no longer available with the former IPC data portal. Once the data has loaded in the datagrid, the **Graph It!** menu options will be enabled.

On the Provider Aggregated tab, the **Graph It!** menu option allows users to select **By Measure** or **By Provider**, as shown in Figure 2-20.

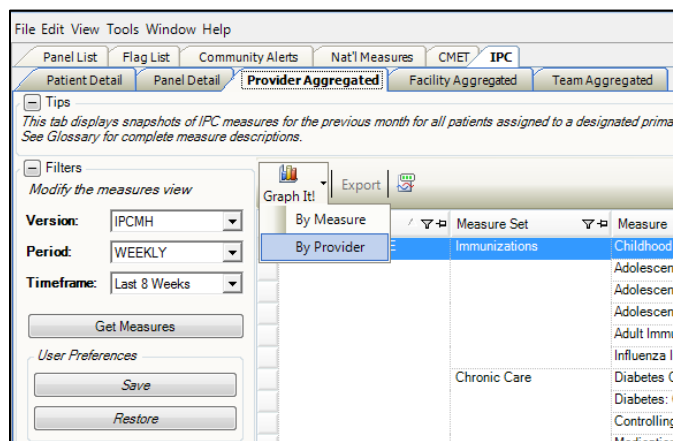


Figure 2-20: **Provider Aggregated - Graph It! By Provider**

By Measure allows users to select one measure and one or more providers.

By Provider allows users to select one provider and one or more measurements.

On the Team Aggregated tab, the **Graph It!** menu option allows users to select **By Measure** or **By Provider**, as shown in Figure 2-21.

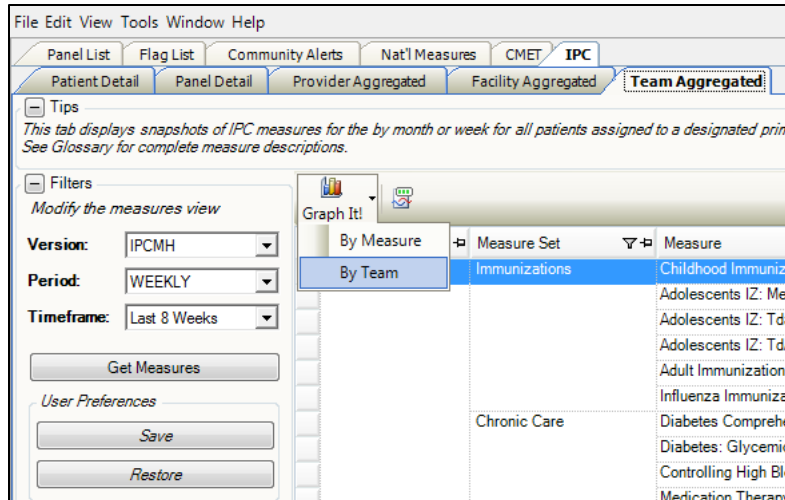


Figure 2-21: Team Aggregated - Graph It! By Team

By Measure allows users to select one measure and one or more teams.

By Team allows users to select one team and one or more measurements.

On the Facility Aggregated tab, **Graph It!** will not have options. Click **Graph It!** to open the **Graph It!** dialog as shown in Figure 2-22.

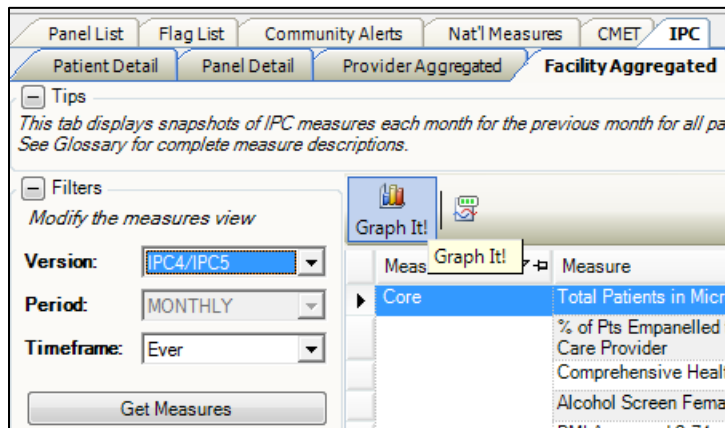


Figure 2-22: Facility Aggregated - Graph It!

2.7.2 Common Graph It! Features

Accessing **Graph It!** from each of the IPC Aggregated tabs will have a common interface.

2.7.2.1 File Menu

In the **Graph It!** dialog, the **File** menu has a **Chart** submenu with the following options:

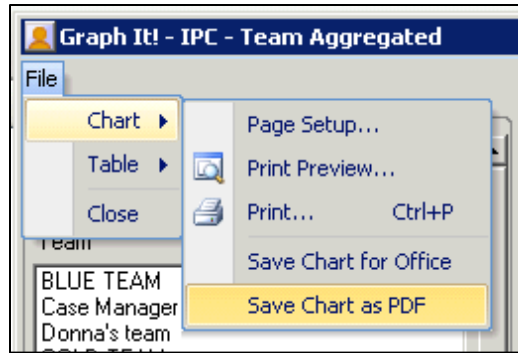


Figure 2-23: **Graph It! File > Chart** submenu

- **Page Setup** opens the standard Windows **Page Setup** dialog.
- **Print Preview** opens the standard Windows **Print Preview** dialog.
- **Print** opens the standard Windows **Print** dialog.
- **Save Chart for Office** allows the user to save the chart as a JPG JPEG file as shown in Figure 2-23.

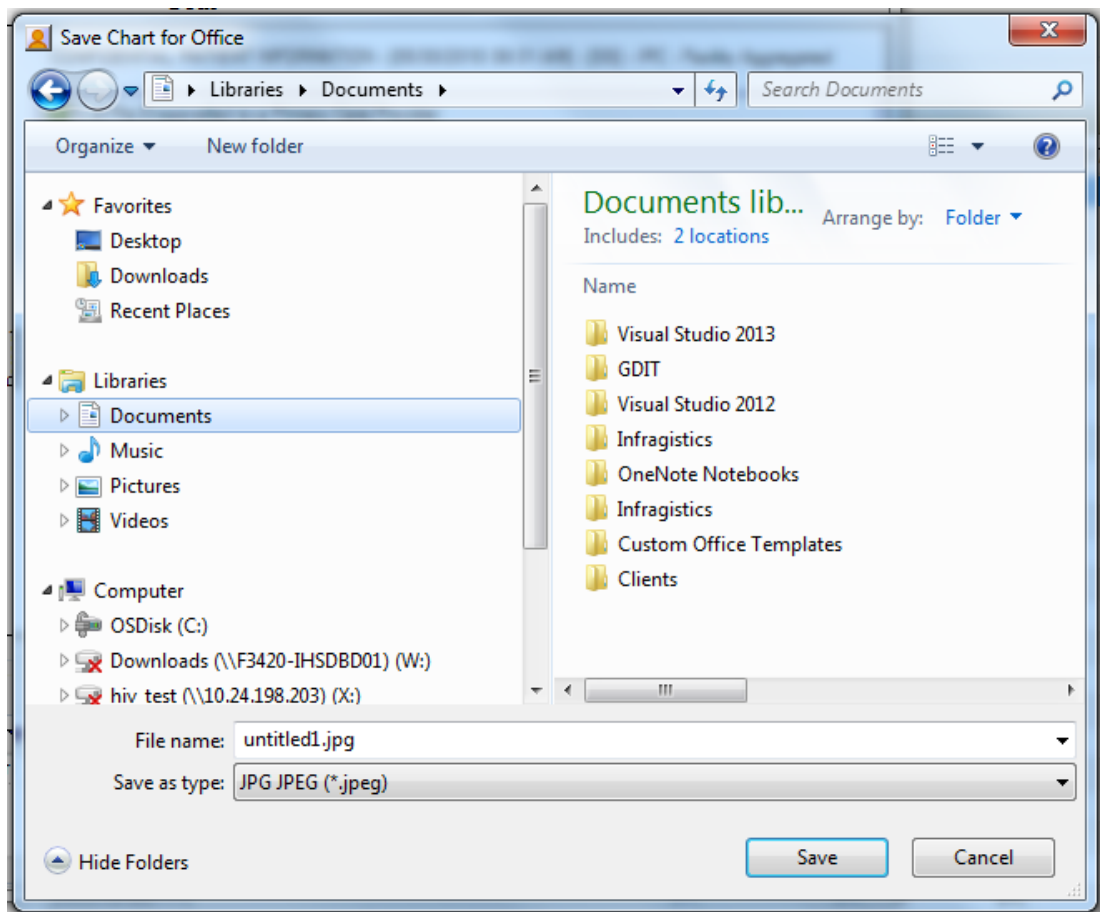


Figure 2-24: **Save Chart for Office** as JPG

- **Save Chart as PDF** allows the user to save the chart as a PDF as shown in Figure 2-24.

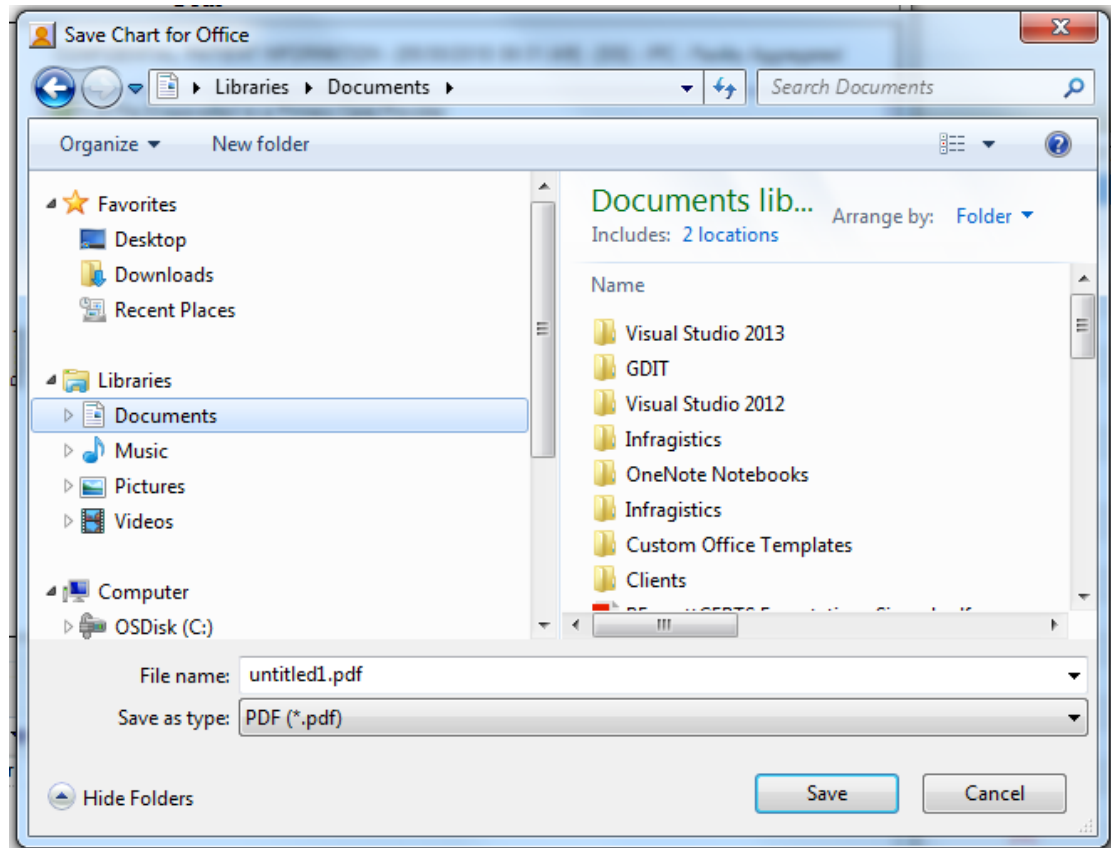


Figure 2-25: Save to PDF

In the **Graph It!** dialog, the **File** menu also has a **Table** submenu with the following options:

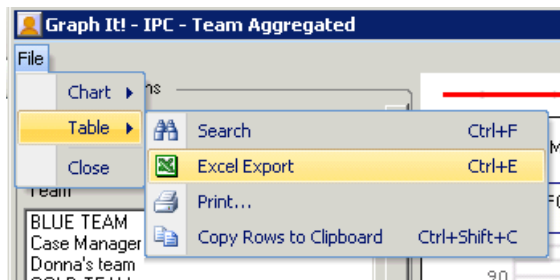



Figure 2-26: **Graph It!** File > Table submenu

- **Search** allows users to search the contents of the Chart Data table for search text.
- **Excel Export** allows users to export the Chart Data table to an Excel file.
- **Print** opens the standard Windows **Print** dialog.

- **Copy Rows to Clipboard** allows users to copy selected rows in the Chart Data table to the Windows Clipboard.

2.7.2.2 Chart Options

On the top left, as shown in Figure 2-27, there is a collapsible section called **Chart Options** (click the icon  to collapse/expand the section). This section contains selectable items like **Provider** (or **Team**) and **Measurement Type**. The options will display differently based on the selected tab and menu option that opened the window. The top control is single select, but the second control allows multiple selection, if desired. To select multiple items, use the Control key to select items in the control.

Note: Selecting multiple items will not allow all the Median line to display.

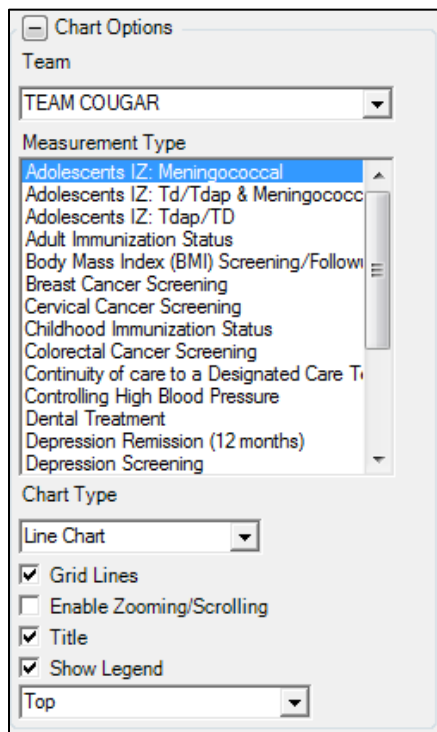


Figure 2-27: Graph It! **Chart Options**

The controls from **Chart Type** list are common to each **Graph It!** option.

Chart Type is a list of chart types including Bar Chart, Bar Chart 3D, Column Chart, Column Chart 3D, Cylinder Bar Chart 3D, Cylinder Column Chart 3D, *Line Chart* (*default*), and Line Chart 3D.

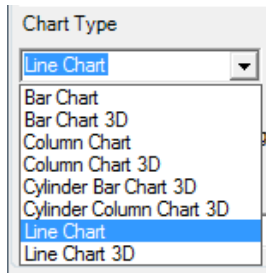


Figure 2-28: Graph It! **Chart Type**

Grid Lines is a check box that allows the user to show/hide grid lines from the chart that is displayed, and the default is (checked).

Enable Zooming/Scrolling is a check box that allows the user to enable zooming and scrolling of the chart for readability when there are too many or too few data points and the default is unchecked.

Title is a check box that allows the user to show or hide the title bar of the chart based on user preference and the default is checked.

Show Legend is a check box that allows the user to show or hide the legend for the chart based on user preference and the default is checked. If checked, the list will allow the user to display the legend at *Top* (default), *Left*, *Right* or *Bottom*

2.7.2.3 Chart

On the top right of the window, as shown in Figure 2-29, the **Chart** is displayed as a visualization of the data. The user settings as selected in **Chart Options** will determine how the **Chart** is generated.

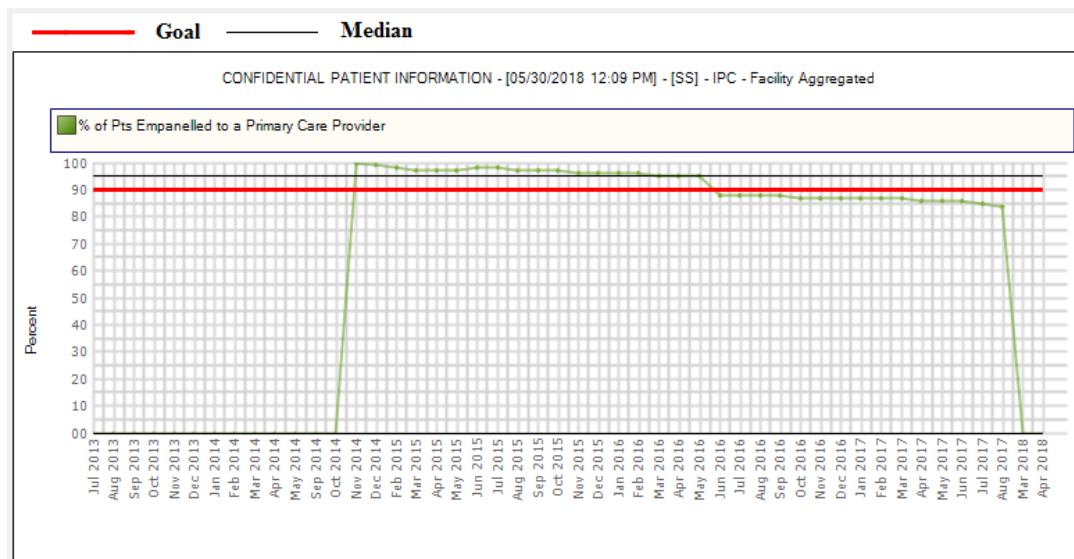




Figure 2-29: Graph It! Chart

2.7.2.4 Chart Data

At the bottom of the window is **Chart Data**, a collapsible section (click the icon  to collapse/expand the section). The data displayed in the data grid is provided to confirm that the chart displays as expected. The columns are filtered (with the funnel icon ) based on the selections in the **Chart Options** selected above.

Team	Measure Name	Category	Goal	Median	Aug 2017	Mar 2018	Apr 2018
TEAM COUGAR	Adolescents IZ: Meningococcal	Immunizations		0			0

Figure 2-30 Graph It! **Chart Data**

Figure 2-31 shows the dialog with both the **Chart Options** and **Chart Data** sections collapsed.

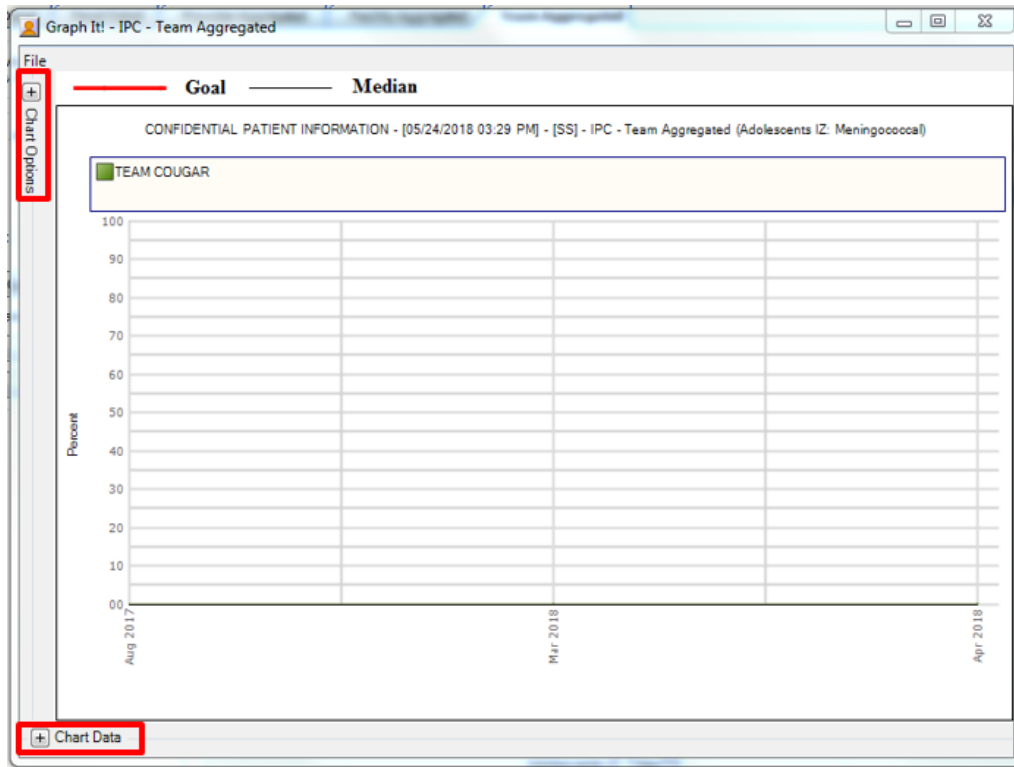


Figure 2-31: Graph It! with **Chart Options** and **Chart Data** collapsed

2.7.3 Sample Graphs

2.7.3.1 Provider Aggregated – Graph It! By Measure

From the **IPC – Provider Aggregated** subtab, select the **Graph It!** menu option **By Measure**, the window as shown in Figure 2-32, will display.

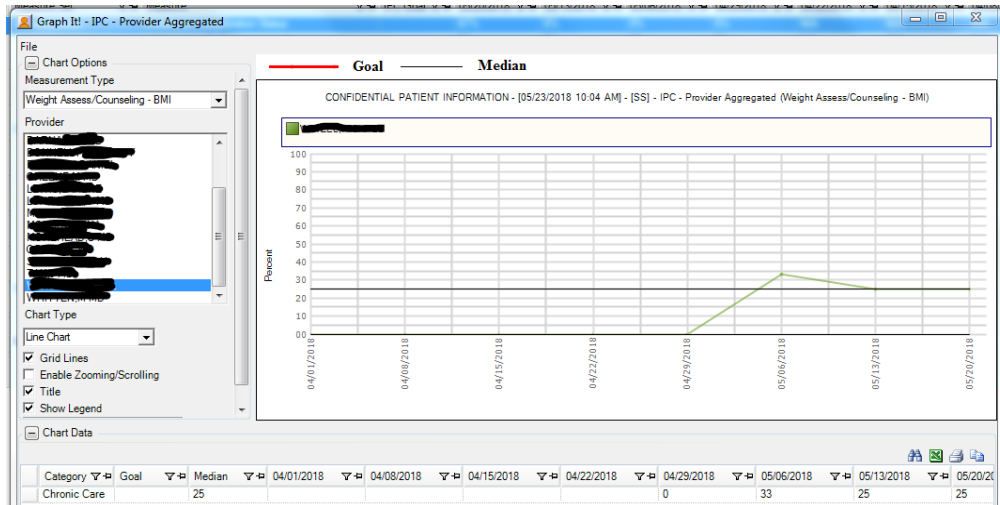


Figure 2-32: Graph It! IPC - Provider Aggregated by Measure

2.7.3.2 Provider Aggregated – Graph It! By Provider

From the **IPC – Provider Aggregated** subtab, select the **Graph It!** menu option **By Provider**, the window shown in Figure 2-33 will display.

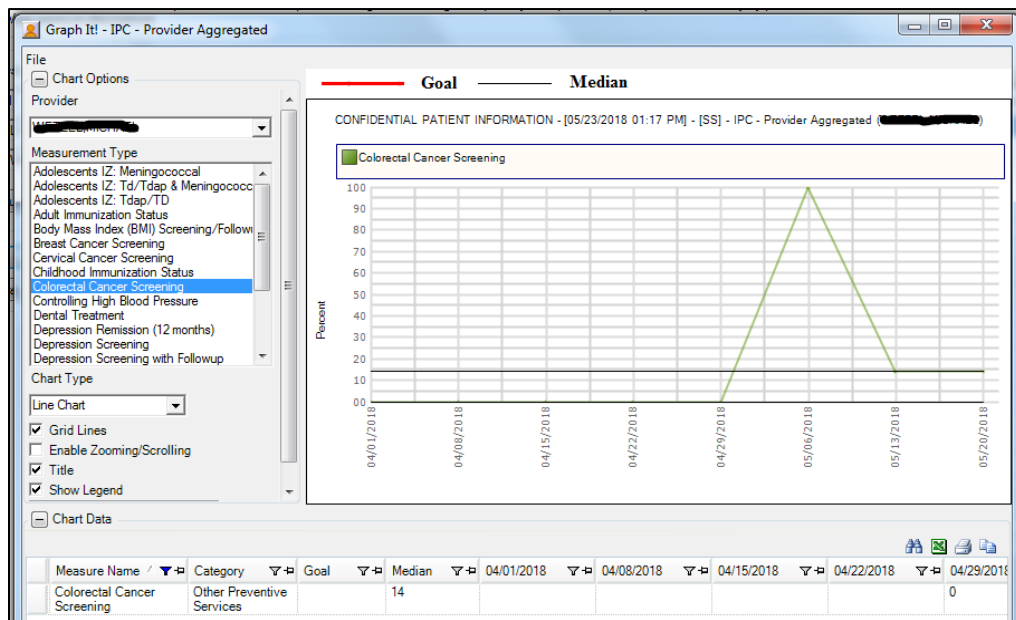


Figure 2-33: Graph It! - IPC - Provider Aggregated by Provider

2.7.3.3 Team Aggregated – Graph It! by Measure

From the **IPC – Team Aggregated** subtab, select the **Graph It!** menu option **By Measure**, the window as shown in Figure 2-34 will display.

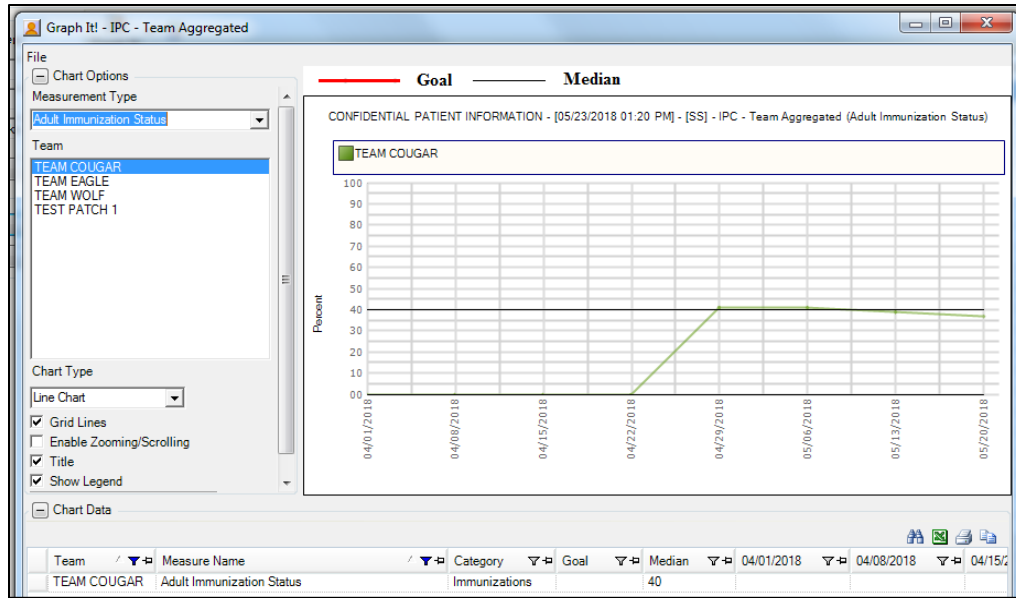


Figure 2-34: Graph It! IPC - Team Aggregated by Measure

2.7.3.4 Team Aggregated – Graph It! by Team

From the **IPC – Provider Aggregated** subtab, select the **Graph It!** menu option **By Team**, the window as shown in Figure 2-35 will display.

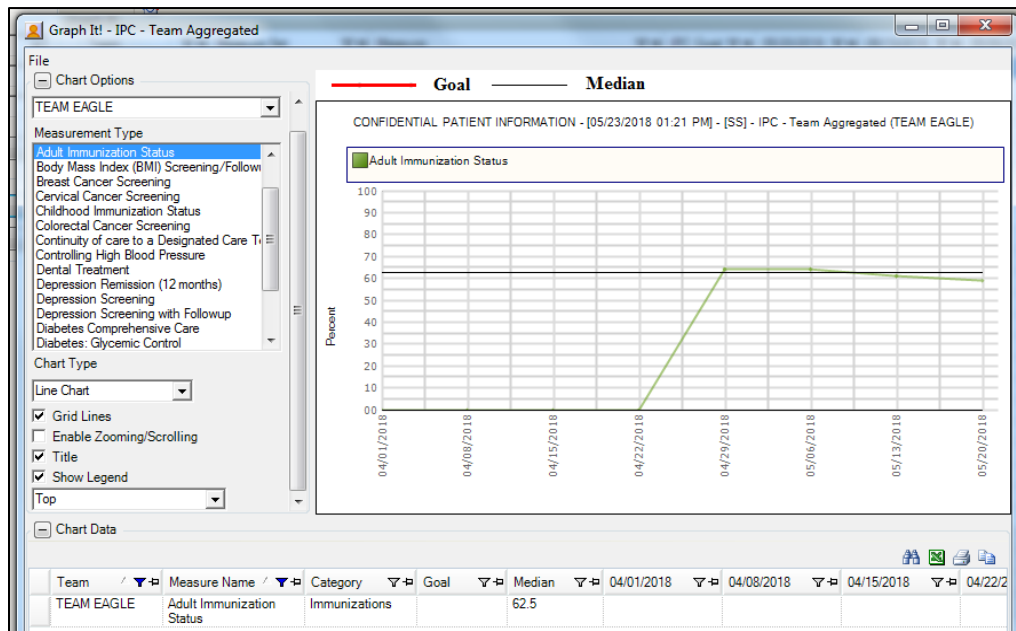


Figure 2-35: Graph It! IPC - Team Aggregated by Team

2.7.3.5 Facility Aggregated – Graph It!

From the IPC – Provider Aggregated subtab, select the **Graph It!** menu option **By Measure**, the window as shown in Figure 2-36, will display.

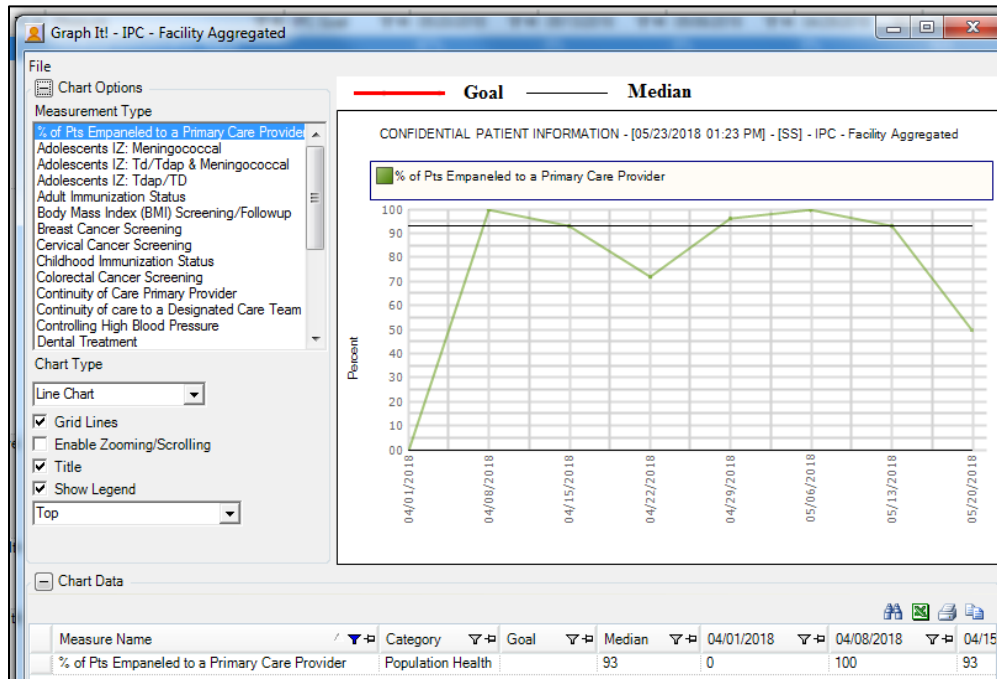


Figure 2-36: Graph It! IPC - Facility Aggregated by Measure

3.0 IPC Measures

Many of the measures used in IPC are mapped to IHS Clinical Reporting System (CRS) measures. See the National Measures Glossary for details on the logic definitions for these measures.

3.1 IPC4/IPC5

The following is a list of measures by name for all the IPC4/IPC5 measures available for review in iCare v2.7 and earlier:

- Pap Smear w/HPV (24–64) (AC)
- Mammogram Rates 52–64
- Colorectal Cancer Screen 50–75
- DM: Comprehensive Care
- DM: Dental Access
- Topical Fluoride: 1–15
- Patients 5+: Physical Activity Assessment
- Goal Setting: Goal Set
- DM: A1c Good Glycemic Control <8 (GPRAMA)
- Alcohol Screen Females 14–46
- IPV/DV Screen Females 14–46
- Depression: Screening or Diagnosis 18+
- Tobacco Use/Exposure Assessment 5+
- BMI Measured 2–74
- 18+: BP Assessed
- CHD: BP Assessed
- Peds IZ 4:3:1:3*:3:1:4 Active IMM
- Tobacco Cessation: Counseling or RX
- Tobacco Use Prevalence 5+
- DM: Comprehensive Care: A1C
- DM: BP Assessed
- DM: Nephropathy Assessed
- DM: Comprehensive Care: Retinal Evaluation

- DM: Foot Exam
- STI: Prenatal HIV Screening
- Breastfeed Screen at two months: exclusive/mostly breastfed
- Breastfeed Screen at six months: exclusive/mostly breastfed
- Breastfeed Screening at two months
- Breastfeed Screening at six months
- Appropriate Testing for Pharyngitis (3–18)
- Weight Assessment & Counseling (3–17): BMI
- Weight Assessment & Counseling (3–17): Nutrition
- Weight Assessment & Counseling (3–17): Physical Activity
- Antidepressant Medication Management: Acute Phase Management
- Antidepressant Medication Management: Continuation Phase Management
- Breastfeed Screen Rates

3.2 IPCMH Measures

Most of the IPCMH measures updated in iCare V2.7 p1 are based on measures created for IPC in the IHS Clinical Reporting module (CRS) which is displayed in iCare on the National Measures tabs.

The CRS report period in iCare is a Floating Date Range for a 12-month period. It is not a specific Date Range such as a Calendar Year (January through December) or a Fiscal Year (October through September). The report period is based on the date that the patient is being updated; it could be during the nightly job or the weekly job. If a patient has a visit in the past 24 hours, they will be updated in the nightly job. Otherwise, all active patients are updated during the weekly job.

The iCare Report Begin Date is the Running Day minus 12 months. The Report End Date is the Running Day.

All SNOMED subsets and taxonomies can be viewed in iCare to see specific code values. The path is **iCare Main View > Tools > Taxonomy Maintenance > View/Edit Taxonomy Entries**.

3.2.1 Immunizations

Table 3-1: Childhood Immunization Status

Measure	Description
Childhood Immunization Status	Patients who have received the 4:3:1:3:3:1:4:1:2/3:2 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 Rotavirus, and 2 Influenza) by their second birthday, including contraindications and evidence of disease.
Denominator	Patients 2 years of age with no hospice indicator.
Denominator Logic	<p>Checks the age of the patient. Not valid if patient turned 2 YEARS after Report End Date or the last day they are 2 years old is before the Report Begin Date.</p> <p>Hospice indicator check all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive.</p> <p>Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>The patient must have visit encounter during the Report Period that is a Face to Face encounter (determined by using SNOMED subset PXRMBGP IPC FACE2FACE or CPT Code from BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS >=18 CPTS, BGP IPC PREVCARE IOV >=18 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, or BGP IPC ANNUAL WELLNESS CPTS.</p>
Numerator	Patients who have received the 4:3:1:3:3:1:4:1:2/3:2 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal, 1 Hepatitis A, 2 or 3 Rotavirus, and 2 Influenza) by their second birthday, including contraindications and evidence of disease.

Measure	Description
Numerator Logic	<p>4 DTAP – Uses taxonomies BGP IPC DTAP CVX CODES and BGP IPC DTAP CPT CODES. For contraindication, it looks for Anaphylaxis value or a POV/IPL for encephalopathy using taxonomy BGP IPC IZ ENCEPHALOPATHY DXS or SNOMED subset PXRMBGP IPC IZ ENCEPHAL</p> <p>3 POLIO – Uses taxonomies BGP IPC IPV CVX CODES and BGP IPC IPV CPT CODES between 42 days and 730 days of birth at least 1 day apart. Patient is excluded if contraindicated for Anaphylaxis or Neomycin Allergy.</p> <p>1 MMR – Uses taxonomies BGP IPC MMR CVX CODES or BGP IPC MMR CPT CODES within 730 days of birth. Patient is excluded for Anaphylaxis or Neomycin Allergy contraindication or has a Problem, POV or Refusal for SNOMED ID 292927007 Neomycin adverse reaction (disorder) or immune disorder using taxonomy BGP IPC IMMUNE DISORDERS DXS or SNOMED subset PXRMBGP IPC IMMUNE DIS or HIV using taxonomy BGP IPC HIV DXS or SNOMED subset PXRMBGP IPC HIV or lymphatic cancer using taxonomy BGP IPC LYMPHATIC CANCER DXS or SNOMED subset PXRMBGP IPC LYMPH CANCER.</p> <p>3 HiB – Uses taxonomies BGP IPC HIB CVX CODES or BGP IPC HIB CPT CODES to find HiB immunization between 42 days and 730 days of birth at least 1 day apart. Patient is excluded for Anaphylaxis contraindication.</p> <p>3 Hepatitis B – Uses taxonomies BGP IPC HEPB CVX CODES or BGP IPC HEPB CPT CODES to find immunizations within 730 days of birth at least 1 day apart. Patient is excluded for Anaphylaxis contraindication or a contraindication as a POV or Problem or Refusal for SNOMED ID 428321000124101 Anaphylaxis due to Hepatitis B vaccine (disorder), 34015007 Bakers' asthma (disorder), 419447004 Allergic reaction caused by flour dust (disorder). Patient can be excluded if there is evidence of Hep B as a POV or Problem using taxonomy BGP IPC HEP B DXS or SNOMED subset PXRMBGP IPC HEP B EVID.</p> <p>1 Varicella – Uses taxonomies BGP IPC VZV CVX CODES or BGP IPC VZV CPT CODES within 730 days of birth. Patient is excluded if contraindication for Anaphylaxis, Neomycin Allergy, or Immune Deficiency or as a POV or Problem or Refusal using SNOMED ID 292927007 Neomycin adverse reaction (disorder) or POV using taxonomy BGP IPC IMMUNE DISORDERS DXS or SNOMED subset PXRMBGP IPC IMMUNE DIS or HIV using taxonomy BGP IPC HIV DXS or SNOMED subset PXRMBGP IPC HIV or lymphatic cancer using taxonomy BGP IPC LYMPHATIC CANCER DXS or SNOMED subset PXRMBGP IPC LYMPH CANCER.</p> <p>4 Pneumococcal – Uses taxonomies BGP IPC PNEUMO CVX CODES or BGP IPC PNEUMO CPT CODES between 42 days and 730 days of birth at least 1 day apart. Patient is excluded if contraindicated for Anaphylaxis or a POV, Problem or Refusal for SNOMED ID 293116002 Pneumococcal vaccine adverse reaction (disorder).</p>

Measure	Description
Numerator Logic (cont.)	<p>1 Hepatitis A – Uses taxonomies BGP IPC HEPA CVX CODES or BGP IPC HEPA CPT CODES within 730 days of birth. Patient is excluded if contraindicated for Anaphylaxis or a POV, Problem or Refusal for SNOMED ID 293126009 Hepatitis A vaccine adverse reaction (disorder) or evidence of Hep A with a POV or Problem using taxonomy BGP IPC HEP A DXS or SNOMED subset PXRMBGP IPC HEP A EVID.</p> <p>2-3 Rotavirus – Uses taxonomies BGP IPC ROTA 2 DOSE CVX CODES or BGP IPC ROTA 2 DOSE CPT CODES between 42 days and 730 days of birth at least 1 day apart to check for 2 doses. Uses taxonomies BGP IPC ROTA 3 DOSE CVX CODES or BGP IPC ROTA 3 DOSE CPT CODES to check for 3 doses. Patient is excluded if contraindicated for Anaphylaxis or Immune Deficiency or SNOMED ID 428331000124103 Anaphylaxis due to rotavirus vaccine (disorder) or a POV for SCID using taxonomy BGP IPC SCID DXS or SNOMED subset PXRMBGP IPC SCID or a POV for Intussusception using taxonomy BGP IPC INTUSSUSCEPTION DXS or SNOMED subset PXRMBGP IPC INTUSSUS.</p> <p>2 Influenza - Uses taxonomies BGP IPC INFLUENZA CVX CODES or BGP IPC INFLUENZA CPT CODES between 180 days and 730 days of birth at least 1 day apart. Patient is excluded if contraindicated for a POV, Problem or Refusal using SNOMED ID 420113004 Influenza virus vaccine adverse reaction (disorder) or 292927007 Neomycin adverse reaction (disorder) or POV using taxonomy BGP IPC IMMUNE DISORDERS DXS or SNOMED subset PXRMBGP IPC IMMUNE DIS or HIV using taxonomy BGP IPC HIV DXS or SNOMED subset PXRMBGP IPC HIV or lymphatic cancer using taxonomy BGP IPC LYMPHATIC CANCER DXS or SNOMED subset PXRMBGP IPC LYMPH CANCER.</p>

Table 3-2: Adolescents IZ: Meningococcal

Measure	Description
Adolescents IZ: Meningococcal	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal who had one dose of meningococcal vaccine on or between the patient's 11 th and 13 th birthdays.
Denominator	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal.
Denominator Logic	Checks the age of the patient. Not valid if patient turned 13 YEARS after Report End Date or turned 13 before the Report Begin Date.
Numerator	Patients who had one dose of meningococcal vaccine on or between the patient's 11th and 13th birthdays.
Numerator Logic	Uses taxonomies BGP MENINGOCOCCAL CVX CODES and BGP CPT MENINGOCOCCAL. For contraindication, it looks for Anaphylaxis value.

Table 3-3: Adolescents IZ: Tdap/TD

Measure	Description
Adolescents IZ: Tdap/TD	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal who had one Tdap OR Td OR at least one tetanus vaccine and at least one diphtheria vaccine on the same date of service or on different dates of service on or between the patient's 10th and 13th birthdays.
Denominator	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal.
Denominator Logic	Checks the age of the patient. Not valid if patient turned 13 YEARS after Report End Date or turned 13 before the Report Begin Date.
Numerator	Patients who had one Tdap OR Td OR at least one tetanus vaccine and at least one diphtheria vaccine on the same date of service or on different dates of service on or between the patient's 10th and 13th birthdays.
Numerator Logic	Uses taxonomies BGP IPC TDAP CVX CODES and BGP CPT TDAP/TD or BGP IPC TD CVX CODES and BGP CPT TDAP/TD. Or checks for 1 Diphtheria and 1 Tetanus using taxonomies BGP DIPHTHERIA IZ DXS and BGP TETANUS TOXOID IZ DXS. For contraindication, it looks for Anaphylaxis value.

Table 3-4: Adolescents IZ: Td/Tdap & Meningococcal

Measure	Description
Adolescents IZ: Td/Tdap & Meningococcal	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal who are compliant for both meningococcal and Td/Tdap during the specified timeframes.
Denominator	IPC User Population patients age 13 with no contraindication for Tdap, Td, or meningococcal.
Denominator Logic	Checks the age of the patient. Not valid if patient turned 13 YEARS after Report End Date or turned 13 before the Report Begin Date.
Numerator	Patients who are compliant for both meningococcal and Td/Tdap during the specified timeframes.

Table 3-5: Adult Immunization Status

Measure	Description
Adult Immunization Status	IPC User Population patients ages 19 and older who have received all age-appropriate immunization combinations. NOTE: The only refusals included in this numerator are NMI (not medically indicated).
Denominator	IPC User Population patients ages 19 and older.
Denominator Logic	Checks the age of the patient. Not valid if patient is less than 19 years old.
Numerator	Patients who have received all age-appropriate immunization combinations. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Measure	Description
Numerator Logic	<p>Patient's age is between 19 and 59 they have had a DTAP immunization defined as a CVX code 115 or a CPT code of 90715 TDAP VACCINE 7 YRS/> IM if not contraindicated with Anaphylaxis or a NMI (not medically indicated) refusal by the patient OR patient has 1 Tdap/Td immunization in past 10 years with CVX codes 9, 113, 115, 138, 139 or a CPT from taxonomy BGP CPT TDAP/TD or a diagnosis from taxonomy BGP TD IZ DXS if not contraindicated with Anaphylaxis or a NMI (not medically indicated) refusal by the patient.</p> <p>Patient's age is between 60 and 64 add a Zoster immunization to the DTAP immunization. Zoster immunization defined as a CVX code 121, 187 or 188 or a CPT code from taxonomy BGP ZOSTER IZ CPTS or 2 BGP ZOSTER SHINGRIX CPTS (10 days apart) if not contraindicated with Anaphylaxis or Immune Deficiency or a NMI (not medically indicated) refusal by the patient.</p> <p>Patient is excluded if patient contraindicated for a PPS23 immunization defined with taxonomy BGP PPSV23 CVX CODES with Anaphylaxis or taxonomy BGP PPSV23 CPT CODES with a NMI (not medically indicated) refusal by the patient or contraindicated for a PCV13 immunization defined with taxonomy BGP PCV13 CVX CODES with Anaphylaxis or taxonomy BGP PNEUMO CONJUGATE CPTS with a NMI (not medically indicated) refusal by the patient.</p> <p>Patient is included if patient has a PPS23 immunization defined with taxonomy BGP PPSV23 CVX CODES or diagnosis using taxonomy BGP PNEUMO IZ DXS or a CPT using taxonomy BGP PPSV23 CPT CODES ever, past 5 years, past year or since turning 65. Patient is included if patient has a PCV13 immunization defined with taxonomy BGP PCV13 CVX CODES or a CPT with taxonomy BGP PNEUMO CONJUGATE CPTS ever, last 5 years, past year or since turning 65.</p>

Table 3-6: Influenza Immunization Status

Measure	Description
Influenza Immunization Status	Patients aged 6 months and older seen for a visit with no contraindication for influenza vaccine who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Denominator	Patients aged 6 months and older seen for a visit during the period 92 days prior to the Report Period through 89 days after the beginning of the Report Period with no contraindication for influenza vaccine.

Measure	Description
Denominator Logic	<p>Checks the age of the patient. Not valid if patient turned 6 months after end date of report. Patient had a visit with a CPT from taxonomy BGP IPC FLU ENCOUNTER CPTS, BGP IPC PERI DIALYSIS CPTS, or BGP IPC HEMO DIALYSIS CPTS or SNOMED subset PXRMBGP IPC FACE2FACE, PXRMBGP IPC PAT PROV INT or PXRMBGP IPC FLU ENCOUNTER.</p> <p>Patient is excluded if they have refusal using taxonomy BGP IPC INFLUENZA CVX CODES or SNOMED ID 315640000 Influenza vaccination declined (situation) or medical reason not done using SNOMED ID 443390004 Refused (qualifier value) or subset PXRMBGP IPC NO IZ MED, PXRMBGP IPC NO IZ PAT, or PXRMBGP IPC NO IZ SYS</p> <p>Patient is excluded if they have an allergy using diagnosis from taxonomy BGP IPC EGG ALLERGY DXS or SNOMED subset PXRMBGP IPC EGG ALLERGY or has a contraindication using taxonomy BGP FLU IZ CVX CODES for Egg Allergy or Anaphylaxis or a Not Medically Indicated refusal using taxonomy BGP IPC INFLUENZA CVX CODES or BGP IPC INFLUENZA CPT CODES or a diagnosis using taxonomy BGP IPC EGG ALLERGY or SNOMED subset PXRMBGP IPC EGG ALLERGY or has one of the following SNOMED IDs; 294647003 Influenza vaccine allergy (disorder), 294648008 Influenza split virion vaccine allergy (disorder), 294649000 Influenza surface antigen vaccine allergy (disorder), 293112000 Influenza split virion vaccine adverse reaction (disorder), 293113005 Influenza surface antigen vaccine adverse reaction (disorder), 390796006 Influenza vaccination contraindicated (situation), 420113004 Influenza virus vaccine adverse reaction (disorder).</p>
Numerator	Patients who received an influenza immunization OR who reported previous receipt of an influenza immunization.
Numerator Logic	<p>Patient received an influenza immunization from taxonomy BGP IPC INFLUENZA CVX CODES or BGP IPC INFLUENZA CPT CODES or has a problem or POV with one of the following SNOMED IDs; 185900003 Has influenza vaccination at home (finding), 185901004 Has influenza vaccination at surgery (finding), 185902006 Has influenza vaccination at hospital (finding), 416928007 Has influenza vaccination at work (finding).</p>

3.2.2 Chronic Care and Clinical Outcomes

Table 3-7: Diabetes Comprehensive Care

Measure	Description
Diabetes Comprehensive Care	IPC User Population patients with comprehensive diabetes care (documented A1c AND blood pressure AND nephropathy assessment AND retinal exam AND diabetic foot exam).
Denominator	IPC User Population patients diagnosed with diabetes prior to the Report Period.

Measure	Description
Denominator Logic	<p>Patient must have had a Diabetes diagnosis using taxonomy SURVEILLANCE DIABETES prior to the beginning of the Report Period.</p> <p>Patient is excluded if blind. Blind is determined as a problem using taxonomy BGP BILATERAL BLINDNESS DXS or SNOMED subset PXRМ BGP BILAT BLINDNESS or PXRМ BGP BLINDNESS UNSPECIFIED (with laterality=bilateral) or both PXRМ BGP LEFT EYE BLIND and PXRМ BGP RIGHT EYE BLIND or if patient had a procedure using taxonomy BGP RIGHT EYE ENUCLEATION PROC and BGP LEFT EYE ENUCLEATION PROCS or a CPT from BGP EYE ENUCLEATION CPTS with modifier 50 (bilateral) or two CPTS at least 14 days apart.</p> <p>Patient is excluded if they had a foot amputation. Foot amputation is defined as a problem using SNOMED subset PXRМ BGP ABSENCE OF FOOT BIL, PXRМ BGP ABSENCE OF FOOT RIGHT, PXRМ BGP ABSENCE OF FOOT LEFT or taxonomy BGP RIGHT FOOT AMP DXS, BGP LEFT FOOT AMP DXS, BGP UNILATERAL FOOT AMP DXS or an ICD procedure using taxonomy BGP BILAT FOOT AMP PROCEDURES, BGP RIGHT FOOT AMP PROCS, BGP LEFT FOOT AMP PROCS or a CPT from taxonomy BGP CPT BILAT FOOT AMP, BGP FOOT AMP CPTS, or BGP CPT FOOT AMP UNKNOWN SIDE.</p>
Numerator	Patients with comprehensive diabetes care (documented A1c AND blood pressure AND nephropathy assessment AND retinal exam AND diabetic foot exam).

Measure	Description
Numerator Logic	<p>Patient has an A1C lab test from taxonomies BGP IPC HBA1C LOINC CODES and DM AUDIT HGB A1C TAX during the Report Period.</p> <p>Patient has Blood Pressure recorded as a measurement or a CPT from taxonomy BGP BP MEASURED CPT or from both BGP SYSTOLIC BP CPTS and BGP DIASTOLIC BP CPTS or a diagnosis from taxonomy BGP HYPERTENSION SCREEN DXS.</p> <p>Patient has Nephropathy Assessment which is met if patient is diagnosed with End Stage Renal Disease (ESRD) using taxonomy BGP ESRD PMS DXS or SNOMED subset PXRME END STAGE RENAL DISEASE or taxonomy BGP ESRD CPTS or BGP ESRD PROCS OR patient has an Estimated GFR lab using a lab test named ESTIMATED GFR or taxonomy BGP GPRA ESTIMATED GFR TAX or BGP ESTIMATED GFR LOINC with a recorded result AND a Quantitative UACR lab test using taxonomy BGP QUANT UACR TESTS or BGP QUANT UACR LOINC with a recorded result.</p> <p>Patient has Retinal Exam defined as a DIABETIC EYE EXAM (03) in the V Exam file or a CPT from taxonomy BGP DM RETINAL EXAM CPTS or BGP DM EYE EXAM CPTS or an ICD procedure from taxonomy BGP EYE EXAM PROCS or a visit to a Hospital Location (appointment clinic) that is linked to Clinic Code A1 (DIABETIC RETINOPATHY) that was not Did Not Keep Appointment or the Provider Class of the Primary Provider on the visit was 24 (CONTRACT OPTOMETRIST), 79 (OPHTHALMOLOGIST) or 08 (OPTOMETRIST).</p> <p>Patient has Diabetic Foot Exam defined as a DIABETIC FOOT EXAM (28) in the V Exam file or a CPT from taxonomy BGP CPT FOOT EXAM or a visit to a Hospital Location (appointment clinic) that is linked to Clinic Code B7 (DIABETIC FOOT CLINIC) or 65 (PODIATRY) or the Provider Class of the Primary Provider on the visit was 33 (PODIATRIST) or 84 (PEDORTHIST) or 25 (CONTRACT PODIATRIST).</p>

Table 3-8: Diabetes: Glycemic Control

Measure	Description
Diabetes: Glycemic Control	Patients 18 through 75 years of age with diabetes and no hospice indicator who have poor control of their A1c (greater than (>) 9).
Denominator	Patients 18 through 75 years of age with diabetes and no hospice indicator.

Measure	Description
Denominator Logic	<p>Checks the age of the patient. Not valid if patient is less than 18 or greater than 74.</p> <p>Must have had a diagnosis of diabetes as a POV or Problem using taxonomy BGP IPC DIABETES DXS or SNOMED subset PXRMBGP IPC DIABETES.</p> <p>Must have had an office visit during the Report Period with a code using taxonomies BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE IOV >=18 CPTS, BGP IPC PREVCARE IOV >=18 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, BGP IPC ANNUAL WELLNESS CPTS or SNOMED subset PXRMBGP IPC FACE2FACE.</p> <p>Hospice indicator checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC DISCHG HOSPICE.</p>
Numerator	Poor Control. Patients with A1c greater than (>) 9.
Numerator Logic	Looks at lab tests from taxonomies BGP IPC HBA1C LOINC CODES and DM AUDIT HGB A1C TAX during the Report Period with a result value greater than 9.

Table 3-9: Controlling High Blood Pressure

Measure	Description
Controlling High Blood Pressure	Patients 18 through 85 years of age diagnosed with hypertension and no documented history of ESRD/kidney disease or current diagnosis of pregnancy or hospice indicator with blood pressure < 140/90 (i.e., the systolic value is less than 140 AND the diastolic value is less than 90)
Denominator	Patients 18 through 85 years of age diagnosed with hypertension and no documented history of ESRD/kidney disease or current diagnosis of pregnancy or hospice indicator.

Measure	Description
Denominator Logic	<p>Checks the age of the patient. Not valid if patient is less than 18 or greater than 85.</p> <p>Must have had an office visit during the Report Period with a code using taxonomies BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS >=18 CPTS, BGP IPC PREVCARE IOV >=18 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, BGP IPC ANNUAL WELLNESS CPTS or SNOMED subset PXRMBGP IPC FACE2FACE.</p> <p>Must have hypertension diagnosis using taxonomies BGP IPC ESSENTIAL HTN DXS, BGP IPC ESSENTIAL HTN DXS or SNOMED subset PXRMBGP IPC HTN.</p> <p>Hospice indicator checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient has a pregnancy problem recorded during the Report Period from taxonomy BGP IPC PREGNANCY DXS or SNOMED subset PXRMBGP IPC PREGNANCY.</p> <p>Patient having ESRD using taxonomy BGP IPC ESRD DXS or one of the following SNOMED IDs; 236434000 End stage renal failure untreated by renal replacement therapy (disorder), 236435004 End stage renal failure on dialysis (disorder), 236436003 End stage renal failure with renal transplant (disorder), 46177005 End stage renal disease (disorder).</p> <p>Patient having CKD using taxonomy BGP IPC CKD STG 5 DXS or SNOMED ID 433146000 Chronic kidney disease stage 5 (disorder).</p> <p>Patient having a procedure from BGP IPC VASCULAR ACC DIAL CPTS, BGP IPC ESRD OPT SRV CPTS, BGP IPC KIDNEY TRANSPLANT CPTS, or BGP IPC DIALYSIS SRV CPTS.</p>
Numerator	Patients with blood pressure < 140/90 (i.e., the systolic value is less than 140 AND the diastolic value is less than 90).
Numerator Logic	Checks the most recent Blood Pressure measurement during the Report Period where the systolic value is less than 140 AND the diastolic value is less than 90.

Table 3-10: Medication Therapy for Persons with Asthma

Measure	Description
Medication Therapy for Persons with Asthma	IPC User Population patients ages 5 and older with persistent asthma during the Report Period who were prescribed long-term control medication during the Report Period.
Denominator	IPC User Population patients ages 5 and older with persistent asthma during the Report Period.

Measure	Description
Denominator Logic	<p>Checks the age of the patient. Not valid if patient is less than 5 years old.</p> <p>Checks if the patient has an Asthma diagnosis from taxonomy BGP ASTHMA DXS in the problem file as well as a persistent asthma SNOMED ID from subset PXR ASTHMA PERSISTENT or a severity value greater than 1 from SNOMED subset PXR ASTHMA or a severity recorded in the V Asthma file.</p> <p>Checks if patient refused a controller medication from taxonomy BGP PQA CONTROLLER MEDS.</p> <p>Checks if patient has a medication allergy to a medication from taxonomy BGP PQA CONTROLLER MEDS or one of the following asthma drugs; BECLOMETHASONE, BUDESONIDE, CICLESONIDE, FLUNISOLIDE, FLUTICASONE, FORMOTEROL, LUTICASONE, MOMETASONE, MONTELUKAST, SALMETEROL, THEOPHYLLINE, ZAFIRLUKAST, or ZILEUTON.</p>
Numerator	Patients who were prescribed long-term control medication during the Report Period.
Numerator Logic	Checks if Asthma patient has an active medication from taxonomy BGP PQA CONTROLLER MEDS or BGP PQA CONTROLLER NDC

Table 3-11: Dental Treatment

Measure	Description
Dental Treatment	IPC User Population patients with a dental exam during the Report Period with all dental treatment completed.
Denominator	IPC User Population patients with a dental exam during the Report Period.
Denominator Logic	A visit during the report period containing dental codes from taxonomy BGP DENTAL EXAM ADA CODES or BGP DENTAL EXAM CPTS.
Numerator	Patients with all treatment completed.
Numerator Logic	A visit during the report period containing ADA code 9990.

Table 3-12: Body Mass Index (BMI) Screening/Follow up

Measure	Description
Body Mass Index (BMI) Screening /Follow up	Patients aged 18 years and older with at least one eligible encounter during the Report Period and no diagnosis of pregnancy with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.
Denominator	Patients aged 18 years and older with at least one eligible encounter during the Report Period and no diagnosis of pregnancy.

Measure	Description
Denominator Logic	<p>Most recent BMI encounter during the Report Period with a code from SNOMED subset PXRMBGP IPC BMI ENC or a visit with a code from BGP IPC BMI ENCOUNTER CPTS or BGP IPC BMI ADA CPTS or a dental visit with code from BGP IPC BMI ADA CODES.</p> <p>The age of the patient on the BMI encounter had to be 18 years old or older.</p> <p>Patient is excluded if patient has had palliative care documented as a diagnosis from taxonomy BGP IPC PALLIATIVE CARE DXS during the Report Period or has a SNOMED from subset PXRMBGP IPC PALLIATIVE during a visit or POV during the Report Period or a referral using a SNOMED from subset PXRMBGP IPC PALLIATIVE.</p> <p>Patient is excluded if pregnant documented using taxonomy BGP IPC PREGNANCY CMS69 DXS in the IPL or using a SNOMED from subset PXRMBGP IPC PREGNANCY BMI.</p> <p>Patient is excluded if they refused both the Height and Weight measurement on the same day as the most recent BMI encounter visit.</p> <p>Patient is excluded if there is a medical reason not done.</p>
Numerator	<p>Patients with a documented BMI during the encounter or during the previous twelve months, AND when the BMI is outside of normal parameters, a follow-up plan is documented during the encounter or during the previous twelve months of the current encounter.</p>
Numerator Logic	<p>If the most recent BMI value during the Report Period is between 18.5 and 25, then the patient has met the numerator.</p> <p>If the BMI value is greater than 25 (above normal) then the patient needs follow-up plan to meet the numerator. Patient has a diagnosis from taxonomy BGP IPC ABOVE NORMAL FU DXS or a CPT from taxonomy BGP IPC ABOVE NORMAL FU CPTS or a referral from SNOMED subset PXRMBGP IPC WT ASMT REFER or PXRMBGP IPC OVERWEIGHT or a prescription from taxonomy BGP IPC ABOVE NORMAL MEDS or BGP IPC ABOVE NORMAL RXNORM or a visit POV using SNOMED subset PXRMBGP IPC ABOVE NORM.</p> <p>If the BMI value is less than 18.5 (below normal) then the patient needs a follow-up plan to meet the numerator. Patient has a diagnosis from taxonomy BGP IPC BELOW NORMAL FU DXS or a CPT from taxonomy BGP IPC BELOW NORMAL FU CPTS or a referral from SNOMED subset PXRMBGP IPC WT ASMT REFER or PXRMBGP IPC UNDERWEIGHT or a prescription from taxonomy BGP IPC BELOW NORMAL MEDS or BGP IPC BELOW NORMAL RXNORM or a visit POV using SNOMED subset PXRMBGP IPC BELOW NORM.</p>

Table 3-13: Weight Assess/Counseling - BMI

Measure	Description
Weight Assess /Counseling - BMI	<p>Patients 3–17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator with a height, weight and body mass index (BMI) percentile documented during the Report Period.</p>

Measure	Description
Denominator	Patients 3–17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator.
Denominator Logic	<p>Patient is between 3 and 17 years old during the Report Period and has a visit encounter SNOMED subset PXRMBGP IPC FACE2FACE or a visit using taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE IOV 0-17 CPTS, BGP IPC PREVCARE IOV 0-17 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, BGP IPC PREVCARE IND COUN CPTS, or BGP IPC PREVCARE GRP COUN CPTS.</p> <p>Patient is excluded if hospice indicator which checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient is excluded if patient has a pregnancy problem recorded during the Report Period from taxonomy BGP IPC PREGNANCY DXS or SNOMED subset PXRMBGP IPC PREGNANCY.</p>
Numerator	Patients with a height, weight and body mass index (BMI) percentile documented during the Report Period.
Numerator Logic	<p>Patient has a Height, Weight and body mass index percentile (BMIP) in the Measurement file during the Report Period. After BMI is calculated for children and teens, it is expressed as a percentile. These percentiles express a child's BMI relative to children in the U.S. who participated in national surveys that were conducted from 1963-65 to 1988-944.</p> <p>Because weight and height change during growth and development, as does their relation to body fatness, a child's BMI must be interpreted relative to other children of the same sex and age.</p>

Table 3-14: Weight Assess/Counseling - Nutrition

Measure	Description
Weight Assess /Counseling - Nutrition	Patients 3–17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator with counseling for nutrition during the Report Period.
Denominator	Patients 3–17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator.

Measure	Description
Denominator Logic	<p>Patient is between 3 and 17 years old during the Report Period and has a visit encounter SNOMED subset PXRMBGP IPC FACE2FACE or a visit using taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS 0-17 CPTS, BGP IPC PREVCARE IOVS 0-17 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, BGP IPC PREVCARE INDCOUN CPTS, or BGP IPC PREVCARE GRPCOUN CPTS.</p> <p>Patient is excluded if hospice indicator which checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient is excluded if patient has a pregnancy problem recorded during the Report Period from taxonomy BGP IPC PREGNANCY DXS or SNOMED subset PXRMBGP IPC PREGNANCY.</p>
Numerator	Patients with counseling for nutrition during the Report Period.
Numerator Logic	Patient has a visit with a CPT code from taxonomy BGP IPC NTRCOUN CPTS or a POV from SNOMED subset PXRMBGP IPC NUTRITION.

Table 3-15: Weight Assess/Counseling - Physical Activity

Measure	Description
Weight Assess /Counseling - Physical Activity	Patients 3–17 years who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator with counseling for physical activity during the Report Period.
Denominator	Patients 3–17 years of age who had an outpatient visit with a Primary Care Physician (PCP) or Obstetrician/Gynecologist (OB/GYN) during the Report Period with no diagnosis of pregnancy or hospice indicator.
Denominator Logic	<p>Patient is between 3 and 17 years old during the Report Period and has a visit encounter SNOMED subset PXRMBGP IPC FACE2FACE or a visit using taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS 0-17 CPTS, BGP IPC PREVCARE IOVS 0-17 CPTS, BGP IPC HOMEHEALTH VISIT CPTS, BGP IPC PREVCARE INDCOUN CPTS, or BGP IPC PREVCARE GRPCOUN CPTS.</p> <p>Patient is excluded if hospice indicator which checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient is excluded if patient has a pregnancy problem recorded during the Report Period from taxonomy BGP IPC PREGNANCY DXS or SNOMED subset PXRMBGP IPC PREGNANCY.</p>
Numerator	Patients with counseling for physical activity during the Report Period.

Measure	Description
Numerator Logic	Patient has a visit with a POV from SNOMED subset PXRMBGP IPC PHYS ACT.

3.2.3 Other Preventive Services

Table 3-16: Colorectal Cancer Screening

Measure	Description
Colorectal Cancer Screening	Patients ages 50–75 without a documented history of colorectal cancer or total colectomy and no hospice indicator who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) during the Report Period; 2) FIT-DNA in the past 2 years; 3) flexible sigmoidoscopy or CT colonography in the past 4 years; or 4) colonoscopy in the past 9 years.
Denominator	Patients ages 50–75 without a documented history of colorectal cancer or total colectomy and no hospice indicator.
Denominator Logic	<p>Patient is between 50 and 74 years old during the Report Period and has an encounter with a CPT from taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS >=18 CPTS, BGP IPC PREVCARE IOVS >=18 CPTS, or BGP IPC HOMEHEALTH VISIT CPTS or SNOMED subset PXRMBGP IPC FACE2FACE.</p> <p>Patient is excluded if the patient has hospice indicator which checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient is excluded if they have a cancer diagnosis from taxonomy BGP IPC COLON CANCER DXS or SNOMED subset PXRMBGP IPC COLON CANCER or a colectomy from taxonomy BGP IPC TOTAL COLECTOMY CPTS.</p>
Numerator	Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) during the Report Period; 2) FIT-DNA in the past 2 years; 3) flexible sigmoidoscopy or CT colonography in the past 4 years; or 4) colonoscopy in the past 9 years.
Numerator Logic	Patient screened for colonoscopy using taxonomy BGP IPC COLONOSCOPY CPTS or sigmoidoscopy using taxonomy BGP IPC SIG CPT CODES or FOBT lab test using taxonomy BGP IPC FOBT LOINC CODES or BGP GPRA FOB TESTS with a result value or FIT lab test using taxonomy BGP IPC FIT-DNA LOINC CODES or BGP FIT-DNA TESTS with a lab result or a colonography using taxonomy BGP IPC CT COLONOGRAPHY CPTS.

Table 3-17: Breast Cancer Screening

Measure	Description
Breast Cancer Screening	Female patients ages 51–74 without a documented history of bilateral mastectomy or two separate unilateral mastectomies and no hospice indicator who had a Mammogram documented in the past 27 months.

Measure	Description
Denominator	Female patients ages 51–74 without a documented history of bilateral mastectomy or two separate unilateral mastectomies and no hospice indicator.
Denominator Logic	<p>Female patients between the age of 51 and 73 who had an encounter with a CPT from taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS >=18 CPTS, BGP IPC PREVCARE IOV >=18 CPTS, or BGP IPC HOMEHEALTH VISIT CPTS or SNOMED subset PXRMBGP IPC FACE2FACE.</p> <p>Patient is excluded if the patient has hospice indicator which checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient has a bilateral mastectomy before end of Report Period. A mastectomy is documented with a diagnosis from taxonomy BGP IPC BILAT MASTECTOMY DXS in the IPL or SNOMED code 428529004 History of bilateral mastectomy (situation). Or patient has two unilateral mastectomies documented from taxonomy BGP IPC UNILAT MASTECTOMY CPTS or a diagnosis in IPL or a POV from taxonomy BGP IPC RT MASTECTOMY DXS or BGP IPC LT MASTECTOMY DXS or BGP IPC UNILAT MASTECTOMY DXS or SNOMED subset PXRMBGP IPC UNI MAST DX or SNOMED ID 429242008 History of right mastectomy (situation) and 429009003 History of left mastectomy (situation).</p>
Numerator	Patients who had a Mammogram documented in the past 27 months.
Numerator Logic	Patient has a visit in V Radiology 824 days from the end of Report Period with a CPT from taxonomy BGP IPC MAMMOGRAM CPTS or a LOINC from taxonomy BGP IPC MAMMOGRAM LOINC CODES.

Table 3-18: Cervical Cancer Screening

Measure	Description
Cervical Cancer Screening	Female patients ages 23–64 without documented history of hysterectomy and no hospice indicator with a cervical cytology (Pap Test) documented in the past 3 years, or if patient is 30 to 64 years of age, either a cervical cytology documented in the past 3 years or cervical cytology/human papillomavirus (HPV) co-testing documented in the past 5 years.
Denominator	Female patients ages 23–64 without documented history of hysterectomy and no hospice indicator.

Measure	Description
Denominator Logic	<p>Patient whose age was not less than 23 years old or greater than 64 during the Report Period with an office visit defined using taxonomy BGP IPC OFFICE VISIT CPTS, BGP IPC PREVCARE EOVS >=18 CPTS, BGP IPC PREVCARE IOVS >=18 CPTS, BGP IPC HOMEHEALTH VISIT CPTS or SNOMED subset PXRMBGP IPC FACE2FACE.</p> <p>Patient is excluded if hospice indicator found. Hospice indicator checks all POV visits during the Report Period for any SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE or any IPL problem list entry with a SNOMED found in SNOMED Subset PXRMBGP IPC HOSPICE that does not have a status of Deleted or Inactive. Or checks all inpatient discharges during the report period that has a SNOMED from subset PXRMBGP IPC INPT ENC or subset PXRMBGP IPC DISCHG HOSPICE.</p> <p>Patient is excluded if patient has had a hysterectomy. A hysterectomy is defined with an ICD procedure from taxonomy BGP HYSTERECTOMY PROCEDURES or a Women's Health package entry for HYSTERECTOMY or a visit with CPT from taxonomy BGP IPC HYSTERECTOMY CPTS or a problem or POV using taxonomy BGP HYSTERECTOMY DXS or SNOMED subset PXRMBGP HYSTERECTOMY DX.</p>
Numerator	Patients with a cervical cytology (Pap Test) documented in the past 3 years, or if patient is 30–64 years of age, either a cervical cytology documented in the past 3 years or cervical cytology/human papillomavirus (HPV) co-testing documented in the past 5 years.
Numerator Logic	A Lab test in the past 3 years (from end of Report Period) from taxonomy BGP IPC PAPER LOINC CODES or BGP PAPER SMEAR TAX with a lab result documented or a Pap and HPV lab test on the same date from taxonomy BGP PAPER LOINC CODES, BGP PAPER SMEAR TAX, BGP IPV HPV LOINC CODES, or BGP HPV TESTS TAX in the past 5 years (from end of Report Period).

3.2.4 Behavioral Health

Table 3-19: Depression Screening

Measure	Description
Depression Screening	IPC User Population patients ages 18 and older who screened for depression or diagnosed with a mood disorder at any time during the Report Period. NOTE: This numerator does NOT include refusals.
Denominator	IPC User Population patients ages 18 and older.
Denominator Logic	Patient whose age was 12 years old or greater during the Report Period.
Numerator	Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period. NOTE: This numerator does NOT include refusals.

Measure	Description
Numerator Logic	Depression screening is an Exam 36 (DEPRESSION) or a BH Exam 36 or a diagnosis from taxonomy BGP DEPRESSION SCR N DXS or a BH 14.1 or CPT from taxonomy BGP DEPRESSION SCREEN CPTS or a PHQ2, PHQ9 or PHQT measurement during the Report Period or have a diagnosis from taxonomy BGP MOOD DISORDERS or a BH problem or POV with code 14 or 15.

Table 3-20: Depression Screening with Follow up

Measure	Description
Depression Screening with Follow up	Patients aged 12 years and older with a depression screening encounter with no active diagnosis for depression or bipolar disorder screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Denominator	Patients aged 12 years and older with a depression screening encounter with no active diagnosis for depression or bipolar disorder.
Denominator Logic	Patient whose age was 12 years or older during the Report Period who had a depression screening encounter either in PCC or in Behavioral Health package (BH) using a value from SNOMED subset PXR M BGP IPC DEP SCR N ENC or taxonomy BGP IPC DEP SCR N ENC CPTS. Patient is excluded if they already have a diagnosis of depression or bipolar disorder from taxonomy BGP IPC DEPRESSION DIAG DXS or BGP IPC BIPOLAR DIAG DXS or SNOMED subset PXR M BGP IPC DEPRESSION DX or PXR M BGP IPC BIPOLAR DX. Patient is excluded if they have a refusal for a PHQ or a reason not done from SNOMED subset PXR M BGP IPC NOT DONE MED or PXR M BGP IPC NOT DONE PAT.
Numerator	Patients screened for depression on the date of the encounter using an age appropriate standardized depression screening tool AND if positive, a follow-up plan is documented on the date of the positive screen.
Numerator Logic	Patient who had a Depression Exam 36 with either a result of POSITIVE or a measurement in PCC of a PHQ2 result not less than 3, a PHQ9 result not less than 10 or a PHQT result not less than 10 or a positive PHQ result in Behavioral Health with a follow-up plan entered in IPL or POV or a Referral with an value from SNOMED subset PXR M BGP IPC DEP INTER. Patient has an Education entry where the topic is from taxonomy BGP IPC DEPRESSION DIAG DXS or BGP IPC BIPOLAR DISORDER DXS or SNOMED subset PXR M BGP IPC DEP INTER or PXR M BGP IPC DEPRESSION DIAG DXS with an -FU indicator. Patient has an active medication from taxonomy BGP IPC DEPRESSION MEDS or BGP IPC DEPRESSION RXNORM or a prescription order for one of the medications.

Table 3-21: Depression Remission (12 months)

Measure	Description
Depression Remission (12 months)	Patients 18 years of age or older with major depression or dysthymia and no diagnosis of bipolar or personality disorder who reached remission in 12 months (+/- 30 days).

Measure	Description
Denominator	Patients 18 years of age or older with major depression or dysthymia and no diagnosis of bipolar or personality disorder.
Denominator Logic	<p>Patient has a visit 397 days before the Beginning of the Report Period through 1 day before the Beginning of the Report Period or a visit in the Behavioral Health package that is not in PCC that has a PHQ9 score greater than 9. The visit also must have a CPT from taxonomy BGP IPC OFFICE VISIT CPTS or SNOMED subset PXRMBGP IPC FC2FC NO ED or BGP IPC PSYCH VISIT CPTS. Patient must have an active problem list or primary POV for depression using taxonomy BGP IPC MAJOR DEPRESSION DXS or BGP IPC DYSTHYMIA DXS or SNOMED subset PXRMBGP IPC MAJOR DEP or PXRMBGP IPC DYSTHYMIA. The visit in the Behavioral Health package must also have a CPT from taxonomy BGP IPC OFFICE VISIT CPTS or BGP IPC PSYCH VISIT CPTS and a problem or POV for depression using taxonomy BGP IPC MAJOR DEPRESSION DXS or BGP IPC DYSTHYMIA DXS or SNOMED subset PXRMBGP IPC MAJOR DEP or PXRMBGP IPC DYSTHYMIA.</p> <p>Patient is excluded if patient has palliative care which is a visit in the Report Period that has a diagnosis from taxonomy BGP IPC PALLIATIVE CARE DXS or SNOMED subset PXRMBGP IPC PALLIATIVE or a referral from SNOMED subset PXRMBGP IPC PALLIATIVE.</p> <p>Patient is excluded if they have long term care services which is a CPT code from taxonomy BGP IPC LONG TERM CARE CPTS during the Report Period.</p> <p>Patient is excluded if they have a bipolar or personality disorder problem or POV from taxonomy BGP IPC BIPOLAR DISORDER DXS, BGP IPC PERSONALITY DIS DXS or SNOMED subset PXRMBGP IPC BIPOLAR DX or PXRMBGP IPC PERSONAL DIS or PXRMBGP IPC PERSONAL DX before the end of Report Period.</p>
Numerator	Patients who reached remission in 12 months (+/- 30 days).
Numerator Logic	Patient had a visit 336 days through 397 days from the PHQ9 visit meeting the denominator value (either PCC or BH visit) where a new PHQ9 score is less than 5.

3.2.5 Population Health System

Table 3-22: of Patients Empaneled to a Primary Care Provider

Measure	Description
of Patients Empaneled to a Primary Care Provider	Percentage of patients empaneled to a designated primary care provider (DPCP).

Measure	Description
Denominator	Total number of patients who are NOT deceased or a demo patient, who do not have an inactive HRN for the main facility AND has a visit in the date range (monthly or weekly). Excludes visits that are historical, chart review, telephone, in hospital, daily hosp data or ancillary package so includes visits that are ambulatory, day surgery, telemedicine, observation, hospitalization or nursing home. Excludes visits where the clinic is HOME CARE, EMPLOYEE HEALTH UNIT, TELEPHONE CALL or CHART REV/REC MOD. Visit must have a diagnosis (POV) and a primary care provider.
Numerator	Number of patients meeting the denominator who are assigned to a primary care provider

Table 3-23: Continuity of Care Primary Provider

Measure	Description
Continuity of Care Primary Provider	Percentage of visits among patients empaneled to a Designated Primary Care Provider (DPCP) who were seen by their DPCP.
Denominator	A provider who has patients assigned to them, checks for visits in the specified date range (month or week), excludes visits that are historical, daily hosp data or ancillary package. Where the visit location is the master facility (for multidivisional sites), has a diagnosis (POV) for the visit, and the patient has an active HRN for this location, visit clinic is a primary care clinic from the clinic list found at Tools->iCare Site Parameters->IPC Site Parameters.
Numerator	The provider is the primary provider for the visit.

Table 3-24: Continuity of Care to a Designated Care Team

Measure	Description
Continuity of care to a Designated Care Team	Percentage of visits among patients empaneled to a Designated Primary Care Provider (DPCP) but were seen by a provider that is a member of that care team.
Denominator	Total number of visits where the visit is to a facility locations set up as a division in Tools->iCare Site Parameters->Divisions or the home facility where the patient is not deceased or a demo patient, has an inactive HRN for the location and checks for visits in the specified date range (month or week), excludes visits that are historical, daily hosp data or ancillary package, has a diagnosis (POV) and a primary care provider and where the visit clinic is a primary care clinic from the clinic list found at Tools->iCare Site Parameters->IPC Site Parameters.
Numerator	Is the number of denominator visits where the primary visit provider is a member of a team.

Glossary

Context Menu

The menu of options that displays when an entity is right-clicked.

Designated Primary Care Provider (DPCP)

In RPMS, the provider name that is assigned as the primary care physician for a patient or group of patients at a specific facility. This is not a required function.

Free Text Field

A field where the user can type text, just like typing a note to someone.

iCare Package Manager

The designated person with authority to manage all information settings for iCare.

Panel List

The list of patient panels owned by the user.

Providers

Any staff member in an I/T/U facility who provides direct healthcare to patients, e.g. general practice or specialty physicians, registered nurses, social workers, physician assistants, etc.

Taxonomy

In RPMS, a grouping of functionally related data elements, such as ICD codes, that are created and maintained within the RPMS Taxonomy Setup application. Taxonomies will be used as definitions for diagnoses, procedures, lab tests, medications, and other clinical data types.

To change or an add to an existing taxonomy, see the CRS coordinator.

Tooltip/Hover Help

A common GUI element used to provide additional information to users. To display a Tooltip, hover the mouse pointer, without clicking, over a column heading or field.

Acronym List

Acronym	Term Meaning
BQI	Namespace for iCare
CMET	Care Management Event Tracking
CQM	Clinical Quality Measures
CRS	Clinical Reporting System
DPCP	Designated Primary Care Provider
GPRA	Government Performance and Results Act
GUI	Graphical User Interface
HHS	Health and Human Services
HIV	Human Immunodeficiency Virus
ICD	International Classification of Diseases
IHS	Indian Health Service
IPC	Improving Patient Care
I/T/U	Indian Health Service, or Tribal, or Urban Indian health programs
OIT	Office of Information Technology
PM	Performance Measures
RPMS	Resource and Patient Management System

Contact Information

For any questions or comments regarding this distribution, contact the OIT Help Desk (IHS).

Phone: (888) 830-7280 (toll free)

Web: <http://www.ihs.gov/helpdesk/>

Email: support@ihs.gov