Improve Your Sites Mammogram and Pap Smear GPRA Rates

Kathy Ray, CNM, Navajo Area CAC, SME on iCare

- Not on track measures

- Our focus
  - Mammography Screening
  - Cervical Cancer Screening

2015 National Dashboard (IHS/Tribal) - 2nd Qtr

2015 Q2 National Dashboard (IHS/Tribal)					
DIABETES	**2014 Target**	**2014 Final**	**2015 Target**	**2015 Q2**	**2015 Q2 Results**
Good Glycemic Control	48.3%	48.6%	47.7%	41.2%	Not On Track
Controlled BP <140/90	64.6%	63.8%	63.8%	49.9%	Not On Track
LDL (Cholesterol) Assessed	73.9%	73.4%	71.8%	49.3%	Not On Track
Nephropathy Assessed[a]	Baseline	60.0%	60.0%	40.4%	Within Range
Retinopathy Exam	58.6%	59.9%	60.1%	38.0%	Within Range
DENTAL					
Dental: General Access	29.2%	28.8%	27.9%	19.6%	Within Range
Sealants	13.9%	14.6%	14.1%	10.3%	Within Range
Topical Fluoride	26.7%	27.9%	26.4%	19.6%	Within Range
IMMUNIZATIONS					
Influenza 65+	69.1%	68.1%	67.2%	59.0%	Not On Track
Pneumococcal Vaccination 65+[a]	Baseline	85.7%	85.7%	85.2%	Within Range
Childhood IZ	74.8%	75.4%	73.9%	56.2%	Not On Track
PREVENTION					
(Cervical) Pap Screening[a]	Baseline	54.6%	54.6%	49.3%	Not On Track
Mammography Screening	54.7%	54.2%	54.8%	46.9%	Not On Track
Colorectal Cancer Screening	35.0%	37.9%	35.2%	33.2%	Within Range
Tobacco Cessation	45.7%	48.2%	46.3%	37.1%	Within Range
Alcohol Screening (FAS Prevention)	65.9%	66.0%	66.7%	47.8%	Within Range
DV/IPV Screening	64.1%	63.5%	61.6%	44.5%	Within Range
Depression Screening	66.9%	66.0%	64.3%	48.6%	Within Range
CVD- Comprehensive Assessment	51.0%	52.3%	47.3%	26.3%	Within Range
Prenatal HIV Screening	89.1%	88.0%	86.6%	86.7%	On Track
Childhood Weight Control[b]	N/A	22.8%	N/A	22.1%	N/A
Breastfeeding Rates	29.0%	35.1%	29.0%	35.3%	On Track
Controlling High Blood Pressure (MH)[c]	Baseline	59.5%	59.5%	53.9%	Not On Track
Public Health Nursing Encounters	425,679	386,307	425,679	Pending	N/A
Suicide Surveillance[d] (forms completed)	1,668	1,766	1,419	Pending	N/A

[a]Measure logic changes in FY 2014
[b]Long-term measure; will be reported in FY 2016
[c]New measure reported by federal and tribal programs as of FY 2014
[d]Measure data is submitted from 11 Areas
Measures in red are GPRAMA measures

Measures On Track: 2
Measures Within Range: 12
Measures Not on Track: 8

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Learning Objectives

- Review national standard for screening mammography
- Review national standard for pap screenings

Using a DEMO Database:

- Use iCare to identify and manage groups of patients for pap and/or mammogram screening
- Use iCare to electronically manage Pap and/or mammogram screenings
- Use iCare to identify patient care needs and unmet performance measures
- Learn various uses of EHR, Women's Health Package, and RPMS to assist with meeting these measures

Who should have a screening mammogram?

- U.S. Preventive Services Task Force recommendations:

  - Routine screening of average-risk women begins at age 50, instead of age 40;

  - Routine screening should end at age 74;

  - Women should get screening mammograms every two years, instead of every year;

  - Breast self-exams have little value.

EHR Clinical Reminder

Clinical Maintenance: Mammogram 50-74

```
  --STATUS--    --DUE DATE--    --LAST DONE--
      N/A                         8/29/2014
Frequency: Cannot be determined for this patient.


------------------------------
Mammography is recommended in women from ages 50-74.
Mammography should be discussed with patients from 40-49
and 75 and older and screening performed based on clinical
judgment.


Routine Screening Mammogram recommendations (2011)
  == US Preventive Services Taskforce: Recommends screening
     mammograms every 2 years from age 50-74. Recommends
     against routine screening in women aged 40-49.
  == American College of Obstetrics and Gynecology: Recommends
     screening mammograms every 1-2 years for women aged 40-49
     and yearly for women aged 50-74. Provider should
     discuss with patients whether mammography should be
     continued for ages 75 and older
  == American Cancer Society: Recommends screening mammograms
     yearly starting at age 40 as long as a women is in good
     health.
 Clinicians should discuss the benefits and risks of mammography
 with patients aged 40-49 and 75 or older and screen based on
 clinical judgment.
------------------------------


REMINDER ON:
  Women aged 50-74 who have not had a mammogram documented in
  past year.
---------------------------------------------------------------
EXCLUDED: Patients who have had a bilateral mastectomy documented.


    =============================================================
    Reference:  US Preventive Services Taskforce 2009, American
    College of Obstetricians and Gynecologists 2011, American
    Cancer Society  2012, Healthy People 2020, Cancer.
    =============================================================
```

Who should have a Pap smear?

- U.S. Preventive Services Task Force recommendations:

  - Age 21 – 65 every 3 years Pap only
  - Age 30 – 65 every 5 years Pap + HPV ***

- No routine screening with HPV below age of 30

- No screening below age of 21

- No screening above age of 65

- No screening after hysterectomy with removal of the cervix if no history of a high-grade lesion or cervical cancer

EHR Clinical Reminder

```
Clinical Maintenance: Pap test 30-64Y
  --STATUS--   --DUE DATE--   --LAST DONE--
      N/A                      1/8/2014
Frequency: Due every 5 years for ages 30Y to 64Y.


REMINDER DUE: For female patients with intact cervix
Ages 30-64 if no PAP test in past 3 years
OR
if no PAP test AND HPV test documented in past 5 years

 *** Reminder frequency is set to 5 years so regardless of
     test(s) done will forecast a PAP due in 5 years.  IF only
      a PAP test was done without HPV testing, the PAP test
      expires in 3 years and will be due ***


    =============================================================
    Reference: US Preventive Services Taskforce, American Cancer
    Society Cervical Cancer Screening recommendations 2012,
    Healthy People 2020, Cancer.
    =============================================================


Cohort:
 Encounter Procedure:
  06/01/2012 58150-TOTAL HYSTERECTOMY Principle Procedure: NO  Prov.
  Narr. - Total Hysterectomy


Resolution: Last done 01/08/2014
 Computed Finding: IHS-PAP 2013
  01/08/2014 value - Screen pap by tech w md supv; CPT: P3000

 Computed Finding: IHS-PAP 2009
  01/08/2014 value - Screen pap by tech w md supv; CPT: P3000
```

Clinical Reporting System Logic (CRS)

- Denominators for Mammograms

- Female Active Clinical patients
- Age: 52 through 64
- No documented bilateral mastectomy
- No two separate unilateral mastectomies

Clinical Reporting System Logic Continued

- Numerator:

- All patients who had a Mammogram documented in the past 2 years.

- This numerator does *not* include refusals.

CRS Developmental Measure

- Denominator for Mammograms

- 1) Female Active Clinical patients
- 2) Ages 52-74
  - Must be at least 52 at beginning of report period
- 3) Without a documented history of bilateral mastectomy or two separate unilateral mastectomies

CRS Developmental Logic Continued

- Numerator

- All patients who had a Mammogram documented in the past 2 years

- Refusals not counted

PAP CRS Logic

- Denominators:

- Female Active Clinical patients

  - Ages 24 through 64
  - Ages 24 through 29
  - Ages 30 through 64

- without a documented history of hysterectomy

PAP CRS Logic

- Numerators: None include refusals

- 1) Patients with a Pap smear documented in the past 3 years, or if patient is 30 – 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years.

- 2) Patients with a Pap Smear documented in the past 3 years.

- 3) Patients with a Pap Smear documented 3 – 5 years ago and an HPV DNA documented in the past 5 years.

Summary: What can you do to improve your rate?

Improve access to mammography:

- Do women absolutely have to have a clinical breast exam by a provider prior to a mammogram? It is preferred but not essential.

- Go out and find those women who have NEVER been screened and get them in!

- Be transparent about your goal to improve:
  – Urge the community to help you improve
  – Ask women to come in for their screening
  – Have them bring in their mother, daughter, sister, auntie, grandmother, friend.

Technical Side: Electronic Data Capture

- Are your GPRA Mammography numbers lower than your site thinks they should be?

- Are your GPRA Pap Smear numbers lower than you think they should be?

- Using our tools correctly – are they working as intended?

- What can be done to change and improve your numbers? (Your patients/clients health!)

- Are the clerks still hand entering results?
  - Pap, Mammogram, HPV?

Pap + HPV for 30 – 64 yo

- Across IHS Areas:

- Lowest GPRA percent – 1.3%

- Highest GPRA percent – 14.4%

- What is causing these low numbers?

Collaboration is KEY

- This is work best done collaboratively:

- CACs and clinicians need to be talking to each other to identify glitches and fixes.

- Suggestion: CACs need to be involved in the clinical realm - meet regularly to share problems and solutions.

The Measures Tab in iCare

Properties

| Patient List | Reminders | Rem Aggregated | Natl Measures | Natl Aggregated | CMET | Care Mgmt | Diagnostic Tags | Flags | Definition Details |

Copy Patient(s) Layout

National Performance Measures data from CRS 2015 current as of: May 02, 2015 02:05 AM

Patient Name	HRN	DOB	Age	Sex	Community	Designated PCP	Comprehensive Cancer Screening (Dev)	Mammogram Rates 52-74 (Dev)	Mammogram Rates 52-64	Pap Smear Rates 24-64
			69 YRS	F	LINCOLN	LONEWOLF,D MD	NO	NO	N/A	N/A
			66 YRS	F	PAPILLION	COON,LILA	YES	NO	N/A	N/A
			59 YRS	F	HIAWATHA	OGILVIE,C MD	NO	YES	YES	YES
			51 YRS	F	WHITE CLOUD	WHITTEN,M MD	NO	N/A	N/A	NO
			50 YRS	F	HASKELL INST		NO	N/A	N/A	NO
			74 YRS	F	WHITE CLOUD	WHITTEN,M MD	YES	NO	N/A	N/A
			54 YRS	F	RULO	MATTHEWS,C MD	YES	YES	YES	YES
			52 YRS	F	HIAWATHA	OGILVIE,C MD	YES	N/A	N/A	N/A
			50 YRS	F	ELWOOD	COON,LILA	YES	N/A	N/A	YES
			54 YRS	F	WHITE CLOUD	WHITTEN,M MD	NO	NO	NO	NO
			66 YRS	F	FALLS CITY	LEWIS,LARENE	YES	YES	N/A	N/A
			74 YRS	F	SANTA FE	WHITTEN,M MD	NO	NO	N/A	N/A
			51 YRS	F	HIAWATHA	MOREHEAD,C MD	YES	N/A	N/A	YES
			50 YRS	F	MISSOURI UNK	COON,LILA	N/A	N/A	N/A	N/A
			55 YRS	F	SABETHA	LONEWOLF,D MD	YES	YES	YES	YES
			54 YRS	F	FALLS CITY	LEWIS,LARENE	NO	NO	NO	NO
			74 YRS	F	HORTON		NO	NO	N/A	N/A

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What to do Now?

- EHR Reminders

- iCare Reminders

  – Mammogram Notifications
  – Pap Notifications

Definition | Layouts | Sharing | Auto Repopulate Options

*Panel Name: Mammogram Reminder   **Category:** ▦   **Designate IPC Panel?** ☐   **Properties**

Panel Description:

Population Search Options

No Predefined Population Search - Add Patients manually ○

My Patients ○

Patients Assigned to ○

Scheduled Appts ○

Inpatient Visits ○

ER Visits ○

QMan Template ○

RPMS Register ○

EHR Personal List ○

Ad Hoc Search ◉

[+] Parameters - n/a

[−] Filters

[+] **Patient (Category)**

[+] **PCC (None)**

[+] **Problem (None)**

[−] **Reminder**

Reminder: Mammogram 50-74 (EHR) ▼

◉ Overdue   ○ Due

Range
◉ By Date   (none) ▼   to   (none) ▼
○ By Timeframe _____ ▼

[+] **Visit (None)**

[+] **Other (None)**

OK   Cancel

Next Steps

- Open panel
- Go to Definition Details Tab
- Look at the options available – layout
- To change the layout, click on layout
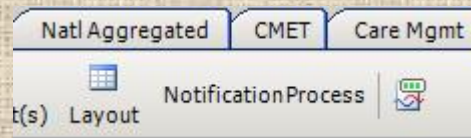
Reminders – Definition Details

	CMET	Care Mgmt	Diagnostic Tags	Flags	**Definition Details**

cationProcess

Age ▽⊞	DOB ▽⊞	Designated… ▽⊞	Community ▽⊞	Active DX Tags ▽⊞	Reminder Due ▽⊞	Communication Preference ▽⊞	Notification Date ▽⊞	Notification Method ▽⊞
69 YRS	Nov 09, 1945	LONEWOLF,D MD	LINCOLN	CVD ASR (P); HTN (P); Obese (P)	May 01, 2015	LETTER		
66 YRS	Mar 20, 1949	COON,LILA	PAPILLION	CVD AHR (P); DM (P); HTN (P); Obese (P)	Aug 01, 2013	PHONE		
59 YRS	Aug 30, 1955	OGILVIE,C MD	HIAWATHA	CVD ASR (P); Obese (P); PreDM (P); Smoker (P)	Mar 10, 2015	LETTER		
51 YRS	Dec 07, 1963	WHITTEN,M MD	WHITE CLOUD	Asthma (P); CVD ASR (P); Obese (P)	May 24, 2014	LETTER		
50 YRS	Dec 14, 1964		HASKELL INST		May 01, 2015	DO NOT NOTIFY		
74 YRS	Jul 03, 1940	WHITTEN,M MD	WHITE CLOUD	CVD Kn (P); DM (A); HTN (P); Obese (P)	Feb 02, 2013	DO NOT NOTIFY		
54 YRS	Oct 02, 1960	MATTHEWS,C MD	RULO	CVD ASR (P); Smoker (P)	Aug 27, 2014	PHONE		
52 YRS	May 17, 1962	OGILVIE,C MD	HIAWATHA	CVD ASR (P); Obese (P); PreDM (P)	Apr 03, 2015	LETTER		
50 YRS	Aug 11, 1964	COON,LILA	ELWOOD	CVD ASR (P); HTN (P); Smoker (P)	Jan 24, 2014	EMAIL		
54 YRS	Aug 15, 1960	WHITTEN,M MD	WHITE CLOUD		May 01, 2015	LETTER		
66 YRS	Aug 13, 1948	LEWIS,LARENE	FALLS CITY	CVD AHR (P); DM (A); HTN (P); Obese (P)	Nov 04, 2014			
74 YRS	Jun 22, 1940	WHITTEN,M MD	SANTA FE	CVD ASR (P); HTN (P); Obese (P)	May 01, 2015			
51 YRS	Nov 09, 1963	MOREHEAD,C MD	HIAWATHA	CVD ASR (P); HTN (P); Obese (P); Smoker (P)	Jan 31, 2015			
50 YRS	Mar 25, 1965	COON,LILA	MISSOURI UNK	HTN (P)	Jan 04, 2012			
55 YRS	Jun 06, 1959	LONEWOLF,D MD	SABETHA	CVD Kn (P); DM (A); HTN (P); Smoker (P)	Mar 20, 2015			

Notification Process

- Select patients with same communication preference
- Click on "Notification Process"
- Select notification type – in this case letter
- Click on "Create"

Add TIU Note - Batch Mode

File

Find | Font | Copy | Print Preview... | Print... | Edit Note | Delete Note | Save Note | Sign Note | Close

Document Title:
PATIENT_LETTER

Subject:
Pap past due

Show Templates? ☑

- ⊞ **My Templates**
- ⊟ **Shared Templates**
  - ⊟ **Follow Up Letters**
    - Pap needed
    - NI additional breast lm
    - NL With Infection
    - Pap Neg HPV
    - Mammo BiRad 1-2 (NL
    - Colposcpy Pap Letter
    - Unsatisfactory Specim
    - Normal pap
    - Adolescent abnormal
    - Pregnant Normal Pap
  - ⊞ **Endocrinology**
  - ⊞ **TRAMPLATE**
    - WHS INTAKE
    - Screening Bundle
    - PATIENT_LETTER_PROV
  - ⊞ **White Cloud Anticoagulati**
    - Gyn_test
    - DMC-PATIENT AGREEM
  - ⊞ **FamPract-Int Med**
    - Gyn

Double click on letter needed
and a template opens.

Template: Pap needed

|TODAY'S DATE|

|PATIENT FIRST NAME| |PATIENT LAST NAME|
|CURRENT ADDRESS|

Dear Ms. |PATIENT LAST NAME|,

Our records show you are past due for your PAP Screening.

Please contact us to schedule an appointment as soon as convenient for you.
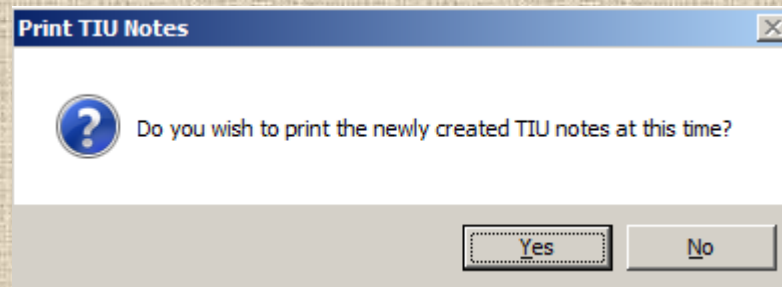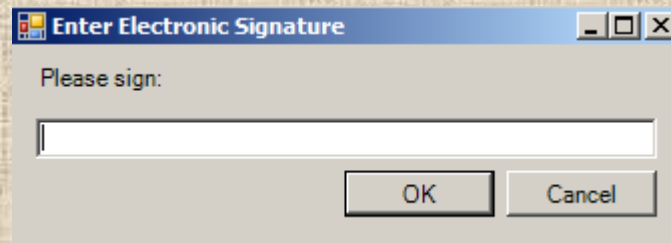
Thank you.

Kathy
Women's Health Clinic
234-432-1234 for appointment

Preview | OK | Cancel

Next Steps

- Click OK – This data will be saved for all selected records. Do you want to proceed?
- Selecting "yes" will bring up the signature box.

MAY 01, 2015

ROSE ABBOTT
1665 340TH ST
ALB NEW MEXICO 87119

Dear Ms. ABBOTT,

Our records show you are past due for your PAP Screening.

Please contact us to schedule an appointment as soon as convenient for you.

Thank you.

Kathy
Women's Health Clinic
234-432-1234 for appointment

/es/ KATHY RAY
CNM
Signed: 05/01/2015 16:29

Print TIU Notes

WARNING:
If you do not print the newly created TIU notes at this time, especially when batch processing, you will only be able to reprint these notes from the individual patient records.
Do you wish to print the TIU notes at this time?

[Yes] [No]

• After the letter has printed….

Notice we now can see the Notification Date, and the Notification Method…MU Reminder has been met.

	Active DX Tags	Reminder…	Communication Preference	Notification Date	Notification Method
N	CVD ASR (P); HTN (P); Obese (P)	May 01, 2015	LETTER	May 01, 2015	LETTER
ON	CVD AHR (P); DM (P); HTN (P); Obese (P)	Aug 01, 2013	PHONE		
HA	CVD ASR (P); Obese (P); PreDM (P); Smoker (P)	Mar 10, 2015	LETTER	May 01, 2015	LETTER
CLOUD	Asthma (P); CVD ASR (P); Obese (P)	May 24, 2014	LETTER	May 01, 2015	LETTER

Definition Details

Results

- Now we know – Who is Due?
- How to contact them by their preferred method

- Care for our patients – improved
- CRS – hopefully met by women getting paps and mammograms
- Meaningful Use Reminder met

Problem Solving

- How is Mammogram and Pap Results Captured in RPMS?
  - Inside your facility
  - Outside

- Use of Women's Health Package
- Use of EHR Historical Services

```
                              ***
                        *           *
                     *                 *
                  *                       *
               *        W O M E N ' S        *
               *        H E A L T H          *
                *                           *
                  *         v2.0          *
                    *                   *
                              ***
                               |
        MAIN MENU            --- | ---            2011 DEMO HOSPITAL
                               |


        PM       Patient Management ...
        MR       Management Reports ...
        MF       Manager's Functions ...
        MP       Add/Edit Mammography Project Panel
        WW       Add/Edit CVD Panel

Select Women's Health Menu Option:
```

Patient Management

- Section One
  - Case Data
  - Patient Profile

- Section Two
  - Procedure

- Section Three
  - Notifications

Case Data

- If patient is not currently in the WHP?

- Select PATIENT NAME: DEMO,PATIENT JAN
  - F 05-10-1964 XXX-XX-8790   DB 102667
-    DEMO,PATIENT JAN is not currently in the Women's Health database.

-    Do you wish to add her to the Women's Health Database?

-    Enter Yes or No? Yes

```
* * * EDIT PATIENT CASE DATA * * *
Patient Name: ████████ (50y/o)          Chart#: 10-26-67
      Street: 7639 150TH ROAD     Patient Phone: 555-555-7273
  Cty/St/Zip: ALB, NM  87119

                                          PCP:

Case Manager: WARREN,C MD    ROI Consent:      Inactive Date:
   Breast Tx Need: Undetermined        Breast Tx Due Date:
  Cervical Tx Need: Undetermined      Cervical Tx Due Date:
     PAP Regimen: Undetermined        PAP Reg Start Dt:
   Prev PAP Date: None                 Prev Mam Date: None
Family Hx of Breast CA:                     Notes (WP):
  Currently Pregnant:      EDC:           DES Daughter:
     Date Enrolled: MAR 12,2015        Referral Source:
Select RACE:                           Ethnicity:
   Income Eligible:                 Income Eligible Date:
  Eligible for PAP:                    Eligible for MAM:
```

Patient Profile

- Displays the patient history as recorded in the WHP Patient Profile

- Brief format
- Detailed format

Adding a "New" or "Historical" Procedure

```
* * *   WOMEN'S HEALTH: ENTER HISTORICAL DATA   * * *


Select PATIENT NAME:
  AARON,STELLA E                              F 05-10-1964 XXX-XX-8790    DB 102667
    Select PROCEDURE: mam
      1     MAMMOGRAM DX BILAT         MB
      2     MAMMOGRAM DX UNILAT        MU
      3     MAMMOGRAM SCREENING        MS
CHOOSE 1-3: 3  MAMMOGRAM SCREENING      MS
    Select DATE:        TODAY// t-1w  (MAR 05, 2015)  MAR 05, 2015

RESULTS/DIAGNOSIS: ??


    Choose from:
    BI-RADS 0-Add Imag Eval Needed         6
    BI-RADS 0-Prev Films Req         6
    BI-RADS 1           90
    BI-RADS 2           5
    BI-RADS 3           4
    BI-RADS 4           1
    BI-RADS 5           1
    Error/disregard          95

RESULTS/DIAGNOSIS:
```

Pap and HPV

- AP – Add a NEW Procedure
- Can use ?? to find available choices
- Can add Pap procedure
- Can add HPV procedure
- As shown previously, can add mammogram

Will this improve your numbers?

- Maybe – if your Women's Health Package is set up correctly – for Mammograms and Pap smears

- No for HPV – WHP logic not included (until CRS 16 comes out)

Mammogram – Problem Solving

- Capture in RPMS system
  - Women's Health Package, or/and
  - Scheduling Package – set up Mammography Clinic

```
                SET UP A CLINIC                    Page 1 of 4

CLINIC NAME: Mammography            ABBREVIATION: mam
   DIVISION: 2011 DEMO HOSPITAL     FACILITY: 2011 DEMO HOSPITAL

   MEETS AT THIS FACILITY?: YES
NON-COUNT CLINIC? (Y OR N): NO
INCLUDE ON FILE ROOM LISTS?:
 PRINCIPAL CLINIC:
PHYSICAL LOCATION: mobile van                      TELEPHONE:
      CLINIC CODE: MAMMOGRAPHY
HOSPITAL SERVICE: GEN MED
```

Mammogram Problem Solving 2

- Mammogram Clinic held – Mobile Van
- Women checked into clinic
- Mammogram done
- NOTE: If Radiology Package set up for capture of off-site procedures, can be a realistic, useful alternative.
- Results received – What now?
  - Enter in WHP – OR
  - Scan Results into Vista Imaging connecting to the Mammography Clinic visit

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Mammogram

- Radiology or CPT 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202

- POV ICD-9: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89, Other abnormal findings on radiological exam of breast; ICD-10: R92.0, R92.1, R92.8, Z12.31

- Procedure ICD-9: 87.36, 87.37; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ

- Women's Health procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does *not* have "ERROR/DISREGARD"

Mammogram Improvement

- 1. Get the Women in for the procedure
  - Notifications – letters, phone calls, announcements on the radio, etc
  - Party atmosphere – something special
    - Friends – females – visiting
    - Door prizes
    - Food
    - Women's Day
- 2. Make certain the results are entered in a way that RPMS – CRS – can find them

Pap and HPV

- Same process for Pap improvement (as mammo)
- Different for HPV
  - HPV most often ordered as "part of" Pap test
  - Doesn't show in lab package as a separate test
  - Not captured by current method

HPV DNA

- Lab HPV
- POV ICD-9: V73.81, 079.4, 796.75, 795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81, R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51
- CPT 87620 through 87622
- LOINC taxonomy
- Site-populated taxonomy BGP HPV TAX

HPV Performed Prior to 1/1/2015 - Entry

- EHR ->Historical Services->Add->Procedure
- Enter date test performed first, location
- Then enter code 87620 and Save
- When procedure lookup screen opens, place check in Laboratory box and click search
- Code appears – click OK, then click Save

HPV Entry Options

HPV Performed After 1/1/2015 – Entry

- EHR – Historical Services same process

- Select HPV from GPRA Services Pick List
  - CPT Code 87624

Results

- Pap now due for the patient in 5 years

- GPRA Measure for Pap now met!

CMET

- 1. Event – procedures, screenings and/or exams
  - Breast, Cervical, Colon, Skeletal, and STI
- 2. Findings – abbreviated results assigned an interpretation of Normal, Abnormal or NA
- 3. Follow-up – the clinician's recommendation for the next step
- 4. Patient Notification – make patient aware of results and recommendations for follow-up

When will CMET work?

- Is the procedure within the RPMS system?
  - Done in-house
    - Radiology Package
  - Scheduled
    - Mammogram Clinic

- Cannot at this time enter procedures directly into iCare CMET

| Events | Tracked Events | Follow-up Events |

− Tips

Occurrences of pre-defined events are identified routinely and placed in a "Pending" CMET status on the Events tab. Events from your entire site are listed on this tab in the Main View. You can be done from this tab.

− Filters

Optional filters can be used to focus your view of events

Category: Edit

```
CERVICAL
STI
```

Status:
```
PENDING          ▼
```

Time Frame:
```
1 year           ▼
```

Community: Edit

○ By Taxonomy

◉ By Name   Create

```
With At Least One Pa ▼
```

Get Events

Save current settings to User Preferences?

Save

Restore to User Pref

Add/Remove EventsCategory ☒

Available Selections

Find: [   ]

◉ Starts With   ○ Contains

```
CERVICAL
COLON
SKELETAL
STI
```

Add >>

<< Remove

Current Selections

Find: [   ]

```
BREAST
```

OK   Cancel

		112864-DB	F	59 YRS	Jul 28, 1955	COON,LILA	UNKUMUTE	CVD
		105052-DB 105051-HO	F	58 YRS	Jan 12, 1957	MOREHEAD,C MD	DAWSON	CVD (P)
		111478-DB 111477-HO	F	24 YRS	Jun 16, 1990	COON,LILA	HIAWATHA	CVD (P)
		105138-DB 105137-HO	F	32 YRS	Apr 30, 1983	WHITTEN,M MD	WHITE CLOUD	Obe
		108886-DB 108885-HO	F	59 YRS	Aug 30, 1955	OGILVIE,C MD	HIAWATHA	CVD (P); Smo
		104520-DB 104519-HO	F	49 YRS	May 03, 1965	MONSON,LENA	FALLS CITY	CVD (P)
		108224-DB 108223-HO	F	36 YRS	Nov 28, 1978	WHITTEN,M MD	WHITE CLOUD	Asth (P); (P)
		112856-DB	F	27 YRS	Jun 10, 1987	LEWIS,LARENE	FALLS CITY	

Demo Database

Women's Health Calls

Summary: The goal of this call is to assist sites with Women's Health Package, Prenatal Module, and iCare CMET issues and questions. These are not formal presentations, but more like "Office Hours". Feel free to attend with your questions, or just for further learning from others. Every effort will be made to host the calls monthly on the second Friday of the month, usually at 1 Mountain time and usually last two hours. You may email your issues prior to that date so preparations can be made to answer your question, or you may wait until the call. I hope you will be able to join.

Also, feel free to share with others.

Adobe Connect Invitation

Invited By: Kathy Ray (NAV) (kathy.ray@ihs.gov)
When: The Second Friday of the Month at 1:00 PM - 3:00 PM
Time Zone: (GMT-07:00) Mountain Time (US and Canada)

Conference Number(s):

United States: +18008320736
Conference Room Number: 7643136

To join the meeting:
http://ihs.adobeconnect.com/wh-cmet/

Contact Information

- Kathy Ray, CNM, Navajo Area CAC
  Kathy.ray@ihs.gov

My special thanks to Carolyn, as some of the information presented came from her.

- Carolyn Aoyama, CNM, Senior Consultant for Women's Health