

CRS 2009 VERSION 9.0 PATIENT LIST EXAMPLE AND FORMAT

When you run a patient list in CRS, you always receive the report that accompanies the patient list. Shown in Figure 1 below is an example of the Selected Measures Report for the Cancer Screening: Pap Smear Rates topic. Each topic contains a denominator(s) and numerator(s) and performance measure logic used to define the denominators and numerators. The patient list for this topic in this report is shown on the next page in Figure 2.

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  ① *** IHS 2009 Clinical Performance Measure Patient List ***
      DEMO INDIAN HOSPITAL
      Report Period: Jan 01, 2009 to Dec 31, 2009
      ② Entire Patient List
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Cancer Screening: Pap Smear Rates

Denominator(s):
GPRÀ Denominator: Female Active Clinical patients ages 21 through 64
without documented history of Hysterectomy.
Female User Population patients ages 21 through 64 without a documented
history of Hysterectomy.

Numerator(s):
GPRÀ Numerator: Patients with a Pap Smear documented in the past 3 years,
including refusals in past year.
A: Patients with documented refusal in past year.
GPRÀ Developmental Numerator: Patients with a Pap Smear documented in the
past 3 years. NOTE: This numerator does NOT include refusals.

Logic
Age of the patient is calculated at the beginning of the Report Period.
Patients must be at least 21 years of age at the beginning of the Report
Period and less than 65 years of age as of the end of the Report Period.
Hysterectomy defined as any of the following ever: 1) V Procedure:
68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294,
58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; 3) V
POV 618.5; or 4) Women's Health procedure called Hysterectomy.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up
Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine
Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to
Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear,
V72.3 Gynecological Examination, Pap Cervical Smear as Part of General
Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be
counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for
Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure:
91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141,
G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health:
procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy
BGP PAP SMEAR TAX; 8) Refusal (in past year) Lab Test Pap Smear.

Performance Measure Description
During FY 2009, maintain the FY 2008 rate of 59% for the proportion of
female patients ages 21 through 64 without a documented history of
hysterectomy who have had a Pap screen within the previous three years.
Past Performance and/or Target
IHS Performance - FY 2008 - 59%, FY 2007 - 59%, FY 2006 - 59%, FY 2005 -
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Figure 1: Sample Report that Accompanies the Patient List for the Selected Measures Report (1 of 2)

For this report and this performance measure topic, all patients in all denominators are displayed. Patients who are included in the numerator (i.e. who met the measure) will have a value in the Numerator column. For example, the second patient shown below, PATIENT,CRSA1, met the measure because she had a Pap smear documented with a lab test on 04/17/08. However, the first patient, PATIENT,CRS, did not meet the measure because CRS did not find a Pap smear or refusal. Thus, the value in the Numerator column is blank.

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*** IHS 2009 Clinical Performance Measure Patient List ***
    DEMO INDIAN HOSPITAL
    Report Period: Jan 01, 2009 to Dec 31, 2009
    Entire Patient List

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HP 2010 3-4

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

③ Cancer Screening: Pap Smear Rates: List of women 21-64 with documented
  Pap smear or refusal, if any.
④ PATIENT NAME          HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR ⑤ ⑥
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PATIENT,CRS            111111 BRAGGS          F  24 UP,AC
PATIENT,CRSA1         222222 BRAGGS          F  27 UP           04/17/08 Lab
PATIENT,CRSA2         333333 BRAGGS          F  35 UP
PATIENT,CRSA3         444444 BRAGGS          F  36 UP
PATIENT,CRSA4         555555 BRAGGS          F  38 UP           04/17/08 V76.2
PATIENT,CRSA5         101010 BRAGGS          F  41 UP           10/19/07 Lab
PATIENT,CRSAA         666666 BRAGGS          F  52 UP,AC
PATIENT,CRSQL         666667 BRAGGS          F  53 UP
PATIENT,CRSBJ         999999 BRAGGS          F  57 UP
PATIENT,CRSBD         888888 BRAGGS          F  58 UP
PATIENT,CRSBH         777777 BRAGGS          F  58 UP
PATIENT,CRSAB         111112 BROKEN ARROW    F  26 UP
PATIENT,CRSA6         222223 BROKEN ARROW    F  48 UP
PATIENT,CRSA7         333334 CHECOTAH        F  24 UP
PATIENT,CRSA8         444445 KANSAS          F  27 UP
PATIENT,CRSA9         555556 KANSAS          F  45 UP
PATIENT,CRSA9         777778 MARBLE CITY      F  31 UP
PATIENT,CRSA9         555544 MARBLE CITY      F  43 UP

Total # of Patients on list: 18

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Figure 2: Sample Patient List, Selected Measures Report (2 of 2)

A different patient list, the National GPRA & PART Patient List, is another patient list (menu option LST) that exists within CRS. This option allows you to choose whether you want to include: (1) patients who met the measure, (2) patients who did not meet the measure, or (3) all patients. You should use the list for patients that did not meet the measure if you want to identify all patients in need of screening. The list looks very similar to the list above it except it includes only patients meeting the measure or not meeting the measure, depending on the list you selected.

Shown in Figure 3 below is another type of patient list that is available to you. This list includes all patients included in the National GPRA & PART Report who did not meet at least one GPRA or PART performance measure.

Note: Since there could be many patients who did not meet at least one GPRA measure, this list can be very large and should not be printed.

Shown below on the right-hand side of the list, the Not Met/Lst Prvdr column shows all of the GPRA and PART performance measures the patient did not meet, the name of the provider who last had a visit with the patient, the provider's discipline code and the date of the visit. In the example below, the first patient did not meet the following GPRA measures: dental visit, influenza for patients 65 and older, pneumovax for patients 65 and older, and depression screening. The patient's last visit was on 03/16/09 with the provider named "DEMO,DOCTOR", who is an MD.

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*** IHS 2009 Comprehensive National GPRA & PART Patient List ***
*** List of Patients Not Meeting a National GPRA or PART measure ***
        CRS 2009, Version 9.0
        DEMO INDIAN HOSPITAL
        Report Period: Jan 01, 2009 to Dec 31, 2009
        All Patients

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UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
(4) PATIENT NAME           HRN      COMMUNITY      SEX AGE DENOMINATOR NOT MET/LST (5) (7) (8)
PRVDR
-----
PATIENT,CRSA             123456 KANSAS           F 101 UP,AC      Dental Visit, AC
65+ Influenza IZ, AC 65+ Pneumovax IZ, AC Depr Scrn/DEMO,DOCTOR,MD,03/16/09
PATIENT,CRSB             888888 KANSAS           M 6  UP          Dental
Visit/LITTLE,DO,MD,04/23/09
PATIENT,CRSC             222222 KANSAS           M 15  UP          Dental
Visit/LITTLE,DO,MD,12/05/08
PATIENT,CRSD             666666 KANSAS           M 19  UP          Dental
Visit/LITTLE,DO,MD,05/27/09
PATIENT,CRSE             444444 KANSAS           M 21  UP          Dental
Visit/LITTLE,DO,MD,12/24/08
PATIENT,CRSF             111111 KANSAS           M 22  UP          Dental

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Figure 3: Sample Comprehensive National GPRA & PART Patient List

The GPRA & PART Forecast Patient List is another patient list option available to you. This patient list can be a very effective tool in assisting you with improving your National GPRA and PART performance. It is linked to the Scheduling package and shows all the GPRA and PART performance measures a patient has not met as of the date the list was run.

The list can be run for the following four options:

- By a particular clinic(s) for all patients with scheduled appointments to the clinic(s).
- For all patients you select that have at least one scheduled appointment to any clinic during the time period you choose.
- By a particular clinic(s) for all patients with scheduled appointments to the clinic(s) but this list is limited to one division in a multi-divisional site. This is different from the first option above because the first option will include all patients for all clinics regardless of division.
- For any patient, even if the patient does not have a scheduled appointment. This option is good for walk-in patients.

Many facilities run the patient list for the first option shown above for each clinic in their facility the day before the appointment. The patient lists are then printed out and given to the providers so they can see all of the GPRA and PART measures the patient has not met.

As shown on the next page, the list contains information for the provider to see what is counted in CRS for each measure. The list also shows the date of the patient's last screening, if any, and when the patient will be overdue for the screening.

This list is different from the clinical reminders in EHR or PCC and the other lists available in CRS because it uses revised CRS logic for the denominators. To view the definitions for the revised denominators, run the report "GPRA & PART Forecast Denominator Definitions" (menu option FORD).

An example of the difference in the denominators is that the GPRA Forecast does not require patients in the Pap Smear measure to meet the Active Clinical denominator definition, which requires the patient to have two medical visits in the past three years. This is because it is not assumed that the patient will not meet the Active Clinical denominator definition because if the list is run early in the GPRA year, the patient could meet the definition later in the GPRA year. For example if a 24-year old female patient only had one medical visit in the past three years as of July 15, she would not be included in the denominator in the National GPRA & PART Patient List because she did not have two medical visits in the past three years. However, she would be included in the GPRA Forecast list because she might have the second visit during the GPRA year and then she would be included in the National GPRA & PART Report for this measure.

In the example below, the patient with the name of “PATIENT,CRS” has a scheduled appointment to the “06 Diabetic” clinic on April 28, 2009. The patient will not meet all of the measures listed in the report. For example, the patient will not meet the DM (Diabetes Mellitus) Glycemic Control measure, which requires the patient to have an A1c value less than 7. This patient’s last A1c was taken on 09/01/08 and the value was determined not to be ideal control. The patient is due for the next A1c on 09/01/09. In order to meet the GPRa measure, the patient must have an A1c taken during 07/01/08 – 06/30/09 and the A1c value must be less than 7.

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      GPRa & PART Forecast Patient List
      GPRa Measures Not Met or Due During Jul 01, 2008-Jun 30, 2009
      CRS 2009, Version 9.0
      Patients with an Appointment in 06 DIABETIC on Apr 28, 2009
      Date Report Run: Jun 19, 2009
      Site where Run: DEMO INDIAN HOSPITAL
      Report Generated by: LAST,FIRST
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Appt Time  Patient Name          HRN      Sex DOB      Community
GPRa Measure Not Met      Date of Last Screening and Next Due Date
                          Tests Counted for GPRa Measure
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10:00 am  PATIENT,CRS                    23456   F   01/01/85   BRAGGS

DM Glycemic Control <7      Last A1c: 09/01/08 value:  - Not Ideal Control
                          Next Due: 09/01/09
                          GPRa counts most recent A1c and where A1c is <7,
                          during 7/1/08-6/30/09

DM Controlled BP <130/80    Last Mean BPs: 0 - Not Controlled BP
                          GPRa counts mean of last 3 non-ER BPs (2 BPs if
                          there are only 2), where mean is <130/80 or CPT
                          3074F AND 3078F during 7/1/08-6/30/09

Annual Dental Exam          Last Dental Exam: 03/01/08
(All Patients)              Overdue as of: 03/01/09
                          GPRa counts visits with ADA 0000 or 0190, PCC
                          refusal of 0000 or 0190, PCC Exam 30 or refusal,
                          POV V72.2 or any CHS visit with any ADA code
                          during 7/1/08-6/30/09

Pap Smear (every 3 years)   Last Pap: 03/01/06
(21-64)                    Overdue as of: 02/28/09
                          GPRa counts Pap past 3 years from 6/30/09 or
                          refusal during 7/1/08-6/30/09

Domestic Violence Screen   Last DV Screen: 03/01/08
(Female 15-40)             Overdue as of: 03/01/09
                          GPRa counts PCC Exam 34 or refusal, BHS IPV/DV
                          Exam or refusal, IPV/DV Dx, or IPV/DV patient
                          education or refusal during 7/1/08-6/30/09

Depression Screen (18+)    Last Depression Screen: 03/01/08
                          Overdue as of: 03/01/09
                          GPRa counts PCC Exam 36 or refusal, POV V79.0, BHS
                          problem code 14.1, PCC or BHS V Measurement PHQ2
                          or PHQ9, or 2 mood disorder visits during
                          7/1/08-6/30/09.

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Figure 4: Sample GPRa & PART Forecast Patient List, Selected Patient with Appointment Option

Patient List Formats

You may run patient lists for the following reports:

- National GPRA & PART/GPRA & PART Performance reports (LST menu option)
- Selected Measures report (COM, PP, or ALL menu options)
- Other National Measures (OST menu option)
- Executive Order Quality Transparency Measures Report (EO menu option)
- Elder Care (ELD menu option)
- HEDIS (HED menu option)
- Patient Education (PED menu options PCM and P3)

You may also run the Comprehensive National GPRA & PART Patient List (CMP) and the GPRA & PART Forecast Patient List (FOR). The CMS Performance Report automatically includes patient lists.

Except for the CMS Performance Report, the lists display patients who meet the numerator(s), denominator(s), or both, depending on the type of report run and the performance measure. Patient List options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

The CMS Performance Report provides lists of patients, but does not determine if patients met the denominator or numerator. Rather, it provides all of the relevant information found in RPMS that the user should review, along with chart data, to determine if a patient should be included in the denominator and numerator.

For the National GPRA & PART /GPRA & PART Performance and the Other National Measures reports, patient lists can be created for one or more performance measure topics at a time. The patient lists for these reports allow users to include only patients meeting the measure, only patients not meeting the measure, or both for most performance measures.

The GPRA & PART Forecast Patient List identifies all GPRA & PART measures a patient is due for during the current GPRA year as of the report run date and provides information for the provider on how the measures can be met. This list is linked to the Scheduling menu and may be run for the following options:

1. A selected patient with a scheduled appointment
2. All patients with scheduled appointments to a selected clinic(s) or all clinics at a facility
3. All patients with scheduled appointments to an entire facility or division
4. A selected patient or patients even if they do not a scheduled appointment

The Comprehensive National GPRA & PART Patient List shows all patients included in the National GPRA & PART Report who did not meet at least one GPRA & PART measure, and identifies which GPRA & PART measure(s) the patients did not meet. The list also identifies the name of the provider that the patient last had a visit with and the date of the visit.

For the Selected Measures (COM, PP, ALL), Executive Order Quality Transparency Measures, Elder Care, HEDIS, and Patient Education reports, you select the performance measure topic(s) for which you want to run patient lists but you do not have the option of choosing to include only patients meeting or not meeting the performance measure.

Patient Lists are organized by

- Community
- Gender
- Age
- Last name

Key elements of the patient list format, shown in the figures above are:

1. **Report Type:** Indicates “Patient List” as the report type.
2. **Patient List Type:** Displays whether the patient list is a “Random Patient List,” “Patient List by Provider,” or “All Patients,” depending on which option you selected.
3. **List Description:** Describes which patients will be included on the list.
4. **List columns:** All patient lists contain the following columns of information:
 - **Patient Name** displayed as Last, First
 - **Health Record Number** (HRN) of the patient
 - **Community** name
 - **Sex** (M or F) of the patient;
 - **Age** of the patient (*as of the first day of the report period*)

Patient Lists are organized by (1) Community, (2) gender, (3) age, and (4) last name.

5. **Denominator** column: For most patient lists, displays the denominator of which the patient is a member (e.g., “AC” for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.
6. **Numerator Value** column: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In the example on the next page (Figure), the value column identifies the date a Pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only.

<p>Note: This column is not included in the Comprehensive National GPRA & PART Patient List report. Instead, it has the Measure Not Met (#7) and Lst Prvdr (#8) columns. In addition, the performance measures are not listed separately; each patient is listed only once with all the measures s/he did not meet and indicated in the Measure Not Met column.</p>
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7. **Measure Not Met** column: displayed only for the Comprehensive National GPRA & PART Patient List. Displays all of the applicable National GPRA & PART Report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.
8. **Lst Prvdr** column: displayed only for the Comprehensive National GPRA & PART Patient List. Displays the name, abbreviated discipline of the provider the patient saw at his/her last visit, and the date of the patient's last visit.