



FY 2013 GPRAMA/Budget Measure Logic Changes



October 12, 2012

Connecting Your Audio

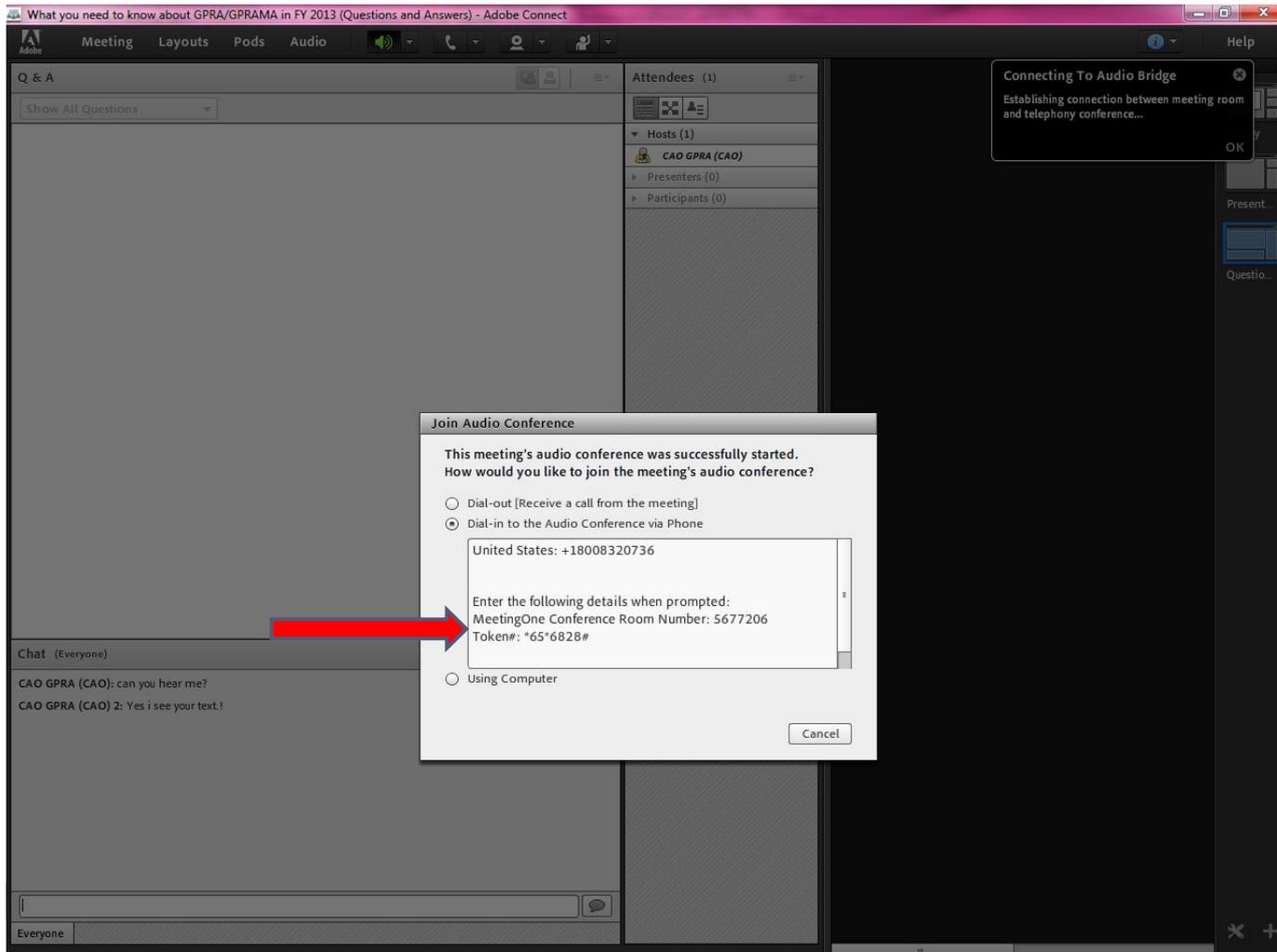
The screenshot displays the Adobe Connect interface for a meeting titled "What you need to know about GPRA/GPRAMA in FY 2013 (Questions and Answers)". The top navigation bar includes "Meeting", "Layouts", and "Pods". A red arrow points to the "Pods" menu, which has opened a dropdown menu containing the option "Connect My Audio...".

The main interface is divided into several sections:

- Q & A:** A section on the left with a "Show All Questions" dropdown menu.
- Attendees (1):** A central panel showing the current meeting participants. It lists "Hosts (1)" with "CAO GPRA (CAO)" as the only host. Below this, it shows "Presenters (0)" and "Participants (0)".
- Chat (Everyone):** A chat window at the bottom left.
- Right Panel:** A vertical sidebar on the right containing "Lobby", "Present...", and "Questio..." (partially visible) buttons.



Connecting Your Audio



The screenshot displays the Adobe Connect interface for a meeting titled "What you need to know about GPRA/GPRAMA in FY 2013 (Questions and Answers)". The interface includes a top menu bar with "Meeting", "Layouts", "Pods", "Audio", and "Help". A "Q & A" panel is on the left, and an "Attendees (1)" panel on the right shows "CAO GPRA (CAO)" as the host. A "Join Audio Conference" dialog box is open in the center, with a red arrow pointing to the "Dial-in to the Audio Conference via Phone" option. The dialog box contains the following text:

Join Audio Conference

This meeting's audio conference was successfully started.
How would you like to join the meeting's audio conference?

Dial-out [Receive a call from the meeting]

Dial-in to the Audio Conference via Phone

United States: +18008320736

Enter the following details when prompted:
MeetingOne Conference Room Number: 5677206
Token#: *65*6828#

Using Computer

Cancel

- ▶ If calling into the conference through the phone line, please enter the token number shown on your own screen into your phone keypad

FY 2013 Measure logic changes

- **2 measures are discontinued:**
 - Childhood Weight Control – will be replaced with a new measure
 - Poor Glycemic Control
- **9 measures have logic changes due to changes in standards of care:**
 - Diabetes: Ideal Glycemic Control (GPRAMA measure)
 - Diabetes: Blood Pressure Control
 - Topical Fluoride Applications
 - Dental Sealants
 - Childhood Immunizations (GPRAMA measure)
 - Cervical Cancer Screening
 - Colorectal Cancer Screening
 - Tobacco Cessation Intervention
 - Comprehensive CVD Assessment (GPRAMA measure)
- **1 measure has a change in national IHS rate reporting:**
 - Breastfeeding Rates





Childhood Weight Control



Childhood Weight Control: FY 2013 Changes

- ▶ **Discontinued measure as of FY 2013**
 - ▶ Data will no longer be reported nationally beginning this year
 - ▶ Data can still be tracked at the local level in CRS

- ▶ **Measure will be replaced with a new measure that is TBD**





Diabetes



Glycemic Control

Glycemic Control: 2013 logic changes

- ▶ **Poor Glycemic Control**

- ▶ Discontinued measure as of FY 2013
 - ▶ Data will no longer be reported nationally beginning this year
 - ▶ Data can still be tracked at the local level in CRS



Glycemic Control: 2013 logic changes

▶ Ideal Glycemic Control → Good Glycemic Control

	OLD Logic	NEW Logic
Numerator:	Patients in Ideal Glycemic Control: A1c < 7	Patients in Good Glycemic Control: A1c < 8
Denominator:	Active Diabetic Patients	Active Diabetic Patients

▶ 2013 Target: Baseline



Good Glycemic Control: 2012 Results

- ▶ Where to find 2012 or 2013 Results in CRS 12.1:
 - ▶ Summary Text File:

Diabetes: Glycemic Control									
	REPORT	%		PREV YR %		CHG from	BASE	%	CHG
	PERIOD			PERIOD		PREV YR	PERIOD		from
						%			BASE %
Active Diabetic Pts (GPRA)		315		313				129	
# w/A1c done w/ or w/o result		251	79.7	228	72.8	6.8	102	79.1	0.6
# w/A1c > 9.5 (GPRA)		49	15.6	30	9.6	6	27	20.9	-5.4
# w/A1c >=7 and <8		50	15.9	48	15.3	0.5	21	16.3	-0.4
# w/A1c <7 (GPRA)		119	37.8	111	35.5	2.3	31	24	13.7

- ▶ 2012 Final Results comparison:

Ideal Glycemic: 2012 Final	Good Glycemic: 2012 Final
33.2%	48.7%





Diabetes



Blood Pressure Control

Blood Pressure Control: 2013 Measure Logic Changes

▶ Diabetes: Blood Pressure Control:

	OLD Logic	NEW Logic
Numerator:	Blood Pressure Control: <130/80	Blood Pressure Control: <140/90
Denominator:	Active Diabetic Patients	Active Diabetic Patients

▶ 2013 Target: Baseline



BP Control: 2012 Results

- ▶ Where to find 2012 or 2013 Results in CRS 12.1:
 - ▶ Summary Text File: (Dev. measure results on top half of report):

Diabetes: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Diabetic Pts (GPRA)	3000		3000			3000			
# w/ BPs Documented	2750	91.7	2750	91.7	0	2750	91.7	0	
# w/Controlled BP <130/80 (GRPA Dev)	1500	50.0	1500	50	0	1500	50	0	
# w/ BP <140/90 (GPRA Dev)	2250	75.0	2250	75	0	2250	75	0	

- ▶ 2012 Final Results comparison:

BP Control (130/80): 2012 Results	BP Control (140/90): 2012 Results
38.9%	65.7%



Dental Measures



Sealants & Fluoride

Sealants: 2013 Measure Logic Changes

▶ Sealants

- Changing from a count to a rate-based measure

	OLD Logic	NEW Logic
Numerator:	# of dental sealants placed during report period	Patients with at least one or more intact dental sealants
Denominator:	N/A	User Population Patients ages 2-15

- 2013 Target: Baseline

FY 2013 Sealant Measure Logic

Intact Dental Sealant

- Any of the following documented during the Report Period:
 - Dental ADA codes I351, I352
 - CPT codes D1351, D1352
- OR any of the following documented during the past three years:
 - Dental ADA code 0007 (as long as the 0007 code is not documented on the same visit as I351, I352, D1351, or D1352)
- If both ADA and CPT codes are found on the same visit, only the ADA will be counted.



Topical Fluoride: 2013 Measure Logic Changes

▶ Topical Fluoride:

- Changing from a count to a rate-based measure

	OLD Logic	NEW Logic
Numerator:	# patients receiving fluoride application during report period	Patients who received one or more topical fluoride applications during the report period
Denominator:	N/A	User Population patients ages 1-15

- 2013 Target: Baseline

Childhood Immunizations

4313314

Childhood Iz: 2013 Measure Logic Changes

- ▶ Childhood Immunizations: 4:3:1:3:3:1:4 → Childhood Immunizations: 43|3*3|4

	OLD Logic	NEW Logic
Numerator:	Patients who receive the 4:3:1:3:3:1:4 combination	Patients who receive the 43 3*3 4 combination
Denominator:	User Population patients active in the immunization package who are 19-35 months at the end of the report period	User Population patients active in the immunization package who are 19-35 months at the end of the report period

3* refers to the Hib vaccine. Depending on the brand, the child is considered immunized after either 3 or 4 doses of Hib vaccine.

- ▶ 2013 Target: Baseline

- ▶ See page 20 of CRS 12.1 National GPRA Developmental Performance Report Measure List and Definitions for complete measure logic

Childhood Iz: Hib Vaccine Codes

Hib Definitions

- **Three dose series:**

- Immunization (CVX) codes 49, 51
- CPT 90647, 90748

- **Four dose series:**

- Immunization (CVX) codes 17, 22, 46 through 48, 50, 102, 120, 132, 146
- POV V03.81
- CPT 90645, 90646, 90648, 90698, 90720, 90721, 90737 (old code)



Childhood Iz: Hib Vaccine Brands

▶ Three Dose Brands:

- ▶ PRP-OMP vaccine
 - ▶ PedvaxHib (Merck)
 - ▶ Comvax (Merck)
 - HepB-Hib combo vaccine, Hib component is PedvaxHib

▶ Four Dose Brands:

- ▶ Four doses are needed if **any** of the Hib vaccine doses are one of the other Hib-containing vaccines:
 - ▶ PRP-T
 - ActHib (sanofi)
 - Pentacel (sanofi)
 - ActHib is the Hib component in Pentacel
 - Hiberix (Novartis)



Childhood Iz: 2012 Results

- ▶ 2012 Results comparison:

Childhood Iz 4:3:1:3:3:1:4: 2012 Final	Childhood Iz 4313*314: 2012 Final
76.8%	75.1%

- ▶ Reason for lower 4313*314 rate:

- ▶ sites using the 4 dose brands of Hib vaccine have been getting credit for kids who only have 3 doses instead of the 4 required by the vaccine brand



Cervical Cancer (Pap) Screening

Pap Screening: 2013 Measure logic changes

▶ Cervical Cancer Screening:

	OLD Logic	NEW Logic
Numerator:	Patients with a Pap smear documented in the past three years	Patients with a Pap smear documented in the past four years
Denominator:	Female Active Clinical patients ages 21-64 without a documented history of hysterectomy	Female Active Clinical patients ages 25-64 without a documented history of hysterectomy

▶ 2013 Target: Baseline

▶ See page 32 of **CRS 12.1 National GPRA Developmental Performance Report Measure List and Definitions** for complete measure logic

Pap Screening: FY 2012 Results

- ▶ Where to find 2012 or 2013 results in CRS 12.1
 - ▶ Summary Text File (Dev. measure results on top half of report):

Cancer Screening: Pap Smear Rates									
	REPORT PERIOD	%		PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 25-64 yrs (GRPA Dev)		5		5			377		
# w/Pap Smear recorded w/in 4 years - No Refusals (GPRA Dev)		2	40	0	0	40	170	45.1	-5.1

- ▶ 2012 Results comparison:

Pap Screening (21-64): FY 2012 Result	Pap Screening (25-64): FY 2012 Result
57.1%	63.4%



Colorectal Cancer Screening

Colorectal Cancer Screening: 2013 Measure logic changes

▶ Colorectal Cancer Screening:

	OLD Logic	NEW Logic
Numerator:	Patients who have had any colorectal cancer screening	Patients who have had any Colorectal Cancer screening (double contrast barium enema no longer counted toward meeting measure)
Denominator:	Active Clinical patients ages 51-80 without a documented history of colorectal cancer to total colectomy	Active Clinical patients ages 50-75 without a documented history of colorectal cancer or total colectomy

▶ 2013 Target: Baseline

▶ See page 35 of CRS 12.1 National GPRA Developmental Performance Report Measure List and Definitions for complete measure logic

Colorectal Cancer Screening: FY 2012 Results

- ▶ Where to find 2012 or 2013 results in CRS 12.1
 - ▶ Summary Text File (Dev. measure results on top half of report):

Colorectal Cancer Screening (Revised Logic #1-HEDIS)									
	REPORT PERIOD	%		PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 50-75 w/o colorectal cancer or total colectomy (GPRA Dev.)	6			5			212		
# w/CRC Screening -No Refusals (GPRA Dev.)	3	50	1	20	30	11	5.2	44.8	
Male Active Clinical 50-75	1		1			88			
# w/CRC Screening -No Refusals (GPRA Dev.)	1	100	0	0	100	7	8	92	
Female Active Clinical 50-75	5		4			124			
# w/CRC Screening -No Refusals (GPRA Dev.)	2	40	1	25	15	4	3.2	36.8	

- ▶ 2012 Results comparison:

Colorectal Cancer Screening (51-80): FY 2012 Result	Colorectal Cancer Screening (50-75): FY 2012 Final Result
46.1%	33.3%

Tobacco Cessation Intervention

Tobacco Cessation: 2013 Measure logic changes

▶ Tobacco Cessation Intervention:

	OLD Logic	NEW Logic
Numerator:	Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid during the report period.	Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the report period.
Denominator:	Active Clinical patients identified as current tobacco users prior to the report period.	Active Clinical patients identified as current tobacco users or tobacco users in cessation

▶ 2013 Target = Baseline

Comprehensive CVD Assessment

Comp. CVD: 2013 Measure logic changes

► Comprehensive CVD Assessment:

	OLD Logic	NEW Logic
Numerator:	Patients with comprehensive CVD assessment; LDL assessed component of numerator required an LDL assessment in past 5 years	Patients with comprehensive CVD assessment; LDL Assessed component of numerator requires LDL assessment during the report period
Denominator:	Active Ischemic Heart Disease (IHD) patients ages 22 and older	Active Coronary Heart Disease (CHD) patients ages 22 and older, defined as all Active Clinical patients diagnosed with coronary heart disease prior to the report period, and at least two visits during the report period, and two CHD-related visits ever. (Note: ICD-9 codes for heart failure have been removed from the denominator, angina was added to the denominator, and a series of procedure codes were also added to detect coronary heart disease when the ICD codes failed to do so.)

Comp. CVD: 2013 Measure logic changes

- ▶ 5 numerators are included in the measure:
 - ▶ Patients with blood pressure value documented at least twice in prior two years.
 - ▶ Patients with LDL completed during the report period, regardless of result. **(CHANGE)**
 - ▶ Patients who have been screened for tobacco use during the report period.
 - ▶ Patients for whom a BMI could be calculated.
 - ▶ Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the report period.

- ▶ 2013 Target: 32.3%

Comp CVD Assessment: FY 2012 Results

- ▶ Where to find 2012 or 2013 results in CRS 12.1
 - ▶ Summary Text File (Dev. measure results on top half of report):

Comprehensive CVD-Related Assessment									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active CHD Pts 22+ (GPRA Dev.)	0		0			0			
# w/ BPs documented w/in 2 yrs	0	0	0	0	0	0	0	0	0
# w/ LDL done	0	0	0	0	0	0	0	0	0
# w/Tobacco Screening w/in 1 yr	0	0	0	0	0	0	0	0	0
# w/BMI calculated -No Refusals	0	0	0	0	0	0	0	0	0
# w/ lifestyle educ w/in 1 yr	0	0	0	0	0	0	0	0	0
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Scrn (GPRA Dev.)	0	0	0	0	0	0	0	0	0
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	0	0	0	0	0	0	0	0	0

- ▶ 2012 Results comparison:

Comp CVD (IHD): 2012 Result

45.4%

Comp CVD (CHD): 2012 Result

37.5%



Breastfeeding Rates



Breastfeeding Rates: 2013 changes

- ▶ Tribal programs are now being included in the calculation of the national IHS rate
 - ▶ Only federal programs were included prior to 2013

	Breastfeeding Rates
Numerator:	Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed
Denominator:	Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of two months (45-89 days)

- ▶ FY 2013 Target: Baseline
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Questions????

