



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System (BGP)

CRS Clinical Performance Measure Logic Manual for FY 2009 Clinical Measures

Version 9.0
October 2009

Office of Information Technology (OIT)
Division of Information Resource Management
Albuquerque, New Mexico

Preface

The Government Performance and Results Act (GPRA) require Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. The Indian Health Service (IHS) GPRA report includes measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

The IHS Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) software application designed for national reporting as well as Area Office and local monitoring of clinical GPRA and developmental measures. CRS was first released for Fiscal Year (FY) 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area (GPRA2000).

This manual contains the FY 2009 clinical performance measure definitions and logic for the CRS 2009 v9.0 software. CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want to and can also use CRS to transmit data to their Area. The Area Office can use CRS to produce an aggregated Area report for either annual GPRA or Area Director Performance reports.

CRS produces reports on demand from local RPMS databases for both GPRA and developmental clinical measures that are based on RPMS data, thus eliminating the need for manual chart audits for evaluating and reporting clinical measures.

To produce reports with comparable data across every facility, the GPRA measures definitions was “translated” into programming code with the assistance of clinical subject matter experts. CRS uses pre-defined taxonomies to find data items in the RPMS Patient Care Component (PCC) to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure has one or more defined denominators and numerators.

Administrative and clinical users can produce reports for selected measures at any time to:

- Identify potential data issues in their RPMS, i.e., missing or incorrect data
- Monitor their site’s performance against past national performance and upcoming agency goals

- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes
- Quickly measure impact of process changes on performance measures
- Identify areas meeting or exceeding measures to provide lessons learned

Users of the RPMS CRS

- Area Office and site quality improvement staff
- Compliance Officers
- GPRA Coordinators
- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers
- Area Office Directors
- Any staff involved with quality assurance initiatives
- Staff who run various CRS reports

Table of Contents

1.0 About This Manual	1
2.0 Performance Measure Logic	2
2.1 Performance Measure Logic Basics	2
2.1.1 CRS Denominator Definitions.....	2
2.1.2 Performance Measure Logic Example.....	7
2.1.3 Age Ranges.....	9
2.1.4 Standard Health Care Codes.....	9
2.2 Diabetes Related Measure Topics	10
2.2.1 Diabetes Prevalence.....	10
2.2.2 Diabetes Comprehensive Care.....	14
2.2.3 Diabetes: Glycemic Control	19
2.2.4 Diabetes: Blood Pressure Control	4
2.2.5 Diabetes: LDL Assessment	8
2.2.6 Diabetes: Nephropathy Assessment	12
2.2.7 Diabetic Retinopathy.....	16
2.2.8 Diabetes: Access to Dental Services.....	20
2.3 Dental Measure Topics	22
2.3.1 Access to Dental Services	22
2.3.2 Dental Sealants	25
2.3.3 Topical Fluoride	28
2.4 Immunization Measure Topics	30
2.4.1 Adult Immunizations: Influenza.....	30
2.4.2 Adult Immunizations: Pneumovax	34
2.4.3 Childhood Immunizations	38
2.4.4 Adolescent Immunizations.....	48
2.5 Childhood Diseases Group	55
2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection	55
2.5.2 Appropriate Testing for Children with Pharyngitis.....	58
2.6 Cancer Related Measure Topics.....	60
2.6.1 Cancer Screening: Pap Smear Rates.....	60
2.6.2 Cancer Screening: Mammogram Rates	65
2.6.3 Colorectal Cancer Screening.....	69
2.6.4 Tobacco Use and Exposure Assessment.....	74
2.6.5 Tobacco Cessation	81
2.7 Behavioral Health Related Performance Measure Topics.....	86
2.7.1 Alcohol Screening (FAS Prevention)	86
2.7.2 Alcohol Screening and Brief Intervention (ASBI) in the ER	91
2.7.3 Intimate Partner (Domestic) Violence Screening.....	96
2.7.4 Depression Screening	100
2.7.5 Antidepressant Medication Management	105
2.8 Cardiovascular Disease Related Measure Topics	111
2.8.1 Obesity Assessment.....	111
2.8.2 Childhood Weight Control.....	115

2.8.3	Nutrition and Exercise Education for At Risk Patients	118
2.8.4	Cardiovascular Disease and Cholesterol Screening	122
2.8.5	Cardiovascular Disease and Blood Pressure Control.....	125
2.8.6	Controlling High Blood Pressure.....	129
2.8.7	Comprehensive CVD-Related Assessment.....	133
2.8.8	Appropriate Medication Therapy after a Heart Attack.....	140
2.8.9	Persistence of Appropriate Medication Therapy after a Heart Attack.....	150
2.8.10	Appropriate Medication Therapy in High Risk Patients	162
2.8.11	Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (New Topic)	173
2.8.12	Cholesterol Management for Patients with Cardiovascular Conditions	176
2.8.13	Heart Failure and Evaluation of LVS Function.....	180
2.9	STD-Related Measure Topics.....	183
2.9.1	HIV Screening.....	183
2.9.2	HIV Quality of Care.....	187
2.9.3	Chlamydia Screening.....	189
2.9.4	Sexually Transmitted Infection (STI) Screening	191
2.10	Other Clinical Measures Topics	198
2.10.1	Osteoporosis Management.....	198
2.10.2	Osteoporosis Screening in Women	202
2.10.3	Rheumatoid Arthritis Medication Monitoring	204
2.10.4	Osteoarthritis Medication Monitoring	209
2.10.5	Asthma.....	213
2.10.6	Asthma Quality of Care.....	215
2.10.7	Asthma and Inhaled Steroid Use	220
2.10.8	Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (New Topic).....	224
2.10.9	Chronic Kidney Disease Assessment.....	227
2.10.10	Prediabetes/Metabolic Syndrome.....	229
2.10.11	Medications Education.....	236
2.10.12	Public Health Nursing	239
2.10.13	Breastfeeding Rates	242
2.10.14	Drugs to be Avoided in the Elderly	246
2.10.15	Functional Status Assessment in Elders	250
2.10.16	Fall Risk Assessment in Elders	252
2.10.17	Palliative Care.....	255
3.0	Contact Information.....	258

1.0 About This Manual

This manual provides information on the performance measure logic used by the CRS Version 9.0 Selected Measures (Local) Report (FY 2009 Clinical Performance Measures). For information on system setup, available reports and steps for running the reports, and performing Area Office functions, refer to the CRS Version 9.0 User Manual.

2.0 Performance Measure Logic

This section provides the following information for each performance measure topic:

- For GPRA measures, the measure description is provided as stated in the IHS Annual Performance Report to Congress
- Definitions of all denominators and numerators for each performance measure topic
- Detailed description of the logic for the denominator and numerator, including specific codes, fields, taxonomies and/or values searched for
- Key changes to logic from the previous year, if any
- Description of which patients and information are contained on the patient list
- Performance measure source and past IHS performance, if any, and IHS or Healthy People (HP) 2010 targets for the performance measure
- Report example
- Patient list example

Note: All report examples and patient list examples used in this section were produced from “scrubbed” demo databases and do not represent individual patient data.

2.1 Performance Measure Logic Basics

2.1.1 CRS Denominator Definitions

Each performance measure topic has one or more define denominators and numerators. The denominator is the total population that is being reviewed for a specific measure. For the National GPRA & PART Report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For the Selected Measures reports for local use (CRS Version 9.0 User Manual, section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to them to further refine denominator definitions.

2.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for *most* GPRA measures. This denominator was developed in FY 2003 specifically for clinical performance measures because it is more representative of the active clinical population.

Note: There are facilities that do not offer direct care. Patients in these facilities receive only Contract Health Services and therefore do not meet the requirements of the Active Clinical population. A new site parameter, Contract Health Site Only, was added for these facilities in FY2006.

Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency's IHS User Population definition.

Active Clinical population for the National GPRA & PART Report is defined by the following criteria:

- Patients with the name of "DEMO,PATIENT" will be automatically excluded from the denominator.
- Must have **two** visits to **medical** clinics in the past three years. At least one visit must be to one of the following core medical clinics:

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

The second visit can be either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the report period.
- Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site's "official" GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

Active Clinical CHS Population for National GPRA & PART Reports is defined as follows:

- Patients with the name of "DEMO,PATIENT" will be automatically excluded from the denominator.
- Must have two CHS visits in the three years prior to the end of the report period.
- Must be alive on the last day of the report period.
- Patient must be AI/AN (defined as Beneficiary 01). This item is entered and updated during the patient registration process.
- User must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy that is specified by the user.

GPR User Population population for the National GPR & PART Report is defined by the following criteria:

- Patients with the name of “DEMO,PATIENT” will be automatically excluded from the denominator.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the report period.
- Must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Must reside in a community included in the site’s “official” GPR community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

Note: The GPR User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPR “visits” are not required to be workload reportable as defined by IHS HQ.

2.1.1.2 Denominator Definitions for Selected Measures Reports

In addition to the National GPR & PART Report, CRS provides Selected Measures reports intended for local facility use for specific public health and/or performance improvement initiatives (CRS Version 9.0 User Manual, section 5.11). Multiple denominators and numerators will be reported for each measure (e.g., *both* Active Clinical and GPR User Population). Users have additional options to define the denominators as explained below.

Active Clinical Population for Selected Measures (Local) Reports is defined as follows:

- Patients with name “DEMO,PATIENT” will be automatically excluded from the denominator.
- Must have *two* visits to *medical* clinics in the past three years. At least one visit must be to one of the following core medical clinics:

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

The second visit can be either to one of the core medical clinics in the previous list or to one of the following additional medical clinics:

02	Cardiac	37	Neurology
03	Chest And TB	38	Rheumatology
05	Dermatology	49	Nephrology
07	ENT	50	Chronic Disease
08	Family Planning	69	Endocrinology
16	Obstetrics	75	Urology
19	Orthopedic	81	Men's Health Screening
23	Surgical	85	Teen Clinic
25	Other	88	Sports Medicine
26	High Risk	B8	Gastroenterology - Hepatology
27	General Preventive	B9	Oncology - Hematology
31	Hypertension	C3	Colposcopy
32	Postpartum		

- Must be alive on the last day of the Report period.
- User defines population type: AI/AN patients only, non AI/AN, or both. This data item is entered and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

Active Clinical CHS Population for Selected Measures (Local) Reports is defined as follows:

- Patients with the name of “DEMO,PATIENT” will be automatically excluded from the denominator.
- Must have two CHS visits in the three years prior to the end of the Report Period.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

User Population for Selected Measures (Local) reports is defined as follows:

- Patients with the name of “DEMO,PATIENT” will be excluded from the denominator automatically.
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

2.1.2 Performance Measure Logic Example

Cancer Screening: Pap Smear Rates: 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.

For CRS, the GPRA measure definition is defined as:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 21 through 64, excluding those with documented history of hysterectomy. (The clinical owner of the measure has determined based on current medical guidelines that “eligible” women are defined as ages 21-64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented Pap smear in past three years or refusal in past year.

For the programmer, the Pap Smear measure is described in terms of the following logic:

1. Begin with the Active Clinical population definition.
 - Exclude any patients with the name of “DEMO,PATIENT.”
 - Exclude any patients with a date of death in the Patient Registration file.
 - Exclude any patients who do NOT have value 01 (American Indian/Alaska Native) in the Beneficiary field in Patient Registration file.
 - Exclude any patients whose Community of Residence is not included in the site’s defined GPRA Community Taxonomy for this report.

- For the remaining patients, search visit files for the three years prior to the selected report end date; exclude any patients whose visits do not meet the “two medical clinics” definition; *or*, for facilities with the CHS-Only site parameter set to “Yes,” exclude any patients who do not have two CHS visits in the past 3 years.
2. From these patients, identify the subset that are female and that are at least age 21 on the first day of the current report period and less than age 65 on the last day of the report period.
 3. Exclude patients with documented hysterectomy by searching the V Procedure file for procedure codes 68.4-68.8 or V CPT for CPT codes 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135, V POV 618.5, or Women's Health procedure called Hysterectomy any time before the end of the report period.
 4. For these patients (the denominator), check for a Pap smear in the past three years in the following order:
 - a. Check V Lab for a lab test called Pap Smear and for any site-populated pap smear lab test documented in the BGP PAP SMEAR TAX taxonomy; *or*
 - b. Check V Lab for any LOINC code listed in the predefined BGP PAP LOINC CODES taxonomy (see the *CRS Technical Manual* for specific codes); *or*
 - c. Check the Purpose of Visit file (V POV) for: a diagnosis of: 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; *or*
 - d. Check V Procedures for a procedure of 91.46; *or*
 - e. Check V CPT for the following CPT codes: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; *or*
 - f. Check the Women's Health Tracking package for documentation of a procedure called Pap Smear; *or*
 - g. Check the refusals file for Lab Test Pap Smear in the past year.

If a visit with any of the specified codes is found, the patient is considered to have met the measure, and the program checks the next patient.

2.1.3 Age Ranges

Unless otherwise noted, for the purposes of CRS reports, the age of a patient is calculated at the beginning of the report period. For example, for a report period of July 1, 2008 through July 31, 2009, Jane Doe is defined as age 72 if her birth date is July 10, 1936, even though she becomes age 73 during the report period.

2.1.4 Standard Health Care Codes

2.1.4.1 CPT Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. Current Procedural Terminology was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPTs include codes for diagnostic and therapeutic procedures, and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

2.1.4.2 ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease (ICD) is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD-9 for coding. CRS searches for ICD and other codes as specified in the logic definition, to determine if a patient meets a denominator or numerator definition.

2.1.4.3 LOINC

Logical Observation Identifiers Names and Codes (LOINC®). A standard coding system originally initiated for laboratory values, the system is being extended to include non-laboratory observations (electrocardiograms, vital signs, etc.). Standard code sets are used to define individual tests and mitigate variations in local terminologies for lab and other healthcare procedures, for example, Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.

Refer to the CRS Version 9.0 Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

2.2 Diabetes Related Measure Topics

2.2.1 Diabetes Prevalence

Denominator

All *User Population patients*, broken down by gender and age groups (<15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64 yrs).

Numerators

Anyone diagnosed with Diabetes *at any time* before the end of the Report Period.

Anyone diagnosed with Diabetes *during* the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Diabetes definition: At least one diagnosis of 250.00-250.93 recorded in V POV file.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of diabetic patients with most recent diagnosis.

Measure Source

HP 2010 5-2, 5-3

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	12.0%
IHS FY 2007 Performance	11.0%
IHS FY 2006 Performance	11.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	10.0%

VA	Sep 01, 2009		Page 1					
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Diabetes Prevalence								
Denominator(s):								
All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.								
Numerator(s):								
Anyone diagnosed with Diabetes at any time before the end of the Report period.								
Anyone diagnosed with Diabetes during the Report Period.								
Logic:								
Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.								
Performance Measure Description:								
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.								
Past Performance and/or Target:								
IHS Performance: FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%								
Source:								
HP 2010 5-2, 5-3								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,850		2,386			2,343		
# w/ any DM DX	235	8.2	218	9.1	-0.9	197	8.4	-0.2
# w/ DM DX w/in past year	146	5.1	125	5.2	-0.1	100	4.3	+0.9
# Male User Pop	1,340		1,116			1,108		
# w/ any DM DX	97	7.2	90	8.1	-0.8	72	6.5	+0.7
# w/DM DX w/in past year	67	5.0	65	5.8	-0.8	48	4.3	+0.7
# Female User Pop	1,510		1,270			1,235		
# w/ any DM DX	138	9.1	128	10.1	-0.9	125	10.1	-1.0
# w/ DM DX w/in past year	79	5.2	60	4.7	+0.5	52	4.2	+1.0

Figure 2-1: Sample Summary Report, Diabetes Prevalence Topic

VA		Sep 01, 2009							Page 2
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes Prevalence (con't)									
TOTAL USER POPULATION									
Age Distribution									
	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs	
CURRENT REPORT PERIOD									
Total # User Pop	726	236	259	397	378	383	253	218	
# w/ DM DX ever	1	3	5	34	47	60	43	42	
% w/ DM DX ever	0.1	1.3	1.9	8.6	12.4	15.7	17.0	19.3	
# w/DM DX in past yr	0	2	1	11	34	42	28	28	
% w/DM DX in past yr	0.0	0.8	0.4	2.8	9.0	11.0	11.1	12.8	
PREVIOUS YEAR PERIOD									
Total # User Pop	708	225	241	343	297	257	170	145	
# w/ DM DX ever	3	3	8	31	43	50	41	39	
% w/ DM DX ever	0.4	1.3	3.3	9.0	14.5	19.5	24.1	26.9	
# w/DM DX in past yr	1	2	2	9	23	30	30	28	
% w/DM DX in past yr	0.1	0.9	0.8	2.6	7.7	11.7	17.6	19.3	
CHANGE FROM PREV YR %									
w/ DM DX ever	-0.3	-0.1	-1.4	-0.5	-2.0	-3.8	-7.1	-7.6	
w/DM DX in past yr	-0.1	+0.0	-0.4	+0.1	+1.3	-0.7	-6.6	-6.5	
BASELINE REPORT PERIOD									
Total # User Pop	787	208	217	329	292	227	141	142	
# w/ DM DX ever	2	4	12	20	38	46	31	44	
% w/ DM DX ever	0.3	1.9	5.5	6.1	13.0	20.3	22.0	31.0	
# w/DM DX in past yr	2	1	3	7	18	21	20	28	
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.2	9.3	14.2	19.7	
CHANGE FROM BASE YR %									
w/ DM DX ever	-0.1	-0.7	-3.6	+2.5	-0.6	-4.6	-5.0	-11.7	
w/DM DX in past yr	-0.3	+0.4	-1.0	+0.6	+2.8	+1.7	-3.1	-6.9	

Figure 2-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 2

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

-----
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

Diabetes Prevalence: List of diabetic patients (con't) with most recent
diagnosis
PATIENT NAME          HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP          01/28/09 250.00
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP          03/21/09 250.00
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP          02/12/09 250.80
PATIENT4,WINONA      000004  COMMUNITY #1  F  53  UP          04/21/09 250.80
PATIENT5,NADINE      000005  COMMUNITY #1  F  61  UP          02/01/09 250.00
PATIENT6,RUTH        000006  COMMUNITY #1  F  64  UP          08/09/09 250.00

```

Figure 2-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

2.2.2 Diabetes Comprehensive Care

Denominator

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* least 2 visits during the Report Period, *and* 2 DM-related visits ever.

Numerators

Patients with hemoglobin A1c documented during the report period, regardless of result.

Patients with blood pressure documented during the report period

Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

Patients with LDL completed during the report period, regardless of result

Patients with nephropathy assessment, defined as an estimated GFR and a quantitative urinary protein assessment during the report period *or* with evidence of diagnosis and/or treatment of ESRD at any time before the end of the report period.

Patients receiving a qualified retinal evaluation during the report period, or a documented refusal of a diabetic retinal exam.

Patients with diabetic foot exam during the report period, or a documented refusal of a diabetic foot exam.

Patients with comprehensive diabetes care (Documented A1c *and* Blood Pressure *and* LDL *and* Nephropathy Assessment *and* Retinal Exam *and* Diabetic Foot Exam).

Logic Description

Diabetes definition: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

A1c definition: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3044F-3047F; LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX.

BP documented definition: Having a minimum of 2 blood pressures documented on non-ER visits during the report period.

CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2).

If CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on a non-ER visit during the Report Period.

Controlled BP definition: CRS uses a mean, as described above. If the mean systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

If CRS is not able to calculate a mean BP, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: 3074F, 3075F, 3077F, 3078F, 3079F, and 3080F. The systolic and diastolic values do not have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the numerator: CPT 3074F AND 3078F. All other combinations *will not* be included in the numerator.

LDL definition: Finds last test done during the Report period; defined as: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Nephropathy assessment definition: (1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND (2) Quantitative Urinary Protein Assessment during the Report Period, defined as any of the following: (A) CPT 82042, 82043, or 84156; (B) LOINC taxonomy; or (C) site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values); OR

(3) End Stage Renal Disease diagnosis/treatment defined as any of the following ever: A) V CPT 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339; B) V POV 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.*; C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.

Qualified retinal evaluation definition:* (1) diabetic retinal exam or documented refusal or (2) other eye exam.

- *Diabetic Retinal Exam:* Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination or validated photographic equivalent) or Refusal of Exam 03, 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.
- *Other Eye Exam:* (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

**Qualifying retinal evaluation:* The following methods are qualifying for this measure: (1) Dilated retinal evaluation by an optometrist or ophthalmologist, or (2) Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist, or (3) Any photographic method formally validated to ETDRS, e.g., JVN, Inoveon, EyeTel, etc.

Diabetic foot exam definition: 1) Exam Code 28 Diabetic Foot Exam, Complete; 2) non-DNKA visit with a podiatrist (provider codes 33, 84 or 25), 3) non-DNKA visit to Podiatry Clinic (clinic code 65), 4) CPT 2028F, or 5) documented refusal of foot exam (Exam Code 28).

Key Logic Changes from CRS Version 8.0 Patch 3

1. For Nephropathy Assessment, added HCPCS G0392 and G0393 to ESRD definition.
2. Changed ICD9 procedure code 45.1 for ESRD to indicate it is an old code because it is inactivated as of 10/1/08 and added replacement code 45.11 and new code 45.12.
3. For ESRD definition, annotated as old codes CPT 90918-90925 and added replacement codes 90951-90970. Also noted CPT 90939 is an old code.
4. Added codes 53121-0, 53530-2, 53531-0 and 53532-8 to LOINC taxonomy for quantitative urinary protein assessment.

Patient List Description

List of diabetic patients with documented tests, if any.

Measure Source

Foot Exam: HP 2010 5-14

Measure Past Performance and Long-term Targets

Target	Percent
<i>IHS 2010 goal for blood pressure assessed</i>	<i>95.0%</i>
<i>HP 2010 goal for foot exam</i>	<i>91.0%</i>

VA		Sep 01, 2009				Page 9			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes Comprehensive Care									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Diabetic Pts	117		95			87			
# w/A1c done									
w/ or w/o result	89	76.1	70	73.7	+2.4	52	59.8	+16.3	
# w/ BPs documented	111	94.9	78	82.1	+12.8	74	85.1	+9.8	
# w/Controlled BP									
<130/80	28	23.9	20	21.1	+2.9	13	14.9	+9.0	
# w/ LDL done	76	65.0	46	48.4	+16.5	23	26.4	+38.5	
# w/ est GFR & quant									
UP assmt or									
w/ESRD	52	44.4	6	6.3	+38.1	5	5.7	+38.7	
# w/Retinal Evaluation									
or refusal	56	47.9	39	41.1	+6.8	44	50.6	-2.7	
# w/Diabetic Foot Exam									
or refusal	20	17.1	18	18.9	-1.9	16	18.4	-1.3	
# w/Comp Diabetes									
Care	9	7.7	0	0.0	+7.7	0	0.0	+7.7	

Figure 2-4: Sample Summary Report, Diabetes Comprehensive Care Topic

***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****									
VA		Sep 01, 2009				Page 6			
*** IHS 2009 Clinical Performance Measure Patient List ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Entire Patient List									

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									
Diabetes Comprehensive Care: List of Diabetic patients with documented									
tests, if any									
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR			

PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	A1c: 02/28/09			
6.6;BPs: 133/82 UNC;LDL: 10/28/08 119;EYE: 01/07/09 Cl: 18									
PATIENT2,TARA	000002	COMMUNITY #1	F	51	AD	A1c: 02/27/09			
12.4;BPs: 201/87 UNC;LDL: 12/30/08 86									
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	AD	A1c: 06/09/09			
6.5;BPs: 138/66 UNC;GFR: 09/09/08 & QUANT UP: QUANT URINE PROTEIN-03/31/09;EYE: 07/30/08 Cl: 18;FOOT EXAM: 01/07/09 Cl: 65									

Figure 2-5: Sample Patient List, Diabetes Comprehensive Care

2.2.3 Diabetes: Glycemic Control

GPRA Measure Description, Poor Glycemic Control

During FY 2009, achieve the target rate of 18% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

GPRA Measure Description, Ideal Glycemic Control

During FY 2009, achieve the target rate of 30% for the proportion of patients with diagnosed diabetes who have ideal glycemic control (defined as A1c < 7).

Denominators

All *User Population patients* diagnosed with diabetes prior to the report period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Number of patients with a Hemoglobin A1c documented during the Report Period, regardless of result.

Poor Control: Total of Poor and Very Poor Control: Patients with A1c greater than (>) 9.5. (**GPRA Numerator**)

Very Poor Control: Patients with A1c equal to or greater than (=>) 12.

Poor Control: Patients with A1c greater than (>) 9.5 and less than (<) 12.

Fair Control: Patients with A1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control: Patients with A1c equal to or greater than (=>) 7 and less than (<) 8.

Ideal Control: Patients with A1c less than (<) 7. (**GPRA Numerator**)

Without Result: Patients with A1c documented but no value.

Logic Description

Diabetes definition: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Hemoglobin A1c definition: Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. Without result is defined as A1c documented but with no value.

CRS uses the following definitions:

	CPT Codes	LOINC Codes ¹	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Hemoglobin A1c	83036, 83037, 3044F-3047F Note: CPT 3044F represents A1c <7 and will be included in the Ideal Control numerator.	Yes	DM AUDIT HGB A1C TAX

Key Logic Changes from CRS Version 8.0 Patch 3

For the rare cases where a patient has more than one A1c test documented on the same day and/or same visit and one has a result and the other does not, revised the logic to use the test with the result.

Patient List Description

List of diabetic patients with most recent A1c value, if any.

¹ Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Measure Source

HEDIS; HP 2010 5-12

Measure Past Performance and Long-term Targets**Hemoglobin A1c Documented**

Performance	Percent
IHS FY 2008 Performance	79.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	79.0%
IHS FY 2005 Performance	78.0%
IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75.0%
IHS FY 2002 Performance	73.0%
<i>HP 2010 Goal</i>	<i>50.0%</i>

Poor Glycemic Control

Performance	Percent
IHS FY 2008 Performance	17.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	16.0%
IHS FY 2005 Performance	15.0%
IHS FY 2004 Performance	17.0%
IHS FY 2003 Performance	17.0%
IHS FY 2002 Performance	18.0%
<i>IHS 2010 Goal</i>	<i>10.0%</i>

Ideal Glycemic Control

Performance	Percent
IHS FY 2008 Performance	32.0%
IHS FY 2007 Performance	31.0%
IHS FY 2006 Performance	31.0%
IHS FY 2005 Performance	30.0%
IHS FY 2004 Performance	27.0%
IHS FY 2003 Performance	28.0%
IHS FY 2002 Performance	25.0%
<i>IHS 2010 Goal</i>	<i>40.0%</i>

VA		Sep 01, 2009				Page 11			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: Glycemic Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report end date	205		194			180			
# w/A1c done w/ or w/o result	92	44.9	72	37.1	+7.8	53	29.4	+15.4	
# w/A1c =>12	3	1.5	1	0.5	+0.9	3	1.7	-0.2	
# w/A1c >9.5 and <12	15	7.3	3	1.5	+5.8	8	4.4	+2.9	
# w/A1c =>8 and =<9.5	13	6.3	19	9.8	-3.5	10	5.6	+0.8	
# w/A1c=>7 and <8	12	5.9	17	8.8	-2.9	7	3.9	+2.0	
# w/A1c <7	38	18.5	32	16.5	+2.0	23	12.8	+5.8	
# w/A1c w/o Result	11	5.4	0	0.0	+5.4	2	1.1	+4.3	
Active Diabetic Pts (GPRA)	117		95			87			
# w/A1c done w/ or w/o result	89	76.1	70	73.7	+2.4	52	59.8	+16.3	
# w/A1c > 9.5 (GPRA)	18	15.4	4	4.2	+11.2	11	12.6	+2.7	
# w/A1c =>12	3	2.6	1	1.1	+1.5	3	3.4	-0.9	
# w/A1c >9.5 and < 12	15	12.8	3	3.2	+9.7	8	9.2	+3.6	
# w/A1c =>8 and =<9.5	13	11.1	19	20.0	-8.9	10	11.5	-0.4	
# w/A1c=>7 and <8	12	10.3	17	17.9	-7.6	7	8.0	+2.2	
# w/A1c <7 (GPRA)	35	29.9	30	31.6	-1.7	22	25.3	+4.6	
# w/A1c w/o Result	11	9.4	0	0.0	+9.4	2	2.3	+7.1	

Figure 2-6: Sample Report, Diabetes: Glycemic Control Topic

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 16

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

-----
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

Diabetes: Glycemic Control: List of diabetic patients with most recent
Alc value, if any

PATIENT NAME                HRN      COMMUNITY  SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORA             000001  COMMUNITY #1  F  45  UP,AD,AAD    03/28/09  6.6
PATIENT2,TARA               000002  COMMUNITY #1  F  51  UP,AD,AAD    02/20/09  12.4
PATIENT3,BOBBIE            000003  COMMUNITY #1  F  52  UP,AD,AAD    07/09/09  6.5
PATIENT4,WINONA             000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE             000005  COMMUNITY #1  F  61  UP,AD,AAD    02/01/09  6.5
PATIENT6,RUTH               000006  COMMUNITY #1  F  64  UP

```

Figure 2-7: Sample Patient List, Diabetes: Glycemic Control

2.2.4 Diabetes: Blood Pressure Control

GPRA Measure Description

During FY 2009, achieve the target rate of 36% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as <130/80).

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. **(GPRA Denominator)**

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients with blood pressure documented during the report period.

Patients with controlled blood pressure, defined as < 130/80, i.e., the mean systolic value is less than 130 *and* the mean diastolic value is less than 80. (**GPRA Numerator**)

Patients with blood pressure that is not controlled.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

BP documented definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of the last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the criteria for controlled, then the value is considered not controlled.

Controlled BP definition: CRS uses a mean, as described above where BP is <130/80. If the mean systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled.

If CRS is not able to calculate a mean BP, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: 3074F, 3075F, 3077F, 3078F, 3079F, and 3080F. The systolic and diastolic values do NOT have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the numerator.

CRS uses the following definition:

	CPT Codes	LOINC Codes²	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of diabetic patients with BP value, if any.

Measure Source

HP 2010 12-9, 12-10

Measure Past Performance and Long-term Targets

Controlled Blood Pressure

Performance	Percent
IHS FY 2008 Performance	38.0%
IHS FY 2007 Performance	39.0%
IHS FY 2006 Performance	37.0%
IHS FY 2005 Performance	37.0%
IHS FY 2004 Performance	35.0%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
<i>IHS 2010 Goal</i>	<i>50.0%</i>

Blood Pressure Assessed

Performance	Percent
IHS FY 2008 Performance	89.0%
IHS FY 2005 Performance	89.0%
<i>IHS 2010 Goal</i>	<i>95.0%</i>

² Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

VA		Sep 01, 2009				Page 13			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: Blood Pressure Control									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	205		194			180			
# w/ BPs Documented	123	60.0	88	45.4	+14.6	84	46.7	+13.3	
# w/controlled BP < 130/80	32	15.6	24	12.4	+3.2	18	10.0	+5.6	
# w/Not controlled BP	91	44.4	64	33.0	+11.4	66	36.7	+7.7	
Active Diabetic Pts (GPRA)	117		95			87			
# w/ BPs Documented	111	94.9	78	82.1	+12.8	74	85.1	+9.8	
# w/Controlled BP < 130/80 (GPRA)	28	23.9	20	21.1	+2.9	13	14.9	+9.0	
# w/Not controlled BP	83	70.9	58	61.1	+9.9	61	70.1	+0.8	
Active Adult Diabetic Patients	81		71			63			
# w/ BPs Documented	75	92.6	61	85.9	+6.7	56	88.9	+3.7	
# w/Controlled BP < 130/80	20	24.7	14	19.7	+5.0	8	12.7	+12.0	
# w/Not controlled BP	55	67.9	47	66.2	+1.7	48	76.2	-8.3	

Figure 2-8: Sample Report, Diabetes: Blood Pressure Control Topic

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 23

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

-----
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

Diabetes: Blood Pressure Control: List of diabetic patients with BP value,
if any
PATIENT NAME          HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP,AD,AAD    133/82 UNC
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP,AD,AAD    04/21/09 CPT 3080F
DIASTOLIC BP >=90 UNC
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP,AD,AAD    138/66 UNC
PATIENT4,WINONA       000004  COMMUNITY #1  F  53  UP           unknown
PATIENT5,NADINE       000005  COMMUNITY #1  F  61  UP,AD,AAD    159/86 UNC
PATIENT6,RUTH         000006  COMMUNITY #1  F  64  UP           139/74 UNC

```

Figure 2-9: Sample Patient List, Diabetes: Blood Pressure Control

2.2.5 Diabetes: LDL Assessment

GPRA Measure Description

During FY 2009, achieve the target rate of 60% for the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).

Denominators

All User Population patients diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, and two DM-related visits ever. (GPRA Denominator)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are age 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients with *LDL completed* during the Report Period, regardless of result. (**GPRA Numerator**)

Patients with *LDL results* less than (<) 130.

- a. Patients with LDL results less than or equal to (<=) 100
- b. Patients with LDL results 101-129

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

LDL definition: Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result.

CRS uses the following to define the tests:

	CPT Codes	LOINC Codes ³	Taxonomy
Creatinine (for Active Adult Diabetic denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
LDL Done	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F	Yes	DM AUDIT LDL CHOLESTEROL TAX
LDL <130	3048F, 3049F		Tests in above taxonomy with LDL <130
LDL =<100	3048F		Tests in above taxonomy with LDL =<100

³ Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

Key Logic Changes from CRS Version 8.0 Patch 3

For the rare cases where a patient has more than one LDL test documented on the same day and/or same visit and one has a result and the other does not, revised the logic to use the test with the result.

Patient List Description

List of diabetic patients with documented LDL cholesterol test, if any.

Measure Source

HP 2010 12-15

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	63.0%
IHS FY 2007 Performance	61.0%
IHS FY 2006 Performance	60.0%
IHS FY 2005 Performance	53.0%
IHS FY 2004 Performance	53.0%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
<i>IHS 2010 Goal</i>	<i>70.0%</i>

VA		Sep 01, 2009				Page 15			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: LDL Assessment									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to Current period	205		194			180			
# w/ LDL done	82	40.0	48	24.7	+15.3	23	12.8	+27.2	
# w/LDL <130	58	28.3	40	20.6	+7.7	15	8.3	+20.0	
A. # w/LDL =<100	37	18.0	32	16.5	+1.6	8	4.4	+13.6	
B. # w/LDL 101-129	18	8.8	8	4.1	+4.7	7	3.9	+4.9	
Active Diabetic Pts (GPRA)	117		95			87			
# w/ LDL done (GPRA)	76	65.0	46	48.4	+16.5	23	26.4	+38.5	
# w/LDL <130	54	46.2	38	40.0	+6.2	15	17.2	+28.9	
A. # w/LDL =<100	35	29.9	31	32.6	-2.7	8	9.2	+20.7	
B. # w/LDL 101-129	16	13.7	7	7.4	+6.3	7	8.0	+5.6	
Active Adult Diabetic Patients	81		71			63			
# w/ LDL done	59	72.8	43	60.6	+12.3	21	33.3	+39.5	
# w/LDL <130	41	50.6	35	49.3	+1.3	13	20.6	+30.0	
A. # w/LDL =<100	26	32.1	27	38.0	-5.9	8	12.7	+19.4	
B. # w/LDL 101-129	13	16.0	8	11.3	+4.8	5	7.9	+8.1	

Figure 2-10: Sample Report, Diabetes: LDL Assessment

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 30

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

-----
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

Diabetes: LDL Assessment: List of diabetic patients with documented LDL
cholesterol test, if any.

PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH           000001  COMMUNITY #1  F  45  UP,AD,AAD  LDL DONE: 03/28/09
119
PATIENT2,TARA              000002  COMMUNITY #1  F  51  UP,AD,AAD  LDL DONE: 02/20/09 86
PATIENT3,BOBBIE           000003  COMMUNITY #1  F  52  UP,AD,AAD
PATIENT4,WINONA           000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE           000005  COMMUNITY #1  F  61  UP,AD,AAD  LDL DONE: 02/06/09
CPT 3048F LDL<100
PATIENT6,RUTH              000006  COMMUNITY #1  F  64  UP          LDL DONE: 05/21/09
107

```

Figure 2-11: Sample Patient List, Diabetes: LDL Assessment

2.2.6 Diabetes: Nephropathy Assessment

GPRA Measure Description

During FY 2009, achieve the target rate of 47% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are aged 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerator

Patients with nephropathy assessment, defined as an estimated GFR with result and a quantitative urinary protein assessment during the Report Period or with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report Period. (GPRA Numerator)

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Nephropathy assessment definition:

- Estimated GFR with result during the Report Period and Quantitative Urinary Protein Assessment during the Report Period, *OR*
- End Stage Renal Disease diagnosis/treatment defined as *any* diagnosis ever.

CRS uses the following to define the tests/diagnoses:

	CPT Codes	LOINC Codes ⁴	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)	CPT codes are not included since they do not store the result, which is used in this topic	Yes	DM AUDIT CREATININE TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	CPT: 82042-82043, 84156	Yes	BGP QUANT URINE PROTEIN TAX Note: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect <i>quantitative</i> test values

⁴ Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

	CPT Codes	LOINC Codes⁴	Taxonomy
End Stage Renal Disease	V CPT: 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339 V POV: 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added HCPCS G0392 and G0393 to ESRD definition.
2. Changed ICD9 code V45.1 for ESRD to indicate it is an old code because it is inactivated as of 10/1/08 and added replacement code V45.11 and new code V45.12.
3. Annotated as old codes CPT 90918-90925 and added replacement codes 90951-90970. Also noted CPT 90939 is an old code.
4. Added codes 53121-0, 53530-2, 53531-0 and 53532-8 to LOINC taxonomy for quantitative urinary protein assessment

Patient List Description

List of diabetic patients with nephropathy assessment, if any.

Measure Source

HP 2010 5-11

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	50.0%
IHS FY 2007 Performance (new baseline established; revised standards of care resulted in revised measure definition)	40.0%

Performance	Percent
IHS FY 2006 Performance (measure definition was different from current definition)	55.0%
IHS FY 2005 Performance (measure definition was different from current definition)	47.0%
IHS FY 2004 Performance (measure definition was different from current definition)	42.0%
IHS FY 2003 Performance (measure definition was different from current definition)	37.5%
IHS FY 2002 Performance (measure definition was different from current definition)	35.0%
<i>IHS 2010 Goal</i>	<i>70.0%</i>

VA	Sep 01, 2009				Page 17			
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Diabetes: Nephropathy Assessment								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to Report Period	205		194			180		
# w/ est GFR & quant UP assmt or w/ESRD	55	26.8	11	5.7	+21.2	7	3.9	+22.9
Active Diabetic Pts (GPRA)	117		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	52	44.4	6	6.3	+38.1	5	5.7	+38.7
Active Adult Diabetic Patients	81		71			63		
# w/ est GFR & quant UP assmt or w/ESRD	38	46.9	2	2.8	+44.1	3	4.8	+42.2

Figure 2-12: Sample Report, Diabetes: Nephropathy Assessment

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 37

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

-----
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

Diabetes: Nephropathy Assessment: List of diabetic patients with
nephropathy assessment, if any.
PATIENT NAME          HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1   F  45  UP,AD,AAD
PATIENT2,TARA         000002  COMMUNITY #1   F  51  UP,AD,AAD
PATIENT3,BOBBIE      000003  COMMUNITY #1   F  52  UP,AD,AAD ;GFR: 06/09/09 &
QUANT UP: QUANT URINE PROTEIN-03/31/09
PATIENT4,WINONA      000004  COMMUNITY #1   F  53  UP
PATIENT5,NADINE      000005  COMMUNITY #1   F  61  UP,AD,AAD ESRD: ESRD 36145-
01/30/09
PATIENT6,RUTH        000006  COMMUNITY #1   F  64  UP
PATIENT7,DANIELLE    000007  COMMUNITY #1   F  79  UP ESRD: ESRD V45.1-
12/09/01

```

Figure 2-13: Sample Patient List, Diabetes: Nephropathy Assessment

2.2.7 Diabetic Retinopathy

GPRA Measure Description

During FY 2009, achieve the target rate of 47% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination. Denominators. All *User Population patients* diagnosed with diabetes prior to the Report Period.

Denominators

All *User Population patients* diagnosed with diabetes prior to the Report Period.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. (**GPRA Denominator**)

Active Adult Diabetic patients, defined by meeting the following criteria: 1) who are 19 or older at the beginning of the Report Period, 2) whose first ever DM diagnosis occurred prior to the Report Period; 3) who had at least two DM related visits ever, 4) at least one encounter with DM POV in a primary clinic with a primary provider during the Report Period; and 5) never have had a creatinine value greater than five.

Numerators

Patients receiving a qualified retinal evaluation during the Report Period, or a documented refusal of a diabetic retinal exam. (**GPRA Numerator**)

- a. Patients receiving diabetic retinal exam during the Report Period.
- b. Patients who refused a diabetic retinal exam during the Report Period.
- c. Patients receiving other eye exams during the Report Period.

Patients receiving a qualified retinal evaluation during the Report Period.

NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period.

Serum creatinine definition (used with Active Adult Diabetic denominator): Site-populated taxonomy DM AUDIT CREATININE TAX; or LOINC taxonomy (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.).

Qualified retinal evaluation definition:* (1) Diabetic retinal exam or documented refusal or (2) other eye exam, as shown below.

*Qualified retinal evaluation: The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist
- Any photographic method validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc.

CRS searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic Retinal Exam (any of the following during the report period)		
Diabetic Retinal Exam	2022F, 2024F, 2026F, S0620, S0621, S3000	VExam: 03 (dilated retinal examination or validated photographic equivalent) or Refusal of Exam 03

Exam	CPT Codes	Other Codes
Other Eye Exam (any of the following during the report period)		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry or validated tele-ophthalmology retinal evaluation clinics (e.g., JVN, Inoveon, EyeTel, etc.)		Clinic codes: A2, 17, 18, 64
Non-DNKA visit to an optometrist or ophthalmologist	67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014	Provider codes: 24, 79, 08 POV code: V72.0 Procedure: 95.02
Refusal of a diabetic retinal exam		Refusals Exam: 03

Key Logic Changes from CRS Version 8.0 Patch 3:

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of diabetic patients with qualified retinal evaluation or refusal, if any.

Measure Source

HP 2010 5-13

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	50.0% (National rate)
IHS FY 2007 Performance	49.0% (National rate)
IHS FY 2006 Performance	49.0% (National Rate) 52.0% (Designated Sites Rate)
IHS FY 2005 Performance	50.0% (National Rate) 50.0% (Designated Sites Rate)
IHS FY 2004 Performance	47.0% (National Rate) 55.0% (Designated Sites Rate)
IHS FY 2003 Performance	49.0%
IHS FY 2002 Performance	49.0%
<i>HP 2010 Goal</i>	<i>75.0%</i>

VA		Sep 01, 2009				Page 19			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetic Retinopathy									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
User Pop w/ DM DX prior to report period	205		194			180			
# w/Retinal Evaluation or refusal	68	33.2	47	24.2	+8.9	54	30.0	+3.2	
A. # w/ DM Retinal exam	7	3.4	6	3.1	+0.3	6	3.3	+0.1	
B. # w/ Refusal	3	1.5	0	0.0	+1.5	0	0.0	+1.5	
C. # w/Other Eye Exams	58	28.3	41	21.1	+7.2	48	26.7	+1.6	
Active Diabetic Pts (GPRA)	117		95			87			
# w/Retinal Evaluation or refusal (GPRA)	56	47.9	39	41.1	+6.8	44	50.6	-2.7	
A. # w/ DM Retinal exam	7	6.0	6	6.3	-0.3	6	6.9	-0.9	
B. # w/ Refusal	3	2.6	0	0.0	+2.6	0	0.0	+2.6	
C. # w/Other Eye Exams	46	39.3	33	34.7	+4.6	38	43.7	-4.4	
# w/Retinal Evaluation (GPRA Dev.)	53	45.3	39	41.1	+4.2	44	50.6	-5.3	
Active Adult Diabetic Patients	81		71			63			
# w/Retinal Evaluation or refusal	41	50.6	32	45.1	+5.5	39	61.9	-11.3	
A. # w/ DM Retinal exam	6	7.4	4	5.6	+1.8	6	9.5	-2.1	
B. # w/ Refusal	2	2.5	0	0.0	+2.5	0	0.0	+2.5	
C. # w/Other Eye Exams	33	40.7	28	39.4	+1.3	33	52.4	-11.6	

Figure 2-14: Sample Report, Diabetic Retinopathy

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***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
VA                               Sep 01, 2009                               Page 44

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

-----
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

Diabetic Retinopathy: List of diabetic patients with qualified retinal
evaluation or refusal, if any
PATIENT NAME          HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,DEBORAH      000001  COMMUNITY #1  F  45  UP,AD,AAD    01/07/09 Cl: 18
PATIENT2,TARA         000002  COMMUNITY #1  F  51  UP,AD,AAD
PATIENT3,BOBBIE      000003  COMMUNITY #1  F  52  UP,AD,AAD    06/30/09 Cl: 18
PATIENT4,WINONA       000004  COMMUNITY #1  F  53  UP
PATIENT5,NADINE       000005  COMMUNITY #1  F  61  UP,AD,AAD    05/22/09 Refused
PATIENT6,RUTH         000006  COMMUNITY #1  F  64  UP
PATIENT7,JONELLE     000007  COMMUNITY #1  F  69  UP,AD,AAD    10/29/08 Diab Eye Ex

```

Figure 2-15: Sample Patient List, Diabetic Retinopathy

2.2.8 Diabetes: Access to Dental Services

Denominator

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* D at least two visits during the Report Period, *and* two DM-related visits ever.

Numerators

Patients with documented dental visit during the Report Period, including refusals in past year.

- a. Patients with documented refusal.

Logic Description

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of diabetic patients with documented dental visit or refusal, if any.

Measure Source

HP 2010 5-15

Measure Past Performance and Long-term Targets:

Past Performance	Percent
IHS FY 2005 Performance	39.0%
IHS FY 2004 Performance	37.0%
IHS FY 2003 Performance	36.0%
IHS FY 2002 Performance	36.0%
<i>HP 2010 Goal</i>	<i>71.0%</i>

Performance Improvement Tip

If your facility’s dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the “on” position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

VA	Sep 01, 2009						Page 21		
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Diabetes: Access to Dental Services									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Diabetic Pts	117		95			87			
# w/dental visit or refusal in past yr	18	15.4	20	21.1	-5.7	18	20.7	-5.3	
A. # Refusals w/ % of Total Visits	1	5.6	0	0.0	+5.6	0	0.0	+5.6	

Figure 2-16: Sample Report, Diabetes and Dental Access

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

Diabetes: Access to Dental Services: List of diabetic patients and documented dental visit or refusal, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH 0000	000001	COMMUNITY #1	F	45	AD	03/03/09 Refused ADA
PATIENT2,TARA	000002	COMMUNITY #1	F	51	AD	
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	AD	01/06/09 ADA 0190
PATIENT4,NADINE	000004	COMMUNITY #1	F	61	AD	
PATIENT5,SHERRY	000005	COMMUNITY #1	F	68	AD	
PATIENT6,JONELLE	000006	COMMUNITY #1	F	69	AD	03/29/09 ADA 0000

Figure 2-17: Sample Patient List, Diabetes and Dental Access

2.3 Dental Measure Topics

2.3.1 Access to Dental Services

GPRA Measure Description

During FY 2009, achieve the target rate of 24% for the proportion of patients who receive dental services.

Denominator

All patients in the *User Population*, broken down by age groups: 0-5, 6-11, 12-19, 20-34, 35-44, 45-54, 55-74, >74. (**GPRA Denominator**)

Numerators

Patients with documented dental visit during the Report Period, including refusals in past year. (**GPRA Numerator**)

- a. Patients with documented refusal.

Patients with documented dental visit during the Report Period. NOTE: This numerator does not include refusals. (**GPRA Developmental Numerator**)

Logic Description

Dental visit definition: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of patients with documented dental visit or refusal and date.

Measure Source

HP 2010 21-10, 21-12, 21-17

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	25.0%
IHS FY 2007 Performance	25.0%
IHS FY 2006 Performance	23.0%
IHS FY 2005 Performance	24.0%
IHS FY 2004 Performance	24.0%
IHS FY 2003 Performance	25.0%
IHS FY 2002 Performance	24.9%
<i>IHS 2010 Goal</i>	<i>40.0%</i>

Performance Improvement Tip

If your facility's dental services are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

VA	Sep 01, 2009						Page 23	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Access to Dental Services								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,850		2,386			2,343		
# w/dental visit or refusal in past yr (GPRA)	236	8.3	201	8.4	-0.1	207	8.8	-0.6
A. # Refusals w/ % of Total Visits	3	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/dental visit in past yr (GPRA Dev.)	233	8.2	201	8.4	-0.2	207	8.8	-0.7

Figure 2-18: Sample Report, Access to Dental Services

Access to Dental Services (con't)								
	TOTAL USER POPULATION							
	Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	344	254	364	656	378	383	393	78
# w/dental visit or refusal in past yr	21	27	29	68	32	33	25	1
% w/dental visit or refusal in past yr	6.1	10.6	8.0	10.4	8.5	8.6	6.4	1.3
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	2	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	3.4	0.0	0.0	6.1	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	349	237	347	584	297	257	263	52
# w/dental visit or refusal in past yr	19	22	30	53	24	24	25	4
% w/dental visit or refusal in past yr	5.4	9.3	8.6	9.1	8.1	9.3	9.5	7.7
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit or refusal in past yr	+0.7	+1.3	-0.7	+1.3	+0.4	-0.7	-3.1	-6.4
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+3.4	+0.0	+0.0	+6.1	+0.0	+0.0

Figure 2-19: Sample Age Breakdown Report, Access to Dental Services

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

Access to Dental Services: List of patients with documented dental visit
 or refusal and date.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT10,JOHN	000010	COMMUNITY #1	M	17	UP	01/03/09 ADA 0190
PATIENT11,HOWARD	000011	COMMUNITY #1	M	25	UP	01/24/09 ADA 0000
PATIENT12,JAMES	000012	COMMUNITY #1	M	31	UP	02/19/09 ADA 0000
PATIENT13,STEVEN	000013	COMMUNITY #1	M	32	UP	01/24/09 ADA 0000
PATIENT14,EDWARD	000014	COMMUNITY #1	M	32	UP	06/10/09 ADA 0000
PATIENT15,DAVID	000015	COMMUNITY #1	M	33	UP	04/10/09 ADA 0190

Figure 2-20: Sample Patient List, Access to Dental Services

2.3.2 Dental Sealants

GPRM Measure Description

During FY 2009, achieve the target count of 229,147 sealants placed in American Indian and Alaska Native patients.

Denominator

No denominator. This measure is a total count only, not a percentage.

Numerators

For patients meeting the User Population definition, the total number of dental sealants and refusals during the report period. (GPRM Numerator).

- Dental sealants in patients <12 yrs.
- Dental sealants in patients 12-18 yrs.
- Dental sealants in patients >18 yrs.

Age breakouts are based on Healthy People 2010 age groups for dental sealants.

For patients meeting the User Population definition, the total number of dental sealants during the report period. NOTE: This numerator does not include refusals. (GPRM Developmental Numerator)

Logic Description

Age of the patient is calculated at the beginning of the report period.

Sealants definition: V Dental ADA code 1351 or refusal of ADA code 1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of patients who received or refused dental sealants during Report Period.

Measure Source

HP 2010 21-8

Measure Past Performance and Long-term Targets:

Performance	# of Sealants
IHS FY 2008 Performance	241,207
IHS FY 2007 Performance	245,449
IHS FY 2006 Performance	246,645
IHS FY 2005 Performance	249,882
IHS FY 2004 Performance	230,295 287,158 ⁵
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

⁵ Reported by the National Patient Information Reporting System (NPIRS).

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

VA		Sep 01, 2009		Page 25	
*** IHS 2009 Selected Measures with Community Specified Report ***					
DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2009 to Dec 31, 2009					
Previous Year Period: Jan 01, 2008 to Dec 31, 2008					
Baseline Period: Jan 01, 2000 to Dec 31, 2000					

Dental Sealants					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented or Refusal (GPRA)	50	61	-11	81	-31
# Dental Sealants documented pts <12 yrs	34	26	+8	40	-6
# Dental Sealants documented pts 12-18 yrs	13	34	-21	40	-27
# Dental Sealants documented pts >18 yrs	1	1	+0	1	+0
# refusals	2	0	+2	0	+2
Total # of Sealants Documented (GPRA Dev.)	48	61	-13	81	-33

Figure 2-21: Sample Report, Dental Sealants

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

Dental Sealants: List of patients who received or refused dental sealants during Report period.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT20,GEORGE	000020	COMMUNITY #1	M	5	UP	4 sealants
PATIENT21,CODY	000021	COMMUNITY #1	M	7	UP	1 Refused ADA 1351
PATIENT50,DAWN	000050	COMMUNITY #2	F	4	UP	3 sealants
PATIENT51,JOY	000051	COMMUNITY #2	F	6	UP	3 sealants
PATIENT52,DONALD	000052	COMMUNITY #2	M	8	UP	1 sealants

Figure 2-22: Sample Patient List, Dental Sealants

2.3.3 Topical Fluoride

GPRA Measure Description

During FY 2009, achieve the target count of 114,716 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Denominator

No denominator. This measure is a total count only, not a percentage.

Numerators

For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period. (**GPRA Numerator**)

- a. Patients with documented refusal in past year.

For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.

- a. Number of documented refusals during past year.

Logic Description

Topical fluoride application definition: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of patients who received or refused at least one topical fluoride application during Report Period.

Measure Source

Not Available

Measure Past Performance and Long-term Targets:

Performance	Number of Patients
IHS FY 2008 Performance	120,754
IHS FY 2007 Performance	107,934
IHS FY 2006 Performance	95,439
IHS FY 2005 Performance	85,318
IHS FY 2005 Performance	113,324 ⁶

Performance Improvement Tip

If your facility's dental visits are paid for with CHS funds, ensure the final payment for each purchase order is posted and the CHS to PCC link is set to the "on" position. Having the CHS to PCC link on will enable the CHS data to be passed from CHS/MIS to PCC, where CRS can find it and include it in your CRS reporting.

⁶ Number of Applications

VA	Sep 01, 2009				Page 26
*** IHS 2009 Selected Measures with Community Specified Report ***					
DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2009 to Dec 31, 2009					
Previous Year Period: Jan 01, 2008 to Dec 31, 2008					
Baseline Period: Jan 01, 2000 to Dec 31, 2000					

Topical Fluoride					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	39	26	+13	15	+24
A. # Patients w/ Refusals	3	0	+3	0	+3
Total # of Patients w/ At Least 1 Topical Fluoride App (GPRA Dev.)	36	26	+10	15	+21
Total # of Topical Fluoride Applications/ Refusals	44	26	+18	15	+29
A. # Refusals	3	0	+3	0	+3

Figure 2-23: Sample Report, Topical Fluoride

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

Topical Fluoride: List of patients who received or refused at least one topical fluoride application during Report period.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT20,GEORGE	000020	COMMUNITY #1	M	5	UP	1 topical flouride
PATIENT21,RYAN	000021	COMMUNITY #1	M	8	UP	1 Refused ADA 1206
PATIENT22,MICHAEL	000022	COMMUNITY #1	M	9	UP	1 Refused ADA 1204
PATIENT23,MARTY	000023	COMMUNITY #1	M	15	UP	1 topical flouride

Figure 2-24: Sample Patient List, Topical Fluoride

2.4 Immunization Measure Topics

2.4.1 Adult Immunizations: Influenza

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 62% for the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

Denominators

Active Clinical patients ages 50 or older.

- a. Active Clinical patients *ages 50-64.*
- b. Active Clinical patients *ages 65 and older. (GPRA Denominator)*

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever.

All User Population patients ages 50 or older.

- a. All User Population patients *ages 50-64.*
- b. All User Population patients *ages 65 and older.*

Numerators

Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. **(GPRA Numerator)**

- a. Patients with documented refusal (REF).
- b. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. NOTE: This numerator does NOT include refusals. **(GPRA Developmental Numerator)**

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Influenza definition: Any of the following documented during the Report Period unless otherwise noted.

1. **Influenza immunization:** Any of the codes in the table below.

	CPT Codes	ICD and Other Codes
Influenza vaccine	90655-90662, 90724 (old code), G0008, G8108	Immunization (CVX) Codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal POV: V04.8 (old code), V04.81, V06.6 ICD Procedure: 99.52

- Contraindication:** Any of the following documented at any time before the end of the Report Period, defined as: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.
- Refusal:** Refusal of immunization codes 88, 111, 15, or 16, as documented in PCC Refusal File (i.e., REF) or in the Immunization Package as contraindication of "Patient Refusal."

Key Logic Changes from CRS Version 8.0 Patch 3:

Added new GPRA Developmental numerator that does not include refusals.

Patient List Description

List of patients \geq 50 yrs or DM DX with Influenza code or refusal, if any.

Measure Source

HP 2010 14-29b; HP 2010 14-29d

Measure Past Performance and Long-term Targets for Patients \Rightarrow 65 Vaccine Rate:

Performance	Percent
IHS FY 2008 Performance	62.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	58.0%
IHS FY 2005 Performance	59.0%
IHS FY 2004 Performance	54.0%
IHS FY 2003 Performance	51.0%
IHS FY 2002 Performance	51.4%
<i>IHS 2010 Goal</i>	90.0%

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
2. Providers should document refusals; write “**Refused**” in Influenza Order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

VA		Sep 01, 2009				Page 27			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adult Immunizations: Influenza									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Patients									
ages 50 or older	332		211			180			
Total # w/Flu									
vaccine/contra/									
refusal	85	25.6	67	31.8	-6.2	29	16.1	+9.5	
A. # Refusals w/ % of									
Total IZ	6	7.1	6	9.0	-1.9	0	0.0	+7.1	
B. # w/ Contraind/ NMI									
Ref w/ % of									
Total IZ	4	4.7	0	0.0	+4.7	0	0.0	+4.7	
A. Active Clinical Patients									
ages 50-64	226		147			115			
Total # w/Flu									
vaccine/contra/									
refusal	51	22.6	42	28.6	-6.0	14	12.2	+10.4	
A. # Refusals w/ % of									
Total IZ	2	3.9	5	11.9	-8.0	0	0.0	+3.9	
B. # w/ Contraind/ NMI									
Ref w/ % of									
Total IZ	3	5.9	0	0.0	+5.9	0	0.0	+5.9	
B. Active Clinical Patients									
65 and older									
(GPRA)	106		64			65			
Total # w/Flu									
vaccine/contra/									
refusal (GPRA)	34	32.1	25	39.1	-7.0	15	23.1	+9.0	
A. # Refusals w/ % of									
Total IZ	4	11.8	1	4.0	+7.8	0	0.0	+11.8	
B. # w/ Contraind/ NMI									
Ref w/ % of									
Total IZ	1	2.9	0	0.0	+2.9	0	0.0	+2.9	
Total # w/Flu									
vaccine/contra									
(GPRA Dev.)	30	28.3	24	37.5	-9.2	15	23.1	+5.2	

Figure 2-25: Sample Report, Adult Immunizations: Influenza

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

Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with
 influenza code or refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH	000001	COMMUNITY #1	F	45	AD	01/28/09 Imm 88
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	50	UP,AC	
PATIENT3,DEMETRIA	000003	COMMUNITY #1	F	50	UP,AC	02/25/09 Imm 15
PATIENT4,JADE	000004	COMMUNITY #1	F	51	UP	
PATIENT5,MARIE	000005	COMMUNITY #1	F	51	UP,AC,AD	01/21/09 NMI Refusal

Figure 2-26: Sample Patient List, Adult Immunization: Influenza

2.4.2 Adult Immunizations: Pneumovax

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 82% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Denominators

Active Clinical patients ages 65 or older. (**GPRA Denominator**)

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever.

All *User Population patients* ages 65 and older at beginning of Report Period.

Numerators

Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year. (**GPRA Numerator**)

- a. Patients with documented refusal.
- b. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Diabetic patients with pneumovax documented in past 5 years, or contraindication ever, or refusal in the past year.

- a. Patients with documented refusal.
- b. Patients with a contraindication or a documented NMI (not medically indicated) refusal.

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Diabetes definition: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Pneumovax definition: Any of the following documented anytime before the end of the Report Period unless otherwise noted.

1. **Pneumococcal immunization:** Any of the codes in the table below.

Immunization	CPT Codes	ICD and Other Codes
Pneumococcal Vaccine	90669, 90732, G0009, G8115	Immunization (CVX) Codes: 33 – Pneumococcal Polysaccharide Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS POV: V06.6; V03.82 V Procedure: 99.55

2. **Contraindication:** A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.
3. **Refusal:** Any of the following during the Report Period: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e., REF) or B) Immunization Package as contraindication of "Patient Refusal."

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of patients =>65 yrs or DM DX with pneumovax, contraindication, or refusal, if any.

Measure Source

Not Available

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	82.0%
IHS FY 2007 Performance	79.0%
IHS FY 2006 Performance	74.0%
IHS FY 2005 Performance	69.0%
IHS FY 2004 Performance	69.0%
IHS FY 2003 Performance	65.0%
IHS FY 2002 Performance	64.0%
<i>HP 2010 Goal for % of patients => 65</i>	<i>90.0%</i>

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “**Refused**” in Pneumo Vax Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

VA		Sep 01, 2009				Page 30			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adult Immunizations: Pneumovax									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts ages 65 & older (GPRA)	106		64			65			
Total # w/Pneumovax/ contra/refusal (GPRA)	47	44.3	43	67.2	-22.8	37	56.9	-12.6	
A. # Refusals w/ % of Total IZ	2	4.3	0	0.0	+4.3	0	0.0	+4.3	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.5	2	4.7	+3.9	0	0.0	+8.5	
Total # w/Pneumovax/ contra (GPRA Dev.)	45	42.5	43	67.2	-24.7	37	56.9	-14.5	
Active Diabetic Pts	117		95			87			
Total # w/Pneumovax/ contra/refusal	53	45.3	51	53.7	-8.4	51	58.6	-13.3	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Total # w/Pneumovax past 5/contra/refusal	31	26.5	36	37.9	-11.4	30	34.5	-8.0	
A. # Refusals w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ contraind/ NMI Ref w/ % of Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# User Population ages 65 & older	218		145			142			
Total # w/Pneumovax/ contra/refusal	50	22.9	44	30.3	-7.4	37	26.1	-3.1	
A. # Refusals w/ % of Total IZ	2	4.0	0	0.0	+4.0	0	0.0	+4.0	
B. # w/ contraind/ NMI Ref w/ % of Total IZ	5	10.0	3	6.8	+3.2	0	0.0	+10.0	

Figure 2-27: Sample Report, Adult Immunization: Pneumovax

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

Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with pneumovax, contraindication, or refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DEBORAH (ever)	000001	COMMUNITY #1	F	45	AD	09/24/97 Imm 33
PATIENT2,TARA (ever) 03/01/08 Imm 33 (past 5 yrs)	000002	COMMUNITY #1	F	51	AD	03/01/09 Imm 33
PATIENT3,BOBBIE Contraindication: Anaphylaxis (ever) 02/18/96 (ever) 01/28/07 Imm 33 (past 5 yrs)	000003	COMMUNITY #1	F	52	AD	02/28/09 Contraindication: Anaphylaxis (past 5 yrs)
PATIENT4,NADINE (ever)	000004	COMMUNITY #1	F	61	AD	08/12/97 Imm 33
PATIENT5,SHERRY (ever) 10/04/08 Imm 100 (past 5 yrs)	000005	COMMUNITY #1	F	68	UP,AC,AD	01/04/09 Imm 100

Figure 2-28: Sample Patient List, Adult Immunization: Pneumovax

2.4.3 Childhood Immunizations

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 78% for the proportion of American Indian/Alaska Native children ages 19-35 months who have received the recommended immunizations.

Denominators

Active Clinical patients ages 19-35 months at end of Report Period.

User Population patients ages 19-35 months at end of Report Period.

User Population patients **active in the Immunization Package** who are 19-35 months at end of Report Period. (GPRA Denominator)

Note: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerators

Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease. (GPRA Numerator)

Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including contraindications and evidence of disease.

NOTE: This numerator does not include refusals. (**GPRA Developmental Numerator**)

Patients who have received the 4:3:1:3:3:1 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease. (**GPRA Developmental Numerator**)

Patients who have received the 4:3:1:3:3:1 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including contraindications and evidence of disease. NOTE: This numerator does not include refusals. (**GPRA Developmental Numerator**)

Patients who have received the 4:3:1:3:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including refusals, contraindications, and evidence of disease. (**GPRA Developmental Numerator**)

Patients who have received the 4:3:1:3:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Patients who have received 4 doses of DTaP ever, including refusals and contraindications.

Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of HiB ever, including refusals and contraindications.

Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including refusals, contraindications, and evidence of disease.

For each of the above numerators except for the GPRA Developmental numerators that do not include refusals, the following sub-numerators are included:

1. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
2. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), NOT including refusals, contraindications, and patients with evidence of disease.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3:1 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, and 1 Varicella), NOT including refusals, contraindications, and patients with evidence of disease.

Immunization Program Numerator: Patients who have received the 4:3:1:3:3:1:4 combination (i.e., 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), NOT including refusals, contraindications, and patients with evidence of disease.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Active Immunization Package Patients denominator definition: Same as User Pop definition except includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Acellular Pertussis; 5) 4 Td and 4 Acellular Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis.
- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.
- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.
- 3 doses of HIB
- 1 dose of Varicella
- 4 doses of Pneumococcal

Except for the Immunization Program Numerators, refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period.)
- To be counted in sub-numerator A, a patient must meet the numerator definition AND have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.
- To be counted in sub-numerator B, a patient must meet the numerator definition AND have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

Childhood immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
DTaP	90696, 90698, 90700, 90721, 90723	Immunization (CVX) Codes: 20, 50, 106, 107, 110, 120, 130 POV: V06.1 Refusals: Immunization codes 20, 50, 106, 107, 110, 120, 130 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DTP	90701, 90711 (old code), 90720	Immunization (CVX) Codes: 1, 22, 102 POV: V06.1, V06.2, V06.3 V Procedure: 99.39 Refusals: Immunization codes 1, 22, 102 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tdap	90715	Immunization (CVX) Codes: 115 Refusals: Immunization code 115 Contraindications: Immunization Package contraindication of "Anaphylaxis."
DT (Diphtheria & Tetanus)	90702	Immunization (CVX) Codes: 28 POV: V06.5 Refusals: Immunization code 28 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Td (Tetanus & Diphtheria)	90714, 90718	Immunization (CVX) Codes: 9, 113 POV: V06.5 Refusals: Immunization code 9, 113 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Diphtheria	90719	POV: V03.5 V Procedure: 99.36 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Tetanus	90703	Immunization (CVX) Codes: 35, 112 POV: V03.7 V Procedure: 99.38 Refusals: Immunization codes 35, 112 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Acellular Pertussis		Immunization (CVX) Codes: 11 POV: V03.6 V Procedure: 99.37 (old code) Refusals: Immunization code 11 Contraindications: Immunization Package contraindication of "Anaphylaxis."
OPV	90712	Immunization (CVX) Codes: 2, 89 Refusals: Immunization codes 2, 89 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208 or Immunization Package contraindication of "Anaphylaxis."
IPV	90696, 90698, 90711 (old code), 90713, 90723	Immunization (CVX) Codes: 10, 89, 110, 120, 130 POV: V04.0, V06.3 V Procedure: 99.41 Evidence of Disease: POV or PCC Problem List (active or inactive) 730.70-730.79 Refusals: Immunization codes 10, 89, 110, 120 Contraindications: Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."
MMR	90707, 90710	Immunization (CVX) Codes: 3, 94 POV: V06.4 V Procedure: 99.48 Refusals: Immunization codes 3, 94 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
M/R (Measles/Rubella)	90708	Immunization (CVX) Codes: 4 Refusals: Immunization code 4 Contraindications: Immunization Package contraindication of "Anaphylaxis"
R/M (Rubella/Mumps)	90709 (old code)	Immunization (CVX) Codes: 38 Refusals: Immunization code 38 Contraindications: Immunization Package contraindication of "Anaphylaxis"

	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Measles	90705	Immunization (CVX) Codes: 5 POV: V04.2 V Procedure: 99.45 Evidence of Disease: POV or PCC Problem List (active or inactive) 055* Refusals: Immunization code 5 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Mumps	90704	Immunization (CVX) Codes: 7 POV: V04.6 V Procedure: 99.46 Evidence of Disease: POV or PCC Problem List (active or inactive) 072* Refusals: Immunization code 7 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Rubella	90706	Immunization (CVX) Codes: 6 POV: V04.3 V Procedure: 99.47 Evidence of Disease: POV or PCC Problem List (active or inactive) 056*, 771.0 Refusals: Immunization code 6 Contraindications: Immunization Package contraindication of "Anaphylaxis"
HiB	90645-90648, 90698, 90720-90721, 90737 (old code), 90748	Immunization (CVX) Codes: 17, 22, 46-49, 50, 51, 102, 120 POV: V03.81 Refusals: Immunization codes 17, 22, 46-49, 50, 51, 102, 120 Contraindications: Immunization Package contraindication of "Anaphylaxis"
Hepatitis B	90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, (old code) Q3023 (old code)	Immunization (CVX) Codes: 8, 42-45, 51, 102, 104, 110 Evidence of Disease: POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 Refusals: Immunization codes 8, 42-45, 51, 102, 104, 110 Contraindications: Immunization Package contraindication of "Anaphylaxis"

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
Varicella	90710, 90716	Immunization (CVX) Codes: 21, 94 POV: V05.4 Evidence of Disease: 1) POV or PCC Problem List (active or inactive) 052*, 053* or 2) 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Refusals: Immunization codes 21, 94 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
Pneumococcal	90669, 90732, G0009, G8115	Immunization (CVX) Codes: 33, 100, 109 POV: V06.6; V03.82 Refusals: Immunization codes 33, 100, 109 Contraindications: Immunization Package contraindication of "Anaphylaxis"

Key Logic Changes from CRS Version 8.0 Patch 3:

- Removed as evidence disease for Diphtheria codes V02.4 and 032*, Tetanus codes 037*, Acellular Pertussis 033*, Polio V12.02, 045*, and 138, and Hib 038.41, 041.5, 320.0, and 482.2.
- Added old code CPT 90737 to Hib definition.
- Added CVX/HL7 code 130 to DTaP and refusal of DTaP definitions.
- Added new GPRA developmental numerator that does not include refusals.
- Added as other GPRA developmental measures: (a) 4:3:1:3:3:1 including refusals, (b) 4:3:1:3:3:1 without refusals, (c) 4:3:1:3:3:1:4 including refusals, and (d) 4:3:1:3:3:1:4 without refusals.

Patient List Description

List of patients 19-35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

Note 1: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7-23 months.

Note 2: The order of the display for the immunizations is: 4 Dtap/Dtp;3 IPV/OPV;MMR;3 HIB;3 HEP;Vari;4 PNEUMO. A blank value in the Numerator column means the patient didn't meet the requirements for any of the immunizations. Another example is "MMR; vari;4 PNEUMO," which means the patient did not have 4 Dtap/Dtp, 3 IPV/OPV, 3 HIB and 3 Hep B immunizations.

Measure Source

CDC; HP 2010 14-22;14-24; HEDIS

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 GPRA Performance Active Immunization Package 4:3:1:3:3 (rate for children age 19-35 months)	78.0%
<i>IHS FY 2008 Non-GPRA Performance Active Clinical 4:3:1:3:3 (rate for children age 19-35 months)</i>	68.0%
IHS FY 2007 GPRA Performance Active Immunization Package 4:3:1:3:3(rate for children age 19-35 months)	78.0%
IHS FY 2006 Performance (rate for children age 19-35 months)	80.0% ⁷
IHS FY 2005 Performance (rate for children age 19-35 months)	75.0%
IHS FY 2004 Performance(baseline rate for children age 19-35 months)	72.0%
IHS FY 2004 Performance(rate for children age 3-27 months)	81.0%
IHS FY 2003 Performance(rate for children age 3-27 months)	80.0%
IHS FY 2002 Performance(rate for children age 3-27 months)	80.0%
<i>HP 2010 goal for % of children age 19-35 months with 4:3:1:3:3 vaccines</i>	80.0%
<i>HP 2010 goal for % of children age 19-35 months with each individual vaccine</i>	90.0%

⁷ All 2002 – 2006 rates reported on this table were reported by the Immunization Program from the quarterly immunization reports. Effective in 2007, CRS reports the rate and not the Immunization Program. The CRS rate is reported using the CRS Active Immunization Package denominator.

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: HIM
1. Providers should document refusals; write **“Refused”** in appropriate vaccine order box on PCC form. Data entry mnemonic: REF (Immunization, Value, Date Refused).

VA		Sep 01, 2009				Page 31			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 20000									

Childhood Immunizations									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 19-35 months	54		39			55			
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal	11	20.4	3	7.7	+12.7	6	10.9	+9.5	
A. Refusals w/ % of Total 43133	1	9.1	0	0.0	+9.1	0	0.0	+9.1	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 43133	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 431331 combo or w/ Dx/ Contraind/ Refusal	10	18.5	3	7.7	+10.8	5	9.1	+9.4	
A. # Refusals w/ % of Total 431331	1	10.0	0	0.0	+10.0	0	0.0	+10.0	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4313314 combo or w/Dx/Contraind/ Refusal	3	5.6	0	0.0	+5.6	0	0.0	+5.6	
A. # Refusals w/ % of Total 4313314	1	33.3	0	0.0	+33.3	0	0.0	+33.3	
B. # w/ Dx/Contraind/NMI Ref w/ % of Total 4313314	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 4 doses DTaP or w/ Contraind/ Refusal	18	33.3	3	7.7	+25.6	9	16.4	+17.0	
A. # Refusals w/ % of Total DTaP	4	22.2	0	0.0	+22.2	0	0.0	+22.2	
B. # w/ Contraind/NMI Ref w/ % of Total DTaP	1	5.6	0	0.0	+5.6	0	0.0	+5.6	

Figure 2-29: Sample Report, Childhood Immunizations

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

Childhood Immunizations: List of patients 19-35 months with IZ, if any.
 If a patient did not have all doses in a multiple dose vaccine, the IZ
 will not be listed. For example, if a patient only had 2 DTaP, no IZ will
 be listed for DTaP. NOTE: Because age is calculated at the beginning of
 the Report Period, the patient's age on the list will be between 7-23
 months.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ANDREA OPV;MMR;3 HIB;3 HEP;vari	000001	COMMUNITY #1	F	0	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT2,HEATHER OPV;MMR;3 HIB;3 HEP;vari;4 PNEUMO	000002	COMMUNITY #1	F	1	UP;AC	4 Dtap/Dtp;3
PATIENT3,TONYA	000003	COMMUNITY #1	F	1	UP	
PATIENT4,JAMES OPV;MMR;3 HIB;3 HEP;vari	000004	COMMUNITY #1	M	0	UP;AC;IMM	4 Dtap/Dtp;3
PATIENT5,SCOTT	000005	COMMUNITY #1	M	0	UP;AC;IMM	;vari

Figure 2-30: Sample Patient List, Childhood Immunizations

2.4.4 Adolescent Immunizations

Denominators

Active Clinical patients age 13.

Female Active Clinical patients age 13.

Active Clinical patients ages 13-17.

Female Active Clinical patients ages 13-17.

Numerators

Patients who have received the 2:3:1 combination (i.e., 2 MMR, 3 Hepatitis B, 1 Varicella), including refusals, contraindications, and evidence of disease.

Patient who have received the 1:3:2:1 combination (i.e., 1 Td/Tdap, 3 Hepatitis B, 2 MMR, 1 Varicella), including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Tdap/Td ever, including refusals, contraindications, and evidence of disease.

- Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
- Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

- c. Patients who have received 1 dose of Tdap ever, including refusals, contraindications, and evidence of disease.

Patients who have received two doses of MMR ever, including refusals, contraindications, and evidence of disease.

Patients who have received three doses of Hepatitis B ever, including refusals, contraindications, and evidence of disease.

Patients who have received one dose of Varicella ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of meningococcal ever, including refusals, contraindications, and evidence of disease.

Patients who have received 3 doses of HPV ever, including refusals, contraindications, and evidence of disease. NOTE: Included for Female Active Clinical age 13 and Female Active Clinical ages 13-17 only.

For each of the above numerators, the following sub-numerators are included:

- a. Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.
- b. Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented NMI (not medically indicated) refusal.

Logic Description

Age definition: Age of the patient is calculated at the beginning of the Report Period. Because IZ data comes from multiple sources, any IZ codes documented on dates within ten days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 1 dose of Td or Tdap
- 2 doses of MMR: 1) 2 MMRs; 2) 2 M/R and 2 Mumps; 3) 2 R/M and 2 Measles; or 4) 2 each of Measles, Mumps, and Rubella
- 3 doses of Hep B *or* 2 doses IF documented with CPT 90743
- 1 dose of Varicella
- 1 dose of Meningococcal
- 3 doses of HPV

Refusals, evidence of disease and contraindications for individual immunizations will also count toward meeting the definition, as defined below:

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.
- For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator.
- For immunizations where required number of doses is >1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.
- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report Period).
- To be counted in sub-numerator A, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be included in sub-numerator A.
- To be counted in sub-numerator B, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be included in sub-numerator B.

Adolescent immunizations are defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
MMR	90707, 90710	Immunization codes: 3, 94 POV: V06.4 V Procedure: 99.48 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy." Refusals: Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	Immunization code: 4 Refusals: Immunization code 4 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes
R/M (Rubella/ Mumps)	90709 (old code)	Immunization code: 38 Refusals: Immunization code 38 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Measles	90705	Immunization code: 5 POV: V04.2 V Procedure: 99.45 Evidence of Disease: POV or PCC Problem List (active or inactive) 055* Refusals: Immunization code 5 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Mumps	90704	Immunization code: 7 POV: V04.6 V Procedure: 99.46 Evidence of Disease: POV or PCC Problem List (active or inactive) 072* Refusals: Immunization code 7 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Rubella	90706	Immunization code: 6 POV: V04.3 V Procedure: 99.47 Evidence of Disease: POV or PCC Problem List (active or inactive) 056*, 771.0 Refusals: Immunization code 6 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Hepatitis B	90736, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023	Immunization codes: 8, 42-45, 51, 102, 104, 110 Evidence of Disease: POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3 Refusals: Immunization codes 8, 42-45, 51, 102, 104, 110 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Immunization	CPT Codes	ICD and Other Codes
Varicella	90710, 90716	Immunization codes: 21, 94 POV: V05.4 Evidence of Disease: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Refusals: Immunization codes 21, 94 Contraindications: POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
Tdap	90715	Immunization code: 115 Refusals: Immunization code 115 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Td	90714, 90718	Immunization codes: 9, 113 POV: V06.5 Refusals: Immunization codes 9, 113 Contraindications: Immunization Package contraindication of "Anaphylaxis."
Meningococcal	90733, 90734	Immunization codes: 32, 108, 114 Refusals: Immunization codes 32, 108, 114 Contraindications: Immunization Package contraindication of "Anaphylaxis."
HPV	90649, 90650	Immunization codes: 62, 118 Refusals: Immunization codes 62, 118 Contraindications: Immunization Package contraindication of "Anaphylaxis."

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients 13-17 with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.

Note: An absent value in the Numerator column means the patient did not meet the requirements for any of the immunizations. An example for a female patient age 13 with a value of “;2 MMR” which means the patient did not have 1 Td/Tdap, 3 Hepatitis B, 1 Varicella, 1 Meningococcal, and 3 HPV immunizations.

Measure Source

HEDIS, HP 2010 14-24b (developmental), 14-27

Measure Past Performance and Long-term Targets:

Target	Percent
<i>HP 2010 goal for each individual IZ</i>	<i>90.0%</i>

Performance Improvement Tips

1. Providers should ask about and record off-site historical immunizations (IZ type, date received and location) on PCC forms. Data entry mnemonic: **HIM**
2. Providers should document refusals; write “**Refused**” in appropriate vaccine Order box on PCC form. Data entry mnemonic: **REF** (Immunization, Value, Date Refused).

VA		Sep 01, 2009				Page 47			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Adolescent Immunizations									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical patients age 13	20		17			28			
# w/2:3:1 Combo or w/ Dx/Contraind/ Refusal	3	15.0	0	0.0	+15.0	0	0.0	+15.0	
A. # Refusals w/ % of Total 2:3:1	1	33.3	0	0.0	+33.3	0	0.0	+33.3	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 2:3:1	1	33.3	0	0.0	+33.3	0	0.0	+33.3	
# w/1:3:2:1 Combo or w/ Dx/Contraind/ Refusal	1	5.0	0	0.0	+5.0	0	0.0	+5.0	
A. # Refusals w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total 1:3:2:1	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/ 1 dose Tdap/Td or w/ Dx/ Contraind/ Refusal	3	15.0	4	23.5	-8.5	6	21.4	-6.4	
A. # Refusals w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/ Dx/ Contraind/ NMI Ref w/ % of Total Tdap/Td	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/ Tdap or w/ Dx/ Contraind/ Refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-31: Sample Report, Adolescent Immunizations

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

Adolescent Immunizations: List of patients 13-17 with IZ, if any.
 If a patient did not have all doses in a multiple dose vaccine, the IZ
 will not be listed. For example, if a patient only had 2 Hep B, no IZ
 will be listed for Hep B.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,LINDA	000001	COMMUNITY #3	F	13	AC	;3 HPV
PATIENT2,SHERRY	000002	COMMUNITY #3	F	13	AC	;meningococcal
PATIENT22,JESSICA	000022	COMMUNITY #4	F	13	AC	;2 MMR; evid var
PATIENT23,SAMANTHA	000023	COMMUNITY #4	F	13	AC	;2 MMR;3 HEP
PATIENT24,NINA	000024	COMMUNITY #4	F	13	AC	;contra mmr;contra var
PATIENT25,RHONDA	000025	COMMUNITY #4	F	13	AC	;3 HEP;vari
PATIENT26,SARA	000026	COMMUNITY #4	F	13	AC	;3 HEP;Td
PATIENT27,AMANDA	000027	COMMUNITY #4	F	14	AC	;Tdap

Figure 2-32: Sample Patient List, Adolescent Immunizations

2.5 Childhood Diseases Group

2.5.1 Appropriate Treatment for Children with Upper Respiratory Infection

Denominators

Active Clinical patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period six months (180 days) prior to the report period through the first six months of the report period.

User Population patients who were ages three months through 18 years of age who were diagnosed with an *upper respiratory infection* during the period six months (180 days) prior to the report period through the first six months of the report period.

Numerator

Patients who were *not* prescribed an antibiotic on or within three days after diagnosis. In this measure, appropriate treatment is *not* to receive an antibiotic.

Logic Description

Age is calculated as follows: Children three months as of six months (180 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of an upper respiratory infection (URI) must have occurred at an outpatient visit. Upper Respiratory Infection defined as POV 460 or 465.*. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with URI diagnosis.
3. Patient's visit must only have a diagnosis of URI. If any other diagnosis exists, the visit will be excluded.
4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the URI visit date.
5. The patient did not have an active prescription for antibiotics as of the URI visit date. "Active" prescription defined as:
$$\text{Rx Days Supply} \geq (\text{URI Visit Date} - \text{Prescription Date})$$

If multiple visits exist which meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephadrine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients three months to 18 years of age with upper respiratory infection, with antibiotic prescription, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009		Page 50					
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Appropriate Treatment for Children with Upper Respiratory Infection (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical 3 months-18 yrs w/Upper Respiratory Infection	37		36			29		
# w/o Antibiotic Rx	36	97.3	35	97.2	+0.1	27	93.1	+4.2
User Pop 3 months-18 yrs w/Upper Respiratory Infection	42		38			35		
# w/o Antibiotic Rx	41	97.6	37	97.4	+0.3	32	91.4	+6.2

Figure 2-33: Sample Report, Appropriate Treatment for Children with Upper Respiratory Infection

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

Appropriate Treatment for Children with Upper Respiratory Infection: List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,PAMELA	000001	COMMUNITY #3	F	3	UP;AC	MEETS MEASURE
PATIENT2,ALICIA	000002	COMMUNITY #3	F	7	UP;AC	MEETS MEASURE
PATIENT3,JAMES	000003	COMMUNITY #3	M	0	UP;AC	MEETS MEASURE
PATIENT4,HENRY	000004	COMMUNITY #3	M	12	UP;AC	MEETS MEASURE
PATIENT25,HEATHER	000025	COMMUNITY #4	F	7	UP;AC	MEETS MEASURE
PATIENT26,DYLAN	000026	COMMUNITY #4	M	3	UP;AC	MEETS MEASURE
PATIENT27,CODY	000027	COMMUNITY #4	M	4	UP;AC	MEETS MEASURE
PATIENT28,KAREN	000028	COMMUNITY #5	F	0	UP;AC	antibiotic injection:
01/06/09 DOES NOT MEET MEASURE						

Figure 2-34: Sample Patient List, Appropriate Treatment for Children with Upper Respiratory Infection

2.5.2 Appropriate Testing for Children with Pharyngitis

Denominators

Active Clinical patients who were ages 2-18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (180 days) prior to the Report Period through the first six months of the Report Period.

User Population patients who were ages 2-18 years who were diagnosed with *pharyngitis* and prescribed an antibiotic during the period six months (180 days) prior to the Report Period through the first six months of the Report Period.

Numerator

Patients who received a Group A strep test.

Logic Description

Age is calculated as follows: Children two years as of six months (180 days) of the year prior to the Report Period to 18 years as of the first six months of the Report Period.

In order to be included in the denominator, *all* of the following conditions must be met:

1. Patient's diagnosis of pharyngitis must have occurred at an outpatient visit. Pharyngitis defined as POV 462, 463, or 034.0. Outpatient visit defined as Service Category A, S, or O.
2. If outpatient visit was to clinic code 30 (Emergency Medicine), it must not have resulted in a hospitalization, defined as service category H, either on the same day or the next day with pharyngitis diagnosis.
3. Patient's visit must only have a diagnosis of pharyngitis. If any other diagnosis exists, the visit will be excluded.
4. The patient did not have a new or refill prescription for antibiotics within 30 days prior to the pharyngitis visit date.
5. The patient did not have an active prescription for antibiotics as of the pharyngitis visit date. "Active" prescription defined as:
$$\text{Rx Days Supply} \geq (\text{URI Visit Date} - \text{Prescription Date})$$
6. The patient filled a prescription for antibiotics on or within three days after the pharyngitis visit.

If multiple visits exist which meet the above criteria, the first visit will be used.

Antibiotic medications defined with medication taxonomy BGP HEDIS ANTIBIOTIC MEDS or V Procedure 99.21. (Medications are: Amoxicillin, Amox/Clavulanate, Ampicillin, Azithromycin, Cefaclor, Cefadroxil hydrate, Cefazolin, Cefdinir, Cefixime, Cefditoren, Ceftibuten, Cefpodoxime proxetil, Cefprozil, Ceftriaxone, Cefuroxime, Cephalexin, Cephradine, Ciprofloxacin, Clindamycin, Dicloxacillin, Doxycycline, Erythromycin, Ery E-Succ/Sulfisoxazole, Gatifloxacin, Levofloxacin, Lomefloxacin, Loracarbef, Minocycline, Ofloxacin, Penicillin VK, Penicillin G, Sparfloxacin, Sulfisoxazole, Tetracycline, Trimethoprim, Trimethoprim-Sulfamethoxazol.)

To be included in the numerator, a patient must have received a Group A Streptococcus test within the 7-day period beginning three days prior through three days after the Pharyngitis visit date.

Group A Streptococcus test defined as: CPT 87430 (by enzyme immunoassay), 87650-87652 (by nucleic acid), 87880 (by direct optical observation), 87081 (by throat culture); site-populated taxonomy BGP GROUP A STREP TESTS; and LOINC taxonomy.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients 2-18 years of age with pharyngitis and a Group A Strep test, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009		Page 54					
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Appropriate Testing for Children with Pharyngitis (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical 2-18 yrs w/ Pharyngitis and Antibiotic Rx	10		5			8		
# w/Group A Strep Test	9	90.0	3	60.0	+30.0	2	25.0	+65.0
User Pop 2-18 yrs w/ Pharyngitis and Antibiotic Rx	11		7			10		
# w/Group A Strep Test	9	81.8	4	57.1	+24.7	2	20.0	+61.8

Figure 2-35: Sample Report, Appropriate Testing for Children with Pharyngitis

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

Appropriate Testing for Children with Pharyngitis: List of patients 2-18 years with pharyngitis and a Group A Strep test, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, MICHAEL ANTIGEN (STREP A)	000001	COMMUNITY #1	M	9	UP;AC	03/19/09 RAPID
PATIENT2, JOSEPH ANTIGEN (STREP A)	000002	COMMUNITY #1	M	12	UP;AC	05/01/09 RAPID
PATIENT3, LESTER	000003	COMMUNITY #1	M	13	UP	
PATIENT24, MONICA ANTIGEN (STREP A)	000024	COMMUNITY #2	F	5	UP;AC	01/23/09 RAPID
PATIENT25, MICHAEL JAMES ANTIGEN (STREP A)	000025	COMMUNITY #2	M	7	UP;AC	03/12/09 RAPID

Figure 2-36: Sample Patient List, Appropriate Testing for Children with Pharyngitis

2.6 Cancer Related Measure Topics

2.6.1 Cancer Screening: Pap Smear Rates

GPRA 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.

Denominators

Female Active Clinical patients ages 21 through 64 without documented history of Hysterectomy. (**GPRA Denominator**)

Female User Population patients ages 21 through 64 without a documented history of Hysterectomy.

Numerators

Patients with a Pap smear documented in the past three years, including refusals in past year. (**GPRA Denominator**)

- a. Patients with documented refusal in past year.

Patients with a Pap Smear documented in the past 3 years. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Denominator**)

Logic Description

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

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135	V Procedure: 68.4-68.8 V POV: 618.5 Women's Health: Procedure called Hysterectomy.		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pap Smear	88141-88167, 88174-88175, G0123, G0124, G0141, G0143- G0145, G0147, G0148, P3000, P3001, Q0091	V Lab: PAP SMEAR 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 V Procedure: 91.46 Women's Health: Procedure called Pap Smear	Yes	BGP PAP SMEAR TAX
Refusal		Refusals: Lab Test Value Pap Smear		

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added new GPRA developmental numerator that does not include refusals.
2. Added code 47528-5 to LOINC taxonomy for Pap smear definition.
3. Added CPT codes 58570-58573 to hysterectomy definition.
4. Removed HCPCS G0101 from Pap smear definition.
5. Added new codes 795.10-16 and 795.19 to the CRS Pap smear definition.

Patient List Description

List of women 21-64 with documented Pap Smear or refusal, if any.

Measure Source

HP 2010 3-4

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	59.0%
IHS FY 2007 Performance	59.0%
IHS FY 2006 Performance	59.0%
IHS FY 2005 Performance	60.0%
IHS FY 2004 Performance	58.0%
IHS FY 2003 Performance	61.0%
IHS FY 2002 Performance	62.0%
<i>IHS 2010 Goal</i>	<i>90.0%</i>

Performance Improvement Tips

1. Providers should ask about and record off-site tests (date received and location) on PCC forms. Data entry mnemonic: **HPAP**
2. Providers should document refusals; write “**Refused**” in Pap Order box on PCC form. Data entry mnemonic: **REF** (Lab Test Value, Date Refused).

*** IHS 2009 Selected Measures with Community Specified Report ***
 DEMO INDIAN HOSPITAL
 Report Period: Jan 01, 2009 to Dec 31, 2009
 Previous Year Period: Jan 01, 2008 to Dec 31, 2008
 Baseline Period: Jan 01, 2000 to Dec 31, 2000

Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 years (GPRA)	483		359			320		
# w/Pap Smear recorded w/in 3 years or refusal (GPRA)	199	41.2	179	49.9	-8.7	147	45.9	-4.7
A. # Refusals w/ % of Total Pap	1	0.5	0	0.0	+0.5	0	0.0	+0.5
# w/Pap Smear recorded w/in 3 years (GPRA Dev.)	198	41.0	179	49.9	-8.9	147	45.9	-4.9
# Female User Pop 21-64 years	836		673			613		
# w/Pap Smear recorded w/in 3 years or refusal	219	26.2	196	29.1	-2.9	159	25.9	+0.3
A. # Refusals w/ % of Total Pap	1	0.5	0	0.0	+0.5	0	0.0	+0.50

Figure 2-37: Sample Report, Cancer Screening: Pap Smear Rates

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

Cancer Screening: Pap Smear Rates: List of women 21-64 with documented Pap smear or refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,EVELYN	000001	COMMUNITY #1	F	21	UP	05/05/08 795.06
PATIENT2,MICHELLE	000002	COMMUNITY #1	F	22	UP,AC	05/31/09 Lab
PATIENT3,KAITLYN	000003	COMMUNITY #1	F	22	UP,AC	04/03/09 V67.01
PATIENT4,BRITNEY	000004	COMMUNITY #1	F	22	UP,AC	01/10/09 V72.3
PATIENT5,KATY	000005	COMMUNITY #1	F	22	UP,AC	05/08/08 88150

Figure 2-38: Sample Patient List, Cancer Screening: Pap Smear Rates

2.6.2 Cancer Screening: Mammogram Rates

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 45% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

Denominators

Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies. **(GPRA Denominator)**

Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Female User Population patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Female User Population patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerators

All patients who had a Mammogram documented in the past two years, including documented refusals in past year. **(GPRA Numerator)**

- a. Patients with documented refusal in the past year

All patients who had a Mammogram documented in the past two years. NOTE: This numerator does NOT include refusals. **(GPRA Developmental Numerator)**

Logic Description

Age of the patient is calculated at the beginning of the Report Period. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominators, the patients must be less than 65 years of age as of the end of the Report Period

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19300.50-19307.50 or old code 19180, 19200, 19220 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral) OR 19240, with modifier of .50 or 09950	V Procedure: 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19300-19307, or old codes 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	V Rad or VCPT: 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	POV: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast V Procedure: 87.36-87.37 Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal (in past year)	V Rad Mammogram for CPT: 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202	

Key Logic Changes from CRS Version 8.0 Patch 3

1. Corrected age range from 50 to 64 to 52 to 64 in the performance measure description since the age range is 52-64.
2. Added new GPRA developmental numerator that does not include refusals.
3. Removed old CPT code 76083, and add-on codes 77051 and 77052 from mammogram and refusal definitions.

Patient List Description

List of women 42+ with mammogram/refusal, if any.

Measure Source

HP 2010 3-3

Measure Past Performance and Long-term Targets:

Performance	Percent
IHS FY 2008 Performance	45.0%
IHS FY 2007 Performance	43.0%
IHS FY 2006 Performance	41.0%
IHS FY 2005 Performance	41.0%
IHS FY 2004 Performance	40.0%
IHS FY 2003 Performance	40.0%
IHS FY 2002 Performance	42.0%
<i>IHS 2010 Goal</i>	<i>70.0%</i>

Performance Improvement Tips

1. Providers should ask about and record off-site mammogram procedures (date received and location) on PCC forms. Data entry mnemonic: **HRAD**.
2. Providers should document refusals; write “**Refused**” in Mammogram Order box on PCC form. Data entry mnemonic: **REF** (Mammogram, Procedure (CPT) Code, Date Refused).

VA		Sep 01, 2009				Page 58			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cancer Screening: Mammogram Rates (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Female Active Clinical 52-64 (GPRA)	93		58			47			
# w/Mammogram recorded w/in 2 years or refusal (GPRA)	30	32.3	22	37.9	-5.7	22	46.8	-14.6	
A. # Refusals w/ % of Total Mammograms	6	20.0	0	0.0	+20.0	0	0.0	+20.0	
# w/Mammogram recorded w/in 2 years (GPRA Dev.)	24	25.8	22	37.9	-12.1	22	46.8	-21.0	
# Female Active Clinical 42+	272		179			163			
# w/Mammogram recorded w/in 2 years or refusal	56	20.6	60	33.5	-12.9	54	33.1	-12.5	
A. # Refusals w/ % of Total Mammogram	7	12.5	0	0.0	+12.5	0	0.0	+12.5	
# Female User Pop 52-64	175		116			101			
# w/Mammogram recorded w/in 2 years	34	19.4	25	21.6	-2.1	23	22.8	-3.3	
A. # Refusals w/ % of total Mammograms	6	17.6	0	0.0	+17.6	0	0.0	+17.6	
# Female User Pop 42+	509		361			331			
# w/Mammogram recorded w/in 2 years	61	12.0	66	18.3	-6.3	58	17.5	-5.5	
A. # Refusals w/ % of Total Mammogram	7	11.5	0	0.0	+11.5	0	0.0	+11.5	

Figure 2-39: Sample Report, Cancer Screening: Mammogram Rates

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

Cancer Screening: Mammogram Rates: List of women 42+ with
 mammogram/refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CARLA	000001	COMMUNITY #1	F	43	UP;AC - >41	
PATIENT2,CRYSTAL	000002	COMMUNITY #1	F	42	UP - >41	
PATIENT3,ALEXA	000003	COMMUNITY #1	F	45	UP;AC - >41	04/24/08 76090
PATIENT4,HANNAH	000004	COMMUNITY #1	F	42	UP - >41	
PATIENT5,MARTHA	000005	COMMUNITY #1	F	43	UP - >41	
PATIENT6,TARA	000006	COMMUNITY #1	F	44	UP;AC - >41	01/15/09 ref CPT
PATIENT7,CAROL LYNN	000007	COMMUNITY #1	F	44	UP;AC - >41	03/05/09 76092
PATIENT8,MARY ANN	000008	COMMUNITY #1	F	52	UP;AC - >41, 52-64	
PATIENT9,BARBARA	000009	COMMUNITY #1	F	52	UP;AC - >41, 52-64	04/22/09 77057

Figure 2-40: Sample Patient List, Cancer Screening: Mammogram Rates

2.6.3 Colorectal Cancer Screening

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 29% for the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening.

Denominators

All Active Clinical patients ages 51-80 without a documented diagnosis of colorectal cancer or total colectomy, broken out by gender. (**GPRA Denominator**)

All User Population patients ages 51-80 without any documented diagnosis of colorectal cancer or total colectomy.

Numerators

Patients who have had any CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or 4) a documented refusal in the past year. (**GPRA Numerator**)

- a. Patients with documented refusal in the past year.

Patients who have had any CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Patients with Fecal Occult Blood test (FOBT) or Fecal Immunochemical Test (FIT) during the Report period.

Patients with a flexible sigmoidoscopy or double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.

Patients with a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years.

Patients with a flexible sigmoidoscopy and double contrast barium enema in the past 5 years or a colonoscopy in the past 10 years.

Logic Description

Age is calculated at the beginning of the Report Period.

Denominator Exclusions

Any diagnosis ever of one of the following:

1. **Colorectal Cancer:** POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.
2. **Total Colectomy:** CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8 (old code).

Colorectal cancer screening definition: The most recent of any of the following tests and procedures during applicable timeframes. CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
<i>Colorectal Cancer Screening (CRS looks for the most recent of any of the following during timeframes specified in numerator section above)</i>				
Fecal Occult Blood lab test (FOBT) or Fecal Immunochemical Test (FIT)	82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)		Yes	BGP GPRA FOB TESTS
Flexible Sigmoidoscopy	45330-45345, G0104	V Procedure: 45.24		
Double contrast barium enema	VRad 74280, G0106, G0120			

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	V POV: V76.51 Colon screening V Procedure: 45.22, 45.23, 45.25, 45.42, 45.43		
Refusals	FOBT or FIT: 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 (old code) Flexible Sigmoidoscopy: 45330-45345, G0104 DCBE: 74280, G0106, G0120 Colonoscopy: 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121	Flexible Sigmoidoscopy V Procedure: 45.24, 45.42 Colonoscopy V Procedure: 45.22, 45.23, 45.25, 45.42, 45.43		V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 8.0 Patch 3:

1. Moved ICD9 procedure code 45.42 from flexible sigmoidoscopy to colonoscopy for both screening and refusal of screening.
2. Removed old CPT code 45325 from Colonoscopy and refusal of Colonoscopy definitions.
3. Changed ICD9 procedure code 45.8 for total colectomy to indicate it is an old code because it was inactivated on 10/1/08.
4. Added new GPRA developmental numerator that does not include refusals.
5. Added LOINC 50196-5 to FOBT LOINC taxonomy.
6. Changed HCPCS code G0394 for FOBT to indicate it is an old code because it was inactivated on 12/31/08.

Patient List Description

List of patients 51-80 with CRC screening or refusal, if any.

Measure Source

HEDIS, HP 2010 3-12a (FOBT past 2 years), 3-12b (sigmoidoscopy ever)

Measure Past Performance and long-term Targets:

Performance	Percent
IHS FY 2008 Performance	29.0%
IHS FY 2007 Performance	26.0%
IHS FY 2006 Performance	22.0%
<i>HP 2010 Goal for FOBT</i>	<i>33.0%</i>
<i>HP 2010 Goal for Sigmoidoscopy</i>	<i>50.0%</i>

Performance Improvement Tip

Providers should ask about and record off-site historical tests (test type, date received and location) on PCC forms. Data entry mnemonics: **HBE** (barium enema); **HCOL** (colonoscopy); **HFOB** (Fecal Occult Blood); **HSIG** (sigmoidoscopy). Providers should also enter as a refusal if the patient refuses the colorectal cancer screening. Refusals may be entered with the data entry mnemonic of **REF** (refusal).

VA		Sep 01, 2009				Page 60			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Colorectal Cancer Screening (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	295		186			152			
# w/ CRC screening or refusal (GPRA)	62	21.0	49	26.3	-5.3	28	18.4	+2.6	
A. # Refusals w/ % of Total CRC	9	14.5	0	0.0	+14.5	0	0.0	+14.5	
# w/CRC screening (GPRA Dev.)	53	18.0	49	26.3	-8.4	28	18.4	-0.5	
# w/FOBT/FIT during Report period	9	3.1	11	5.9	-2.9	0	0.0	+3.1	
# w/Flex Sig, DCBE, or Colonoscopy	47	15.9	40	21.5	-5.6	28	18.4	-2.5	
# w/Flex Sig or Colonoscopy	42	14.2	31	16.7	-2.4	20	13.2	+1.1	
# w/Flex Sig & DCBE or Colonoscopy	39	13.2	29	15.6	-2.4	18	11.8	+1.4	
Male Active Clinical 51-80	142		86			65			
# w/ CRC screening or refusal	27	19.0	18	20.9	-1.9	9	13.8	+5.2	
A. # Refusals w/ % of Total CRC	4	14.8	0	0.0	+14.8	0	0.0	+14.8	
# w/FOBT/FIT during Report period	5	3.5	3	3.5	+0.0	0	0.0	+3.5	
# w/Flex Sig, DCBE, or Colonoscopy	20	14.1	15	17.4	-3.4	9	13.8	+0.2	
# w/Flex Sig or Colonoscopy	19	13.4	14	16.3	-2.9	8	12.3	+1.1	
# w/Flex Sig & DCBE or Colonoscopy	19	13.4	14	16.3	-2.9	8	12.3	+1.1	

Figure 2-41: Sample Report, Colorectal Cancer Screening

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

Colorectal Cancer Screening: List of patients 51-80 with CRC screening or refusal, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DANIELLE V76.51:01/28/09	000001	COMMUNITY #1	F	51	UP	FOB: POV
PATIENT2,MARIE	000002	COMMUNITY #1	F	51	UP,AC	
PATIENT3,MARY ANN	000003	COMMUNITY #1	F	52	UP,AC	
PATIENT4,BOBBIE	000004	COMMUNITY #1	F	52	UP,AC	BE: RAD BE:05/31/05
PATIENT5,WINONA	000005	COMMUNITY #1	F	53	UP,AC	
PATIENT6,DARLENE	000006	COMMUNITY #1	F	54	UP,AC	BE: RAD BE:01/25/06
PATIENT7,JOYCE	000007	COMMUNITY #1	F	57	UP,AC	BE: RAD BE:06/08/08
PATIENT8,LOUISE	000008	COMMUNITY #1	F	62	UP	COLO: COLO

45.23:02/22/00

Figure 2-42: Sample Patient List, Colorectal Cancer Screening

2.6.4 Tobacco Use and Exposure Assessment

Denominators

Active Clinical patients ages five and older. Additionally reported by gender and age breakdowns: ages 5-13; 14-17; 18-24; 25-44; 45-64; and 65 and older, based on HP 2010 age groups.

All Pregnant female User Population patients with no documented miscarriage or abortion.

All User Population patients ages five and older broken down by gender.

Numerators

Patients who have been screened for tobacco use during the Report Period.

Patients identified as current tobacco users during the Report Period, both smokers and smokeless users.

- a. Patients identified as current smokers during the Report Period.
- b. Patients identified as current smokeless tobacco users during the Report Period.

Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Logic Description

Ages are calculated at beginning of Report Period.

For screening, an additional eight months is included for patients who were pregnant during the Report Period but who had their tobacco assessment prior to that.

CRS uses the following codes to define the denominators and numerators:

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits during the past 20 months with one diagnosis occurring during the report period and with no documented miscarriage or abortion occurring after the second pregnancy POV and during the past 20 months). An additional 8 months is included for patients who were pregnant during the Report period but who had their tobacco assessment prior to that.		V POV: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*
Miscarriage (after 2 nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	V POV: 630, 631, 632, 633*, 634*
Abortion (after 2 nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	V POV: 635*, 636* 637* Procedure: 69.01, 69.51, 74.91, 96.49
Screened for Tobacco Use (timeframe for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User)	V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 Patient Education codes: "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 Dental code: 1320
Tobacco Users (timeframe for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User)	V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes), or 649.00-649.04 Dental code: 1320
Current Smokers (timeframe for pregnant patients is past 20 months)	99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker)	V POV or current Active Problem List: 305.1, 305.10-305.12 (old codes), or 649.00-649.04 Dental code: 1320
Current Smokeless (timeframe for pregnant patients is past 20 months)	1035F (Current Smokeless Tobacco User)	

For numerator definitions, all existing national Tobacco Health Factors are listed below with the numerator to which they apply.

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened; Tobacco Users; Smokeless User
Cessation-Smoker	Screened; Tobacco Users; Smoker
Current Smokeless	Screened; Tobacco Users; Smokeless User
Current Smoker	Screened; Tobacco Users; Smoker
Non-Tobacco User	Screened
Previous Smokeless	Screened
Previous Smoker	Screened
Smoke Free Home	Screened
Smoker In Home	Screened; ETS
Current Smoker & Smokeless	Screened; Tobacco Users; Smoker; Smokeless User
Exposure To Environmental Tobacco Smoke	Screened; ETS

Key Logic Changes from CRS Version 8.0 Patch 3

For pregnancy definition, (A) revised logic from looking for the *last* two pregnancy diagnoses to the *first* two diagnoses during the 20 month period, (B) corrected logic to look for an abortion/miscarriage after the second diagnosis instead of the first, and (C) corrected logic to require at least one of the two pregnancy diagnoses to occur during the report period. Now the logic is looking at the first two pregnancy diagnoses in the past 20 months and requires at least one to occur during the report period with no abortion/miscarriage occurring after the second pregnancy diagnosis.

Patient List Description

List of patients 5 and older with no documented tobacco screening.

Measure Source

HP 2010 27-1a Cigarette smoking 18 and older; 27-1b Spit tobacco use 18 and older; 27-10 Exposure to ETS-nonsmokers 4 and older

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance (Screening)	54.0%
IHS FY 2005 Performance (Screening)	34.0%
IHS FY 2004 Performance (Screening)	27.0%
<i>IHS 2010 goal for annual tobacco screening</i>	<i>100.0%</i>

Performance	Percent
IHS FY 2008 Performance (Tobacco Users)	29.0%
<i>HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers 4 and older)</i>	<i>63.0%</i>

VA		Sep 01, 2009				Page 61			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Tobacco Use and Exposure Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Active Clinical Pts => 5	1,268		989			910			
# w/Tobacco Screening	567	44.7	420	42.5	+2.2	330	36.3	+8.5	
# Tobacco Users w/ % of Total Screened	257	45.3	158	37.6	+7.7	130	39.4	+5.9	
A. # Smokers w/ % of Total Tobacco Users	244	94.9	155	98.1	-3.2	129	99.2	-4.3	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	13	5.1	3	1.9	+3.2	1	0.8	+4.3	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1	
# Male Active Clinical ages => 5	530		409			374			
# w/Tobacco Screening	208	39.2	146	35.7	+3.5	128	34.2	+5.0	
# Tobacco Users w/ % of Total Screened	123	59.1	65	44.5	+14.6	58	45.3	+13.8	
A. # Smokers w/ % of Total Tobacco Users	111	90.2	64	98.5	-8.2	57	98.3	-8.0	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	12	9.8	1	1.5	+8.2	1	1.7	+8.0	
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	0	0.0	+0.0	1	0.8	-0.8	
# Female Active Clinical ages => 5	738		580			536			
# w/Tobacco Screening	359	48.6	274	47.2	+1.4	202	37.7	+11.0	
# Tobacco Users w/ % of Total Screened	134	37.3	93	33.9	+3.4	72	35.6	+1.7	
A. # Smokers w/ % of Total Tobacco Users	133	99.3	91	97.8	+1.4	72	100.0	-0.7	
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	1	0.7	2	2.2	-1.4	0	0.0	+0.7	
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.3	1	0.4	-0.1	0	0.0	+0.3	

Figure 2-43: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

VA		Sep 01, 2009						Page 62
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Tobacco Use and Exposure Assessment (con't)								
		TOTAL ACTIVE CLINICAL POPULATION						
		Age Distribution						
		5-13	14-17	18-24	25-44	45-64	65 and older	
CURRENT REPORT PERIOD								
# Active Clinical		169	70	168	416	339	106	
# Tobacco Screening		6	17	98	218	180	48	
% w/Tobacco Screening		3.6	24.3	58.3	52.4	53.1	45.3	
# Tobacco Users		1	7	44	98	93	14	
% Tobacco Users w/ % of Total Screened		16.7	41.2	44.9	45.0	51.7	29.2	
# Smokers		0	7	42	92	89	14	
% Smokers w/ % of Total Tobacco Users		0.0	100.0	95.5	93.9	95.7	100.0	
# Smokeless		1	0	2	6	4	0	
% Smokeless w/ % of Total Tobacco Users		100.0	0.0	4.5	6.1	4.3	0.0	
# ETS/Smk Home		0	0	0	1	0	0	
% ETS/Smk Home w/ % of Total Screened		0.0	0.0	0.0	0.5	0.0	0.0	
PREVIOUS YEAR PERIOD								
# Active Clinical		176	62	163	302	222	64	
# Tobacco Screening		11	14	87	144	125	39	
% w/Tobacco Screening		6.3	22.6	53.4	47.7	56.3	60.9	
# Tobacco Users		0	5	39	58	47	9	
% Tobacco Users w/ % of Total Screened		0.0	35.7	44.8	40.3	37.6	23.1	
# Smokers		0	5	38	56	47	9	
% Smokers w/ % of Total Tobacco Users		0.0	100.0	97.4	96.6	100.0	100.0	
# Smokeless		0	0	1	2	0	0	
% Smokeless w/ % of Total Tobacco Users		0.0	0.0	2.6	3.4	0.0	0.0	
# ETS/Smk Home		0	0	0	1	0	0	
% ETS/Smk Home w/ % of Total Screened		0.0	0.0	0.0	0.7	0.0	0.0	
CHANGE FROM PREV YR %								
Tobacco Screening		-2.7	+1.7	+5.0	+4.7	-3.2	-15.7	
Tobacco Users		+16.7	+5.5	+0.1	+4.7	+14.1	+6.1	
Smokers		+0.0	+0.0	-2.0	-2.7	-4.3	+0.0	
Smokeless		+100.0	+0.0	+2.0	+2.7	+4.3	+0.0	
ETS		+0.0	+0.0	+0.0	-0.2	+0.0	+0.0	

Figure 2-44: Sample Age Breakdown Report, Tobacco Use Assessment

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

Tobacco Use and Exposure Assessment: List of patients 5 and older with no documented tobacco screening

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CHESTER	000001	COMMUNITY #1	M	34	UP,AC	
PATIENT2,JUAN	000002	COMMUNITY #1	M	34	UP	DX V15.82 06/02/09
PATIENT3,BEN	000003	COMMUNITY #1	M	34	UP	
PATIENT4,STUART	000004	COMMUNITY #1	M	35	UP,AC	HF NTU 01/13/09
PATIENT5,HARRY B	000005	COMMUNITY #1	M	35	UP	
PATIENT6,EMERSON	000006	COMMUNITY #1	M	35	UP,AC	HF NTU 07/26/08
PATIENT7,EUGENE JAY	000007	COMMUNITY #1	M	35	UP	
PATIENT8,ROGER 01/13/09	000008	COMMUNITY #1	M	35	UP,AC	PtEd 305.1-DP
PATIENT9,ANDREW	000009	COMMUNITY #1	M	35	UP	

Figure 2-45: Sample Patient List, Tobacco Use Assessment

2.6.5 Tobacco Cessation

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 21% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

Denominators

Active Clinical patients identified as current tobacco users prior to the Report Period. Broken down by gender and age groups: <12, 12-17, 18 and older. (**GPRA Denominator**)

User Population patients identified as *current tobacco users* prior to the report period, broken out by gender.

Numerators

Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the report period. (**GPRA Numerator**)

- a. Patients who refused tobacco cessation counseling.

Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Patients identified during the Report Period as having quit their tobacco use.

Patients who have received or refused tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period.

Logic Description

Age is calculated at the beginning of the report period.

	ICD and Other Codes
Tobacco Users (documented prior to the Report Period)	<p>Tobacco Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless</p> <p>CPT code (looks at the last documented): 99406, 99407, G0375 (old code), G0376 (old code), 1034F or 1035F</p> <p>V POV or current Active Problem List (looks at the last documented): 305.1, 305.10-305.12 (old codes), or 649.00-649.04</p>
Tobacco Cessation Counseling (documented during the Report Period)	<p>Patient education codes containing: "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04</p> <p>Dental code: 1320</p> <p>Clinic code: 94 (tobacco cessation clinic)</p> <p>CPT code: 99406, 99407, G0375 (old code), G0376 (old code), or 4000F</p> <p>Refusals: Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.</p>
Prescription for Tobacco Cessation Aid (documented during the Report Period)	<p>Taxonomy: Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy</p> <p>Medication Name: Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY"</p> <p>CPT Code: 4001F</p>
Quit Tobacco User (documented during the Report Period)	<p>V POV or current Active Problem List: 305.13 Tobacco use in remission (old code) or V15.82</p> <p>Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.</p>

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals

Patient List Description

List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

Measure Source

Smoking Cessation Attempts: HP 2010 27-5, 27-7; Smoking Cessation Counseling: HP 1-3c

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	21.0%
IHS FY 2007 Performance	16.0%
IHS FY 2006 Performance	12.0%
<i>HP 2010 goal for increasing smoking cessation attempts for adult smokers</i>	<i>75.0%</i>

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
VA Sep 01, 2009 Page 73 *** IHS 2009 Selected Measures with Community Specified Report *** DEMO INDIAN HOSPITAL Report Period: Jan 01, 2009 to Dec 31, 2009 Previous Year Period: Jan 01, 2008 to Dec 31, 2008 Baseline Period: Jan 01, 2000 to Dec 31, 2000							

Tobacco Cessation (con't)							
Active Clinical Tobacco Users (GPRA)	290	238			183		
# w/tobacco cessation counseling/refusal or Rx for cess aid (GPRA)	48	46	16.6	19.3	48	26.2	-9.7
A. # w/refusal of counseling	3	0	1.0	0.0	0	0.0	+1.0
# w/tobacco cessation counseling or Rx for cessation aid (GPRA Dev.)	45	46	15.5	19.3	48	26.2	-10.7
# who quit	8	2	2.8	0.8	1	0.5	+2.2
# w/ cessation counseling/refusal, cessation aid, or quit	56	47	19.3	19.7	49	26.8	-7.5
Male Active Clinical Tobacco Users	135	117			95		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	27	20	20.0	17.1	25	26.3	-6.3
A. # w/refusal of counseling	1	0	0.7	0.0	0	0.0	+0.7
# who quit	4	0	3.0	0.0	1	1.1	+1.9
# w/ cessation counseling/refusal, cessation aid, or quit	31	20	23.0	17.1	26	27.4	-4.4
Female Active Clinical Tobacco Users	155	121			88		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	21	26	13.5	21.5	23	26.1	-12.6
A. # w/refusal of counseling	2	0	1.3	0.0	0	0.0	+1.3
# who quit	4	2	2.6	1.7	0	0.0	+2.6
# w/ cessation counseling/refusal, cessation aid, or quit	25	27	16.1	22.3	23	26.1	-10.0

Figure 2-46: Sample Report, Tobacco Cessation

Tobacco Cessation (con't)			
	ACTIVE CLINICAL TOBACCO USERS		
	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	6	284
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	48
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	16.9
A. # w/refusal of counseling	0	0	3
A. % w/refusal of counseling	0.0	0.0	1.1
# who quit	0	1	7
% who quit	0.0	16.7	2.5
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	1	55
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	16.7	19.4
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	233
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	46
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.7
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	0.9
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	47
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	20.2

Figure 2-47: Sample Age Breakdown Report, Tobacco Cessation

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

Tobacco Cessation: List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, BRITNEY CPT G0375	000001	COMMUNITY #1	F	22	UP;AC	COUNSELING: 06/10/09
PATIENT2, LORETTA 305.1-DP	000002	COMMUNITY #1	F	22	UP;AC	COUNSELING: 01/13/09
PATIENT3, HALEY TO-LA	000003	COMMUNITY #1	F	25	UP;AC	COUNSELING: 02/19/09
PATIENT4, ANGEL CPT 4000F	000004	COMMUNITY #1	F	30	UP;AC	COUNSELING: 03/05/09
PATIENT5, JOYCE SMOKER 05/31/09	000005	COMMUNITY #1	F	31	UP;AC	;QUIT: PREVIOUS
PATIENT6, ESTHER CESSATION MED - NICOTINE 14MG TRANSDERMAL PATCH	000006	COMMUNITY #1	F	32	UP;AC	COUNSELING: 03/05/09
PATIENT7, SARAH	000007	COMMUNITY #1	F	33	UP;AC	
PATIENT8, PAULA TO-QT	000008	COMMUNITY #1	F	34	UP;AC	COUNSELING: 03/17/09

Figure 2-48: Sample Patient List Tobacco Cessation

2.7 Behavioral Health Related Performance Measure Topics

2.7.1 Alcohol Screening (FAS Prevention)

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 47% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Denominators

Female Active Clinical patients ages 15 to 44. (GPRA Denominator)

Female User Population patients ages 15 to 44.

Numerators

Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, received alcohol-related patient education, or refused alcohol screening during the report period. **(GPRA Numerator)**

- Patients with alcohol screening during the report period.
- Patients with alcohol-related diagnosis or procedure during the report period

- c. Patients with alcohol-related patient education during the report period.
- d. Patients with documented refusal in past year.

Patients screened for alcohol use, had an alcohol-related diagnosis or procedure, or received alcohol-related patient education during the report period. NOTE: This numerator does NOT include refusals. (**GPRA Developmental Numerator**)

Logic Description

Ages are calculated at beginning of Report Period.

Alcohol screening definition: At least one of the following during the Report Period:

- a) Alcohol Screening Exam or Refusal, any Alcohol Health Factor, or Screening Diagnosis;
- b) Alcohol-related diagnosis in POV, Current PCC or BHS Problem List;
- c) Alcohol-related procedure; or
- D) Patient education.

	ICD and Other Codes
Alcohol Screening	<p>PCC Exam Code: 35</p> <p>CPT code: 99408, 99409, G0396, G0397, H0049</p> <p>Any Alcohol Health Factor</p> <p>V POV: V11.3 (history of alcoholism), V79.1 (screening for alcoholism)</p> <p>BHS Problem Code: 29.1 (Screening for Alcoholism)</p> <p>V Measurement in PCC or BHS: AUDT, AUDC, or CRFT</p> <p>Refusals: PCC Exam Code 35, in the past year</p>
Alcohol Diagnosis	<p>V POV, Current PCC or BHS Problem List: 303.*, 305.0*, 291.*, 357.5*</p> <p>BHS POV: 10, 27, 29</p>
Alcohol Procedure	<p>V Procedure: 94.46, 94.53, 94.61-94.63, 94.67-94.69</p>
Alcohol Education	<p>Patient Education codes: "AOD-" or "-AOD", old codes containing "CD-" or "-CD", or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*</p>

Alcohol screening may be documented with either an exam code or the CAGE health factor in PCC or BHS. BHS problem codes can also currently be used.

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than 4 drinks in one day?

For Men:

When was the last time you had more than 5 drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?
5. Based on how many “YES” answers are received, document Health Factor:
 - HF – CAGE 0/4 (all “No” answers)
 - HF – CAGE 1/4
 - HF – CAGE 2/4
 - HF – CAGE 3/4
 - HF – CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of female patients with no documented alcohol screening or refusal.

Measure Source

HP 2010 16-17a

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	47.0%
IHS FY 2007 Performance	41.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	11.0%
IHS FY 2004 Performance	7.0%
<i>IHS 2010 Goal</i>	<i>25.0%</i>

VA		Sep 01, 2009				Page 81			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Alcohol Screening (FAS Prevention) (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Female Active Clinical ages 15-44 (GPRA)	409		333			304			
# w/ alcohol screening/Dx/Proc/Pt Ed/Refusal (GPRA)	23	5.6	2	0.6	+5.0	1	0.3	+5.3	
A. w/alcohol screening	18	4.4	1	0.3	+4.1	0	0.0	+4.4	
B. # w/alcohol related Dx or procedure	2	0.5	1	0.3	+0.2	1	0.3	+0.2	
C. # w/alcohol related patient education	5	1.2	0	0.0	+1.2	0	0.0	+1.2	
D. # w/refusal in past year w/% of Total Screened	1	4.3	0	0.0	+4.3	0	0.0	+4.3	
# w/ alcohol screening/Dx/Proc/Pt Ed (GPRA Dev.)	22	5.4	2	0.6	+4.8	1	0.3	+5.1	
Female User Population ages 15-44	714		620			588			
# w/ alcohol screening/Dx/Proc/Pt Ed/Refusal	26	3.6	2	0.3	+3.3	2	0.3	+3.3	
A. # w/alcohol screening	20	2.8	1	0.2	+2.6	0	0.0	+2.8	
B. # w/alcohol related Dx or procedure	3	0.4	1	0.2	+0.3	2	0.3	+0.1	
C. # w/alcohol related patient education	5	0.7	0	0.0	+0.7	0	0.0	+0.7	
D. # w/refusal in past year w/% of Total Screened	1	3.8	0	0.0	+3.8	0	0.0	+3.8	

Figure 2-49: Sample Report, Alcohol Screening (FAS Prevention)

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

Alcohol Screening (FAS Prevention): List of female patients with no documented alcohol screening or refusal.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CHRISTINE S	000001	COMMUNITY #1	F	15	UP;	
PATIENT2,RITA A	000002	COMMUNITY #1	F	15	UP;AC	
PATIENT3,DIANE L	000003	COMMUNITY #1	F	15	UP;	
PATIENT4,ALICIA	000004	COMMUNITY #1	F	15	UP;AC	
PATIENT5,MELISSA	000005	COMMUNITY #1	F	16	UP;AC	
PATIENT6,LISA MARIE	000006	COMMUNITY #1	F	16	UP;AC	
PATIENT7,RUTH NELLIE	000007	COMMUNITY #1	F	16	UP;	
PATIENT8,ALISHA DAWN	000008	COMMUNITY #1	F	16	UP;AC	

Figure 2-50: Sample Patient List, Alcohol Screening (FAS Prevention)

2.7.2 Alcohol Screening and Brief Intervention (ASBI) in the ER

Denominators

Number of visits for *Active Clinical patients* age 15-34 seen in the ER for injury during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for *Active Clinical patients* age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for User Population patients age 15-34 seen in the ER for injury during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Number of visits for User Population patients age 15-34 seen in the ER for injury and screened positive for hazardous alcohol use during the report period. Broken out by gender and age groups of 15-24 and 25-34.

Numerators

Number of visits where patients were screened in the ER for hazardous alcohol use.

- a. Number of visits where patients were screened positive.

Number of visits where patients were provided a brief negotiated interview (BNI) at or within 7 days of the ER visit.

- a. Number of visits where patients were provided a BNI at the ER visit.
- b. Number of visits where patients were provided a BNI not at the ER visit but within 7 days of the ER visit.

Logic Description

Age of the patient is calculated as of the beginning of the Report Period.

Emergency room visit definition: Clinic code 30.

Multiple visits definition: If a patient has multiple ER visits for injury during the Report Period, each visit will be counted in the denominator. For the screening numerator, each ER visit with injury at which the patient was screened for hazardous alcohol use will be counted. For the positive alcohol use screen numerator, each ER visit with injury at which the patient screened positive for hazardous alcohol use will be counted. For the BNI numerators, each visit where the patient was either provided a BNI at the ER or within 7 days of the ER visit will be counted. An example of this logic is shown below.

ER Visit w/Injury	Denom Count	Scrn Num	Pos Scrn Num	BNI Num Count

John Doe, 07/17/08, Screened Positive at ER, BNI at ER				
John Doe, 09/01/08, Screened Positive at ER, No BNI				
John Doe, 11/15/08, No Screen				

COUNTS:	3	2	2	1

CRS uses the following codes:

	ICD and Other Codes
Injury	V POV (primary or secondary): 800.0-999.9 or E800.0-E989.
ER Screening for Hazardous Alcohol Use	<i>Any conducted during an ER visit.</i> PCC Exam Code: 35 Any Alcohol Health Factor (i.e.,CAGE) V POV: V79.1 Screening for Alcoholism CPT: G0396, G0397, H0049, 99408, 99409 V Measurement in PCC: AUDT, AUDC, or CRFT
Positive Screen for Hazardous Alcohol Use	<i>Any of the following for the screening conducted during an ER visit:</i> PCC Exam Code: 35 Alcohol Screening result of "Positive" Health Factor: CAGE result of 1/4, 2/4, 3/4 or 4/4 CPT: G0396, G0397, 99408, 99409 V Measurement Result in PCC: AUDT result of => 8, AUDC result of => 4 for men and =>3 for women, CRFT result of 2-6

	ICD and Other Codes
Brief Negotiated Interview (BNI)	<p><i>Any of the following documented at the ER visit or within 7 days of the ER visit at a face-to-face visit, which excludes chart reviews and telecommunication visits:</i></p> <p>CPT: G0396, G0397, H0050, 99408, 99409</p> <p>Patient Education Code: AOD-INJ</p>

Recommended Brief Screening Tool

Single Alcohol Screening Question (SASQ) (below).

For Women:

When was the last time you had more than 4 drinks in one day?

For Men:

When was the last time you had more than 5 drinks in one day?

Any time in the past three months is a positive screen; further evaluation indicated. Provider should note the screening tool used was the SASQ in the COMMENT section of the Exam Code.

Alcohol Health Factors

The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following four questions:

1. Have you ever felt the need to **C**ut down on your drinking?
2. Have people **A**nnoyed you by criticizing your drinking?
3. Have you ever felt bad or **G**uilty about your drinking?
4. Have you ever needed an **E**ye opener the first thing in the morning to steady your nerves or get rid of a hangover?

Based on how many “YES” answers are received, document Health Factor:

- HF – CAGE 0/4 (all “No” answers)
- HF – CAGE 1/4
- HF – CAGE 2/4
- HF – CAGE 3/4
- HF – CAGE 4/4

Optional values:

- Level/Severity: Mild, Moderate, or Severe
- Quantity: # of drinks daily

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients seen in the ER for an injury who were screened for hazardous alcohol use, with results of screen and BNI, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 89			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Alcohol Screening and Brief Intervention (ASBI) in the ER									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
# ER Injury Visits for AC Pts 15-34	32		33			32			
# Visits w/ ER Hazardous Alcohol Screening	17	53.1	0	0.0	+53.1	0	0.0	+53.1	
A. # Visits w/Positive Screen	14	43.8	0	0.0	+43.8	0	0.0	+43.8	
# ER Injury Visits for Male AC Pts 15-34	12		18			20			
# Visits w/ ER Hazardous Alcohol Screening	7	58.3	0	0.0	+58.3	0	0.0	+58.3	
A. # Visits w/Positive Screen	5	41.7	0	0.0	+41.7	0	0.0	+41.7	
# ER Injury Visits for Female AC Pts 15-34	20		15			12			
# Visits w/ ER Hazardous Alcohol Screening	10	50.0	0	0.0	+50.0	0	0.0	+50.0	
A. # Visits w/Positive Screen	9	45.0	0	0.0	+45.0	0	0.0	+45.0	
# of ER Injury Visits for AC Pts 15-24	17		16			21			
# Visits w/ ER Hazardous Alcohol Screening	10	58.8	0	0.0	+58.8	0	0.0	+58.8	
A. # Visits w/Positive Screen	9	52.9	0	0.0	+52.9	0	0.0	+52.9	
# ER Injury Visits for AC Pts 25-34	15		17			11			
# Visits w/ ER Hazardous Alcohol Screening	7	46.7	0	0.0	+46.7	0	0.0	+46.7	
A. # Visits w/Positive Screen	5	33.3	0	0.0	+33.3	0	0.0	+33.3	

Figure 2-51: Sample Report, Alcohol Screening and Brief Intervention (ASBI) in the ER

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

Alcohol Screening and Brief Intervention (ASBI) in the ER: List of patients seen in the ER for an injury who were screened for hazardous alcohol use, with results of screen and BNI, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DARLENE S [815.00]ER Visit 1) No Scrn	000001	COMMUNITY #1	F	33	UP;AC	ER Visit 1) 07/08/09
PATIENT2,RITA A [959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049	000002	COMMUNITY #1	F	33	UP;AC	ER Visit 1) 04/20/09
PATIENT3,DIANE L [875.0]ER Visit 1) Pos Scrn: EXAM 35, No BNI	000003	COMMUNITY #1	F	15	UP;	ER Visit 1) 07/12/09
PATIENT4,ALICIA [959.7]ER Visit 1) Neg/No Res Scrn: screening CPT H0049	000004	COMMUNITY #1	F	18	UP;AC	ER Visit 1) 04/20/09
PATIENT5,MELISSA	000005	COMMUNITY #1	F	16	UP;AC	
PATIENT6,LISA MARIE [959.01]; ER Visit 2) 07/01/09 [999.9]ER Visit 1) No Scrn; ER Visit 2) Pos Scrn: EXAM 35, BNI at ER: 07/01/09 CPT-H0050	000006	COMMUNITY #1	F	20	UP;AC	ER Visit 1) 05/01/09
PATIENT7,RUTH NELLIE [847.0]ER Visit 1) Pos Scrn: EXAM 35, BNI at ER: 01/30/09 AOD-INJ	000007	COMMUNITY #1	F	16	UP;	ER Visit 1) 03/30/09

Figure 2-52: Sample Patient List, Alcohol Screening and Brief Intervention (ASBI) in the ER

2.7.3 Intimate Partner (Domestic) Violence Screening

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 42% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Denominators

Female Active Clinical patients ages 13 and older.

Female Active Clinical patients ages 15-40. (GPRA Denominator)

Female User Population patients ages 13 and older.

Numerators

Patients screened for intimate partner (domestic) violence at any time during the Report Period, including documented refusals in past year. (**GPRA Numerator**) This includes:

- Patients with documented IPV/DV exam
- Patients with IPV/DV related diagnosis
- Patients provided with education or counseling about IPV/DV
- Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education

Patients screened for intimate partner (domestic) violence at any time during the Report Period. NOTE: This numerator does NOT include refusals. (GPRA Developmental Numerator)

Logic Description

Age of the patient is calculated at the beginning of the Report Period. CRS uses the following codes to define numerators.

	CPT Codes	ICD and Other Codes
IPV/DV Screening		V Exam: Code 34 BHS Exam: IPV/DV
IPV/DV Diagnosis		V POV or current PCC or BHS Problem List: 995.80-995.83, 995.85, V15.41, V15.42, V15.49 BHS POV: 43.*, 44.*
IPV/DV Education		Patient education codes: "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49
IPV/DV Counseling		V POV: V61.11
Refusals		V Exam: Code 34 BHS IPV/DV exam Patient education codes containing "DV-" or "-DV"

Key Logic Changes from CRS Version 8.0 Patch 3:

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of female patients 13 and older not screened for IPV/DV.

Measure Source

HP 2010 15-34

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	42.0%
IHS FY 2007 Performance	36.0%
IHS FY 2006 Performance	28.0%
IHS FY 2005 Performance	13.0%
IHS FY 2004 Performance	4.0%
<i>IHS FY 2010 Goal</i>	<i>40.0%</i>

VA		Sep 01, 2009				Page 96			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Intimate Partner (Domestic) Violence Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Female Active Clinical ages 13 and older									
	665		498			460			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	4	0.6	1	0.2	+0.4	0	0.0	+0.6	
B. # w/ IPV/DV related diagnosis	1	0.2	0	0.0	+0.2	0	0.0	+0.2	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	2	0.3	1	0.2	+0.1	0	0.0	+0.3	
	1	25.0	0	0.0	+25.0	0	0.0	+25.0	
# Female Active Clinical ages 15-40 (GPRA)									
	357		300			267			
# w/IPV/DV screening or refusal (GPRA)									
A. # w/ documented IPV/DV exam	3	0.8	1	0.3	+0.5	0	0.0	+0.8	
B. # w/ IPV/DV related diagnosis	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # provided DV education	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
D. # w/ documented refusal w/% of total screened	2	0.6	1	0.3	+0.2	0	0.0	+0.6	
	1	33.3	0	0.0	+33.3	0	0.0	+33.3	
# w/IPV/DV screening (GPRA Dev.)	2	0.6	1	0.3	+0.2	0	0.0	+0.6	
# Female User Pop 13 and older									
	1,202		972			915			
# w/IPV/DV screening or refusal									
A. # w/ documented IPV/DV exam	4	0.3	1	0.1	+0.2	1	0.1	+0.2	
B. # w/ IPV/DV related diagnosis	1	0.1	0	0.0	+0.1	0	0.0	+0.1	
C. # provided DV education	0	0.0	0	0.0	+0.0	1	0.1	-0.1	
D. # w/ documented refusal w/% of total screened	2	0.2	1	0.1	+0.1	0	0.0	+0.2	
	1	25.0	0	0.0	+25.0	0	0.0	+25.0	

Figure 2-53: Sample Report, Intimate Partner (Domestic) Violence Screening

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

Intimate Partner (Domestic) Violence Screening: List of female patients
 13 and older not screened for IPV/DV.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ELVIRA	000001	COMMUNITY #1	F	13	UP;	
PATIENT2,SHARON KAY	000002	COMMUNITY #1	F	14	UP;	
PATIENT3,KRISTINA	000003	COMMUNITY #1	F	15	UP;	
PATIENT4,RITA	000004	COMMUNITY #1	F	15	UP;AC	
PATIENT5,DIANE LOUISE	000005	COMMUNITY #1	F	15	UP;	
PATIENT6ALICE LILA	000006	COMMUNITY #1	F	15	UP;AC	

Figure 2-54: Sample Patient List, Intimate Partner (Domestic) Violence Screening

2.7.4 Depression Screening

GPRC Measure Description

During FY 2009, maintain the FY 2008 rate of 35% for the proportion of adults ages 18 and older who receive annual screening for depression.

Denominators

Active Clinical patients age 8-17, broken out by gender.

Active Clinical patients ages 18 and older, broken out by gender. (GPRC Denominator)

- a. *Active Clinical patients ages 65 and older, broken out by gender.*

User Population patients age 8-17, broken out by gender.

User Population patients ages 18 and older, broken out by gender.

- a. *User Population patients ages 65 and older, broken out by gender.*

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits during the Report Period, and two DM-related visits ever. Broken out by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, and at least two visits during the Report Period, and two IHD-related visits ever. Broken out by gender.

Numerators

Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period, including documented refusals in past year. (**GPRA Numerator**)

- a. Patients screened for depression during the Report Period.
- b. Patients with a diagnosis of a mood disorder during the Report Period.
- c. Patients with documented refusal in past year.

Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period. NOTE: This numerator does not include refusals. (**GPRA Developmental Numerator**)

Patients with depression-related education or refusal of education in past year.

Note: Depression-related patient education does not count toward the GPRA or GPRA Developmental numerators and is included as a separate numerator only.

Logic Description

Age is calculated at beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	ICD and Other Codes
Diabetes	V POV: 250.00-250.93
Ischemic Heart Disease	V POV: 410.0-412.*, 414.0-414.9, 428.*, 429.2
Depression Screening	V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression) V Measurement in PCC or BHS: PHQ2 or PHQ9
Mood Disorders	At least 2 visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. V POV: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 BHS POV: 14, 15
Screening Refusals	V Exam: Exam Code 36, in past year

	ICD and Other Codes
Depression-related Patient Education (does not count toward GPRA or GPRA Developmental numerators)	<i>Documented education of any of the following during the Report Period:</i> Patient education codes: containing "DEP-" (depression), 296.2* or 296.3*, "BH-" (behavioral and social health), 290-319, 995.5*, or 995.80-995.85, "SB-" (suicidal behavior) or 300.9, or "PDEP-" (postpartum depression) or 648.44.
Refusal of Depression-related Patient Education (does not count toward GPRA or GPRA Developmental numerators)	<i>Documented refusal of any of the following during the Report Period:</i> Patient education codes: containing "DEP-" (depression), "BH-" (behavioral and social health), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression).

Recommended Brief Screening Tool

A sample of a Patient Health Questionnaire (PHQ-2 Scaled Version) appears below.

Over the past two weeks, how often have you been bothered by any of the following problems?

1. Little interest or pleasure in doing things
 - a) Not at all Value: 0
 - b) Several days Value: 1
 - c) More than half the days Value: 2
 - d) Nearly every day Value: 3
2. Feeling down, depressed, or hopeless
 - a) Not at all Value: 0
 - b) Several days Value: 1
 - c) More than half the days Value: 2
 - d) Nearly every day Value: 3

Total Possible PHQ-2 Score: Range: 0-6

0-2: Negative

3-6: Positive; further evaluation indicated

Provider should note the screening tool used was the PHQ-2 Scaled in the COMMENT section of the Exam Code.

Key Logic Changes from CRS Version 8.0 Patch 3

Added new GPRA developmental numerator that does not include refusals.

Patient List Description

List of patients not screened for depression/diagnosed with mood disorder.

Measure Source

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6.

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	35.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	15.0%

VA		Sep 01, 2009				Page 104			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Depression Screening (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 8-17	170		173			182			
# w/ Depression screening, DX or refusal	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/mood disorder DX	1	0.6	0	0.0	+0.6	0	0.0	+0.6	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	2	1.2	0	0.0	+1.2	0	0.0	+1.2	
Male Active Clinical 8-17	87		92			95			
# w/ Depression screening, DX or refusal	1	1.1	0	0.0	+1.1	0	0.0	+1.1	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	1	1.1	0	0.0	+1.1	0	0.0	+1.1	
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	1	1.1	0	0.0	+1.1	0	0.0	+1.1	
Female Active Clinical 8-17	83		81			87			
# w/ Depression screening, DX or refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
B. # w/Mood Disorder DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/refusal in past year w/% total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# w/depression education or refusal	1	1.2	0	0.0	+1.2	0	0.0	+1.2	

Figure 2-55: Sample Report, Depression Screening

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

Depression Screening: List of patients not screened for depression/diagnosed with mood disorder.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT55, LORETTA LYNN	000055	COMMUNITY #1	F	78	UP	
PATIENT56, TINA MARIE	000056	COMMUNITY #1	F	78	UP;AC;AD;IHD	
PATIENT57, DANIELLE	000057	COMMUNITY #1	F	79	UP;AC	
PATIENT58, LESLIE ANN	000058	COMMUNITY #1	F	80	UP;AC	
PATIENT59, DONNA SUE	000059	COMMUNITY #1	F	86	UP;AC	
PATIENT60, TAYLOR OLIVIA	000060	COMMUNITY #1	F	87	UP;AC	
PATIENT61, DENNIS GERALD	000061	COMMUNITY #1	M	18	UP	EDUC: 296.20-
DP: 02/01/09						
PATIENT62, JOSHUA DALE	000062	COMMUNITY #1	M	18	UP;AC	

Figure 2-56: Sample Patient List, Depression Screening

2.7.5 Antidepressant Medication Management

Denominators

As of the 120th day of the Report Period, *Active Clinical* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

As of the 120th day of the Report Period, *User Population* patients 18 years of age and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.

Numerators

Optimal Practitioner Contacts: Patients with at least three mental health visits with a non-mental health or mental health provider within 12 weeks (84 days) after diagnosis, two of which must be face-to-face visits and one of which must be with a prescribing provider.

Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks).

Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (six months).

Logic Description

Age is calculated at the beginning of the report period. To be included in the denominator, patient must meet *both* of the following conditions:

1. One of the following from the 121st day of the year prior to the Report Period to the 120th day of the Report Period:
 - a. One visit in any setting with major depression DX (see list of codes below) as primary POV
 - b. Two outpatient visits occurring on different dates of service with secondary POV of major depression
 - c. An inpatient visit with secondary POV of major depression.

For example, if Report Period is July 1, 2005 - June 30, 2006, the patient must have one of the three scenarios above during 11/1/2004 - 10/29/2005.

Major depression is defined as POV 296.2*, 296.3*, 298.0, 300.4, 309.1, 311. The Index Episode Start Date is date of the patient's earliest visit during this period. For inpatient visits, the discharge date will be used.

2. Filled a prescription for an antidepressant medication (see list of medications below) within 30 days before the Index Episode Start Date or 14 days on or after that date. In V Medication, Date Discontinued must not be equal to the prescription (i.e., visit) date. The Index Prescription Date is the date of the earliest prescription for antidepressant medication filled during that time period.

Denominator Exclusions

1. Patients who have had any diagnosis of depression within the previous 120 days (four months) of the Index Episode Start Date. The POVs to be checked for prior depressive episodes is more comprehensive and include the following: POV 296.2*-296.9*, 298.0, 300.4, 309.0, 309.1, 309.28, 311, or
2. Patients who had a new or refill prescription for antidepressant medication (see the list of medications below) within 90 days (three months) prior to the Index Prescription Date are excluded as they do not represent new treatment episodes, or
3. Patients who had an acute mental health or substance abuse inpatient stay during the 245 days after the Index Episode Start Date treatment period. Acute mental health stays are defined as Service Category of H and primary POV 290*, 293*-302*, 306*-316*. Substance abuse inpatient stays are defined as Service Category of H and primary POV 291*-292*, 303*-305* or primary POV 960*-979* and secondary POV of 291*-292*, 303*-305*.

Optimal Practitioner Contacts Numerator

Patient must have one of the following:

1. Three face-to-face follow-up outpatient, non-ER visits (clinic code not equal to 30) or intermediate treatment with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date, *or...*
2. Two face-to-face outpatient, non-ER visits (clinic code not equal to 30) and one telephone visit (Service Category T), with either a non-mental health or mental health provider within 84 days after the Index Episode Start Date.

For either option, one of the visits must be to a prescribing provider, defined as provider codes 00, 08, 11, 16-18, 21, 24-25, 30, 33, 41, 44-45, 47, 49, 64, 67-68, 70-83, 85-86, A1, A9, or B1-B6.

Note: If patient was diagnosed with two secondary diagnoses of depression, the second visit may be counted toward the numerator.

Outpatient mental health provider visits are defined as BHS or PCC visit with primary provider code of 06, 12, 19, 48, 49, 50, 62, 63, 81, or 92-96, *and:*

- a. 1) Service category A, S, or O, and 2A) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, 99384-99387, 99394-99397, 99401-99404, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485 or B2) POV 290*, 293*-302*, 306*-316, or
- b. 1) Service category of A, S, or O and 2A) Location of Encounter = Home (as designated in Site Parameters) or 2B) clinic code = 11, or
- c. Service category of T.

Outpatient non-mental health provider visits are defined as BHS or PCC visits with:

- a. 1) Service category A, S, or O, a 2) CPT 90801, 90802, 90804-90819, 90821-90824, 90826-90829, 90845, 90847, 90849, 90853, 90857, 90862, 90870, 90871 (old code), 90875, 90876, G0155, G0176, G0177, H0002, H0004, H0031, H0034, H0036, H0037, H0039, H0040, H2000, H2010, H2011, H2013-H2020, M0064, S9484, S9485, or...
- b. 1) Service category A, S, O, or T or 2) Location of Encounter = Home (as designated in Site Parameters) or 3A) clinic code 11 and 3B) POV 290*, 293*-302*, 306*-316*, or...
- c. 1) Service category A, S, or O, and 2) CPT 99384-99387, 99394-99397, 99401-99404 and 3) POV 290*, 293*-302*, 306*-316*.

Effective Acute Phase Treatment Numerator

For all antidepressant medication prescriptions filled (see list of medications below) within 114 days of the Index Prescription Date, from V Medication CRS counts the days prescribed (i.e., treatment days) from the Index Prescription Date until a total of 84 treatment days has been established. If the patient had a total gap exceeding 30 days or if the patient does not have 84 treatment days within the 114-day timeframe, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date.
Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of Patient Included in Numerator:

- 1st RX is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd RX: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd RX: 1/10/2008, # Days Prescribed=30
- No gap days
- Rx covers patient through 2/13/2008
- Index Rx Date 11/1/2007 + 114 days = 2/23/2008
- Patient's 84th treatment day occurs on 2/7/2008, which is <= 2/23/2008 and # gap days of 14 is less than 30

Example of Patient Not Included in Numerator:

- 1st Rx is Index Rx Date: 11/1/2007, # Days Prescribed=30
- Rx covers patient through 12/1/2007
- 2nd Rx: 12/15/2007, # Days Prescribed=30
- Gap #1 = (12/15/2007-12/1/2007) = 14 days
- Rx covers patient through 1/14/2008
- 3rd Rx: 2/01/2008, # Days Prescribed=30
- Gap #2 = (2/01/2008-1/14/2008) = 18, total # gap days = 32, so patient is not included in the numerator

Effective Continuation Phase Treatment Numerator

For all antidepressant medication prescriptions (see list of medications below) filled within 231 days of the Index Prescription Date, CRS counts the days prescribed (i.e., treatment days) (from V Medication) from the Index Prescription Date until a total of 180 treatment days has been established. If the patient had a total gap exceeding 51 days or if the patient does not have 180 treatment days within the 231 day timeframe, the patient is not included in the numerator.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Antidepressant medications defined with medication taxonomy BGP HEDIS ANTIDEPRESSANT MEDS. (Medications are: Tricyclic antidepressants (TCA) and other cyclic antidepressants, Selective serotonin reuptake inhibitors (SSRI), Monoamine oxidase inhibitors (MAOI), Serotonin-norepinephrine reuptake inhibitors (SNRI), and other antidepressants.)

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

Measure Source

HEDIS, HP 2010 18-9b

Measure Past Performance and Long-term Targets

Performance	Percent
HP 2010 Goal	50.0%

VA	Sep 01, 2009						Page 114
*** IHS 2009 Selected Measures with Community Specified Report ***							
DEMO INDIAN HOSPITAL							
Report Period: Jan 01, 2009 to Dec 31, 2009							
Previous Year Period: Jan 01, 2008 to Dec 31, 2008							
Baseline Period: Jan 01, 2000 to Dec 31, 2000							

Antidepressant Medication Management (con't)							
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	% CHG from BASE %
Active Clinical Pts =>18 w/new depression DX and antidepressant meds	16		6			2	
# w/3 outpt mental health visits within 12 weeks	5	31.3	1	16.7	+14.6	0	0.0 +31.3
# w/12 week treatment meds	8	50.0	4	66.7	-16.7	0	0.0 +50.0
# w/180 day treatment meds	4	25.0	3	50.0	-25.0	0	0.0 +25.0
User Pop Pts =>18 w/new depression DX and antidepressant meds	17		7			3	
# w/3 outpt mental health visits within 12 weeks	5	29.4	1	14.3	+15.1	0	0.0 +29.4
# w/12 week treatment meds	8	47.1	4	57.1	-10.1	0	0.0 +47.1
# w/180 day treatment meds	4	23.5	3	42.9	-19.3	0	0.0 +23.5

Figure 2-57: Sample Report, Antidepressant Medication Management

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

Antidepressant Medication Management: List of patients with new depression DX and optimal practitioner contact (OPC), acute phase treatment (APT) and continuation phase treatment (CONPT), if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, MICHELLE D	000001	COMMUNITY #1	F	22	UP,AC IESD: 06/06/09	NOT OPC; NOT APT: 06/07/09(30); 07/08/09(30) ; DAYS=60; GAP=1; NOT CONPT: 06/07/09(30); 07/08/09(30) ; DAYS=60; GAP=1
PATIENT2, PAULA KAY	000002	COMMUNITY #1	F	34	UP,AC IESD: 02/05/09	NOT OPC; APT; CONPT
PATIENT3, RHONDA SUE	000003	COMMUNITY #1	F	35	UP,AC IESD: 08/09/09	PC; APT; NOT CONPT: 04/01/09(100); 05/23/09(24); 05/23/09(24); 06/16/09(21); 06/16/09(30); 07/07/09(30); 07/25/09(23); 07/25/09(23); 07/25/09(23) ; DAYS=298; GAP=111
PATIENT4, KATHLEEN	000004	COMMUNITY #1	F	38	UP,AC IESD: 01/29/09	NOT OPC; NOT APT: 01/16/09(7); 01/16/09(6); 01/29/09(20); 03/25/09(35) ; DAYS=68; GAP=28; CONPT

Figure 2-58: Sample Patient List, Antidepressant Medication Management

2.8 Cardiovascular Disease Related Measure Topics

2.8.1 Obesity Assessment

Denominators

Active Clinical patients ages 2 through 74, broken out by gender and age group.

All User Population patients ages 2 through 74, broken out by gender.

Numerators

Patients for whom a BMI could be calculated, including refusals in the past year.

- A. For those with a BMI calculated, those considered overweight but not obese using BMI and standard tables
- B. For those with a BMI calculated, those considered obese using BMI and standard tables
- C. Total of overweight and obese
- D. Patients with documented refusal in past year

Logic Description

Age is calculated at beginning of the Report Period.

BMI calculation definition: CRS calculates BMI at the time the report is run, using NHANES II. For age 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions are based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients for whom BMI could *not* be calculated.

Measure Source

HP 2010: 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in Children 6-11, 19-3b Overweight or Obesity in Adolescents 12-19, 19-3c Overweight or Obesity in Children 6-19

Measure Past Performance and Long-term Targets

Performance	Percent
Assessed as Obese - IHS FY 2008 Performance	46.0%
BMI Measured - IHS FY 2008 Performance	74.0%
BMI Measured - IHS FY 2005 Performance	64.0%
BMI Measured - IHS FY 2004 Performance	60.0%
HP 2010 Obesity in Adults 20+ (19-2)	15.0%
HP 2010 Overweight or Obesity in Children 6-11 (19-3a)	5.0%
HP 2010 Overweight or Obesity in Adolescents 12-19 (19-3b)	5.0%
HP 2010 Overweight or Obesity in Children 6-19 (19-3c)	5.0%

Performance Improvement Tips

1. A Body Mass Index report can be run from your PCC Management Reports menu. This report can be run for all patients or for a specific template of patients that has been pre-defined with a QMan search. The BMI report will provide you with patient height, weight, date weight taken, BMI and NHANES percentile.
2. Recent guidelines indicate that height for adults must be taken at least once every five years, rather than once after age 18. Your BMI rates may be lower than anticipated because of height data that is over five years old.
3. If height and weight measurements are being recorded as cm/kg vs. in/lbs ensure providers are *noting* they are cm/kg *and* that data entry is entering the measurements correctly in PCC, as shown below.
 - Use mnemonics of CHT and KWT (vs. HT and WT), or
 - Add “c” after height value and “k” after weight value (e.g. 100c, 50k)

VA		Sep 01, 2009				Page 119			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Obesity Assessment (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts ages 2-74	1,317		1,054			981			
# w/BMI calculated	863	65.5	819	77.7	-12.2	712	72.6	-7.1	
A. # Overweight w/ % of Total BMI	239	27.7	236	28.8	-1.1	191	26.8	+0.9	
B. # Obese w/ % of Total BMI	360	41.7	336	41.0	+0.7	267	37.5	+4.2	
C. # Overweight/Obese w/ % of Total BMI	599	69.4	572	69.8	-0.4	458	64.3	+5.1	
D. # w/refusal in past year w/ % of Total BMI	2	0.2	0	0.0	+0.2	0	0.0	+0.2	
Male Active Clinical Pts 2-74	556		444			410			
# w/BMI calculated	336	60.4	328	73.9	-13.4	283	69.0	-8.6	
A. # Overweight w/ % of Total BMI	102	30.4	97	29.6	+0.8	73	25.8	+4.6	
B. # Obese w/ % of Total BMI	150	44.6	140	42.7	+2.0	117	41.3	+3.3	
C. #Overweight/Obese w/ % of Total BMI	252	75.0	237	72.3	+2.7	190	67.1	+7.9	
D. # w/refusal in past year w/ % of Total BMI	2	0.6	0	0.0	+0.6	0	0.0	+0.6	
Female Active Clinical Pts 2-74	761		610			571			
# w/BMI calculated	527	69.3	491	80.5	-11.2	429	75.1	-5.9	
A. # Overweight w/ % of Total BMI	137	26.0	139	28.3	-2.3	118	27.5	-1.5	
B. # Obese w/ % of Total BMI	210	39.8	196	39.9	-0.1	150	35.0	+4.9	
C. #Overweight/Obese w/ % of Total BMI	347	65.8	335	68.2	-2.4	268	62.5	+3.4	
D. # w/refusal in past year w/ % of Total BMI	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-59: Sample Report, Obesity Assessment

Obesity Assessment (con't)								
	TOTAL ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	111	149	128	217	199	197	208
# w/ BMI calculated	52	44	89	116	177	141	125	119
% w/BMI calculated	48.1	39.6	59.7	90.6	81.6	70.9	63.5	57.2
# A. Overweight	9	10	21	33	44	37	38	47
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	28.4	24.9	26.2	30.4	39.5
# B. Obese	7	13	28	38	83	84	57	50
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	32.8	46.9	59.6	45.6	42.0
# C. Overweight or Obese	16	23	49	71	127	121	95	97
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	61.2	71.8	85.8	76.0	81.5
# D. w/refusal in in past yr	0	0	0	0	0	0	1	1
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	120	136	124	163	139	129	132
# w/ BMI calculated	49	56	88	114	152	128	112	120
% w/BMI calculated	44.1	46.7	64.7	91.9	93.3	92.1	86.8	90.9
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/ BMI calculated	+4.0	-7.0	-5.0	-1.3	-11.7	-21.2	-23.4	-33.7
A. Overweight	+3.0	+3.1	+0.9	-4.9	-6.1	+0.5	-0.9	+2.0
B. Obese	-15.1	+4.5	+1.9	+2.1	+5.4	+0.2	-4.4	-1.3
C. Overweight or Obese	-12.1	+7.6	+2.8	-2.8	-0.6	+0.7	-5.3	+0.7
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.

Figure 2-60: Sample Report, Age Breakout, Obesity Assessment

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

Obesity Assessment: List of patients for whom BMI could NOT be calculated.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,PAMELA	000001	COMMUNITY #1	F	3	UP;AC	
PATIENT2,GLENDA	000002	COMMUNITY #1	F	3	UP;AC	
PATIENT3,SHIRLEY	000003	COMMUNITY #1	F	5	UP	
PATIENT4,MARY ANNE	000004	COMMUNITY #1	F	5	UP;AC	
PATIENT5,JACKIE	000005	COMMUNITY #1	F	5	UP	
PATIENT6,ZINNIA	000006	COMMUNITY #1	F	6	UP	
PATIENT7,MARY RYAN	000007	COMMUNITY #1	F	6	UP;AC	

Figure 2-61: Sample Patient List, Obesity Assessment

2.8.2 Childhood Weight Control

GPRA Description

In FY 2009, this measure is eliminated as an annual measure and is changed to a long term measure and has no annual target.

Denominator

Active Clinical patients aged 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

Numerators

Patients with BMI in the 85th to 94th percentile.

Patients with a BMI at or above the 95th percentile.

Patients with a BMI at or above the 85th percentile.

Logic Description

BMI calculation definition: All patients for whom a BMI could be calculated and who are between the ages of two and five at the beginning of the Report Period and who do not turn age six during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be two years of age at the beginning of the time period, but is three years old at the time of the most current BMI found. That patient will fall into the age three group. CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th to 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for Overweight or Obese.

BMI Standard Reference Data

Low-High Ages	Sex	BMI >= (OVERWT)	BMI >= (OBESE)	Data Check Limits BMI>	Data Check Limits BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Key Logic Changes from CRS Version 8.0 Patch 3

1. Changed “at risk for overweight” to “overweight” and “overweight” to “obese,” to be consistent with AAP and AMA recommendations from late 2007.

Patient List Description

List of patients ages 2-5, with current BMI.

Measure Source

CDC, National Center for Health Statistics

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	24.0%
IHS FY 2007 Performance	24.0%
IHS FY 2006 Performance	24.0%
<i>IHS 2010 Goal</i>	22%

VA									
Sep 01, 2009									
Page 124									
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Childhood Weight Control (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
2-5 w/BMI (GPRA)									
	44		39			40			
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1	
# w/BMI =>95% (GPRA)	5	11.4	9	23.1	-11.7	5	12.5	-1.1	
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2	
Active Clinical Pts									
Age 2									
	2		8			5			
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0	
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0	
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0	
Active Clinical Pts									
Age 3									
	23		15			8			
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8	
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0	
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8	
Active Clinical Pts									
Age 4									
	12		10			17			
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3	
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4	
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7	
Active Clinical Pts									
Age 5									
	7		6			10			
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9	
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3	
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1	

Figure 2-62: Sample Report, Childhood Weight Control

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

Childhood Weight Control: List of patients ages 2-5, with current BMI.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANN BMI: 4	000001	COMMUNITY #1	F	4	AC	16.03:08/20/09 Age at
PATIENT2,RANDY BMI: 2 At Risk 85-94%	000002	COMMUNITY #1	M	2	AC	17.96:05/06/09 Age at
PATIENT3,PAUL BARRY BMI: 2	000003	COMMUNITY #1	M	2	AC	16.87:08/05/09 Age at
PATIENT4,TYLER BMI: 4	000004	COMMUNITY #1	M	4	AC	15.67:02/19/09 Age at
PATIENT5,SAMUEL III BMI: 5 OW 95%	000005	COMMUNITY #1	M	5	AC	19.07:12/29/09 Age at
PATIENT21,JOSEPHINE BMI: 4	000021	COMMUNITY #2	F	4	AC	15.71:05/30/09 Age at

Figure 2-63: Sample Patient List, Childhood Weight Control

2.8.3 Nutrition and Exercise Education for At Risk Patients

Denominators

Active Clinical patients ages six and older considered overweight (including obese). Broken down by gender.

- A. Active Clinical patients ages 6 and older considered obese. Broken down by age and gender.

Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes at least one year prior to the end of the Report Period, *and* at least two visits in the past year, *and* two diabetes-related visits ever.

Numerators

Patients provided with medical nutrition counseling during the Report Period.

Patients provided specific nutrition education during the Report Period.

Patients provided specific exercise education during the Report Period.

Patients provided with other related exercise and nutrition (lifestyle) education.

Logic Description

Age of the patient is calculated at beginning of Report Period.

Diabetes: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period.

Overweight: Ages 19 and older, BMI equal to or greater than (\Rightarrow) 25. Overweight is defined as including both obese and overweight categories calculated by BMI.

Obese: Ages 19 and older, BMI equal to or greater than (\Rightarrow) 30. For ages 18 and under, the definition is based on standard tables. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time in the year prior to the end of the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day.

CRS uses any of the following codes to define the numerators.

	CPT Codes	ICD and Other Codes
Medical nutrition counseling	97802-97804, G0270, G0271	Provider codes: 07, 29, 97, 99 Clinic codes: 67 (dietary) or 36 (WIC)
Nutrition education		V POV: V65.3 dietary surveillance and counseling Patient education codes: ending “-N” (nutrition), “-MNT” (medical nutrition therapy), (or old code “-DT” (diet)) or containing V65.3.
Exercise education		V POV: V65.41 exercise counseling Patient education codes: ending “-EX” (exercise) or containing V65.41.
Related exercise and nutrition counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-” (obesity) or 278.00 or 278.01.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

A list of at risk patients with education, if any.

Measure Source

HP 2010 19-17

Measure Past Performance and Long-term Targets for Diabetic Education

Performance	Percent
<i>HP 1997 data</i>	<i>42.0%</i>
<i>HP 2010 goal to diet and nutrition counseling to patients with diabetes</i>	<i>75.0%</i>

VA	Sep 01, 2009				Page 135				
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Nutrition and Exercise Education for At Risk Patient									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Overweight Active Clinical patients =>6	583		551			442			
# w/medical nutrition counseling	30	5.1	16	2.9	+2.2	23	5.2	-0.1	
# specific nutrition education provided	78	13.4	79	14.3	-1.0	78	17.6	-4.3	
# w/exercise educ	30	5.1	28	5.1	+0.1	35	7.9	-2.8	
# w/ other exec or nutrition educ	74	12.7	59	10.7	+2.0	24	5.4	+7.3	
# Male Overweight Active Clinical pts =>6	245		228			182			
# w/medical nutrition counseling	15	6.1	7	3.1	+3.1	6	3.3	+2.8	
# specific nutrition education provided	36	14.7	32	14.0	+0.7	28	15.4	-0.7	
# w/exercise educ	13	5.3	12	5.3	+0.0	16	8.8	-3.5	
# w/ other exec or nutrition educ	40	16.3	22	9.6	+6.7	11	6.0	+10.3	
# Female Overweight Active Clinical pts =>6	338		323			260			
# w/medical nutrition counseling	15	4.4	9	2.8	+1.7	17	6.5	-2.1	
# specific nutrition education provided	42	12.4	47	14.6	-2.1	50	19.2	-6.8	
# w/exercise educ	17	5.0	16	5.0	+0.1	19	7.3	-2.3	
# w/ other exec or nutrition educ	34	10.1	37	11.5	-1.4	13	5.0	+5.1	

Figure 2-64: Sample Report, Nutrition and Exercise Education for At Risk Patients

Nutrition and Exercise Education for At Risk Patient (con't)					
	TOTAL OBESE ACTIVE CLINICAL POPULATION				
	Age Distribution				
# Obese Active Clinical	6-11	12-19	20-39	40-59	=>60
CURRENT REPORT PERIOD					
# Obese Active Clinical	13	28	161	115	31
# Med Nutr Educ	0	1	9	8	3
% w/Med Nutr Educ	0.0	3.6	5.6	7.0	9.7
# w/spec nutr educ	0	3	20	25	8
% w/spec nutr ed	0.0	10.7	12.4	21.7	25.8
# w/exercise educ	0	1	8	10	5
% w/exercise ed	0.0	3.6	5.0	8.7	16.1
# w/other educ	0	3	18	15	7
% w/other educ	0.0	10.7	11.0	12.7	22.6
PREVIOUS YEAR PERIOD					
# Obese Active Clinical	14	26	135	115	32
# Med Nutr Educ	0	2	5	2	2
% w/Med Nutr Educ	0.0	7.7	3.7	1.7	6.3
# w/spec nutr educ	0	2	19	22	7
% w/spec nutr ed	0.0	7.7	14.1	19.1	21.9
# w/exercise educ	0	0	4	14	4
% w/exercise ed	0.0	0.0	3.0	12.2	12.5
# w/other educ	0	2	13	23	3
% w/other educ	0.0	7.7	9.6	20.0	9.4
CHANGE FROM PREV YR %					
Med Nutr Educ	+0.0	-4.1	+1.8	+5.0	+3.4
Spec nutr ed	+0.0	+3.0	-1.8	+2.1	+3.9
w/exercise ed	+0.0	+3.6	+1.9	-3.7	+3.6
w/other educ	+0.0	+3.0	+1.4	-7.3	+13.2

Figure 2-65: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

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

Nutrition and Exercise Education for At Risk Patients: List of at risk patients, with education if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	OW;OB	06/15/09 TO-LA OTH
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	OW;	08/15/09 UTI-N SN;
PATIENT3,BRITNEY	000003	COMMUNITY #1	F	22	OW;OB	06/16/09 GER-N
SN;3/17/08 TO-EX EX;03/24/09 TO-LA OTH						
PATIENT4,LORETTA	000004	COMMUNITY #1	F	22	OW;OB	
PATIENT5,HALEY	000005	COMMUNITY #1	F	25	OW;OB	
PATIENT6,BRITTANY	000006	COMMUNITY #1	F	25	OW;OB	01/21/09 PP-N SN;

Figure 2-66: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

2.8.4 Cardiovascular Disease and Cholesterol Screening

Denominators

Active Clinical patients ages 23 and older, broken down by gender.

User Population patients ages 23 and older, broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken down by gender.

Numerators

Patients with documented blood total cholesterol screening any time in the past five years.

- A. Patients with high total cholesterol levels, defined as equal to or greater than (\Rightarrow) 240

Patients with LDL completed in the past five years, regardless of result

- A. Patients with LDL \leq 100
- B. Patients with LDL 101-130
- C. Patients with LDL 131-160
- D. Patients with LDL $>$ 160

Logic Description

Age is calculated at the beginning of the Report Period.

CRS uses the following codes to define the IHD denominator.

	ICD and Other Codes
Ischemic Heart Disease	V POV: 410.0-412.*, 414.0-414.9, 428.*, 429.2

Total Cholesterol definition: Searches for most recent cholesterol test with a result during the Report Period. If more than one cholesterol test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If a cholesterol test with a result is not found, CRS searches for the most recent cholesterol test without a result.

LDL Cholesterol definition: Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result.

CRS uses the following codes to define LDL and total cholesterol.

Test	CPT Codes	LOINC Codes	Taxonomy
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F For numerator LDL =<100, CPT 3048F will count as meeting the measure.	Yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465	Yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 8.0 Patch 3

1. For the rare cases where a patient has more than one cholesterol and/or LDL test documented on the same day and/or same visit and one has a result and the other does not, revised the logic to use the test with the result.

Patient List Description

List of patients with cholesterol or LDL value, if any.

Measure Source

HP 2010 12-14, 12-15

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2006 Performance (blood total cholesterol screening)	48.0%
IHS FY 2005 Performance (blood total cholesterol screening)	43.0%
HP 1998 baseline	67.0%
<i>HP 2010 goal for adults who have had blood cholesterol checked (12-15)</i>	<i>80.0%</i>
<i>HP 2010 goal for adults with high cholesterol</i>	<i>17.0%</i>

VA		Sep 01, 2009				Page 127			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cardiovascular Disease and Cholesterol Screening									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts => 23	912		638			569			
# w/ Total Cholesterol screen w/in 5 yrs	245	26.9	217	34.0	-7.1	201	35.3	-8.5	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	20	8.2	23	10.6	-2.4	28	13.9	-5.8	
# w/LDL done in past 5 yrs	235	25.8	184	28.8	-3.1	114	20.0	+5.7	
A. # w/LDL =<100 w/ % of Total LDL Screen	106	45.1	95	51.6	-6.5	46	40.4	+4.8	
B. # w/LDL 101-130 w/ % of Total LDL Screen	70	29.8	43	23.4	+6.4	35	30.7	-0.9	
C. # w/LDL 131-160 w/ % of Total LDL Screen	25	10.6	25	13.6	-2.9	13	11.4	-0.8	
D. # w/LDL >160 w/ % of Total LDL Screen	15	6.4	9	4.9	+1.5	10	8.8	-2.4	
Male Active Clinical Pts =>23	370		252			220			
# w/ Total Cholesterol screen w/in 5 yrs	106	28.6	97	38.5	-9.8	85	38.6	-10.0	
A. # w/ High Chol =>240 w/ % of Total Chol Screen	11	10.4	14	14.4	-4.1	8	9.4	+1.0	
# w/LDL done in past 5 yrs	109	29.5	91	36.1	-6.7	59	26.8	+2.6	
A. # w/LDL =<100 w/ % of Total LDL Screen	53	48.6	46	50.5	-1.9	23	39.0	+9.6	
B. # w/LDL 101-130 w/ % of Total LDL Screen	25	22.9	17	18.7	+4.3	18	30.5	-7.6	
C. # w/LDL 131-160 w/ % of Total LDL Screen	8	7.3	12	13.2	-5.8	5	8.5	-1.1	
D. # w/LDL >160 w/ % of Total LDL Screen	10	9.2	8	8.8	+0.4	4	6.8	+2.4	

Figure 2-67: Sample Report, CVD and Cholesterol Screening

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

Cardiovascular Disease and Cholesterol Screening: List of patients with
 cholesterol or LDL value, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT100,JASON AARON	000100	COMMUNITY #1	M	46	UP;AC	
PATIENT101,JOHN THOMAS	000101	COMMUNITY #1	M	47	UP	
PATIENT102,DAKOTA CHEY	000102	COMMUNITY #1	M	47	UP	
PATIENT103,TRAVIS CLINT	000103	COMMUNITY #1	M	47	UP	CHOL 04/13/09 210
PATIENT104,TRACY MITCHE	000104	COMMUNITY #1	M	47	UP;AC;IHD	CHOL 03/15/09 167;LDL 08/15/09 105
PATIENT105,RUSSELL DALE	000105	COMMUNITY #1	M	48	UP	;LDL 04/01/09 CPT: 3048F
PATIENT106,CURTIS DWAYN	000106	COMMUNITY #1	M	49	UP;AC	CHOL 03/04/06 139;LDL 06/04/07 68
PATIENT107,RONALD	000107	COMMUNITY #1	M	49	UP;AC	CHOL 01/07/05 213;LDL 08/01/05 122

Figure 2-68: Sample Patient List, CVD and Cholesterol Screening

2.8.5 Cardiovascular Disease and Blood Pressure Control

Denominators

All *Active Clinical patients* ages 20 and over, broken down by gender.

All *User Population patients* ages 20 and older, broken down by gender.

Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever. Broken down by gender.

Numerators

Patients with Blood Pressure value documented at least twice in prior two years.

- A. Patients with normal Blood Pressure (BP), defined as < 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.
- B. Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80, i.e., the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 AND the mean diastolic value is equal to 80.
- C. Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90, i.e., the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 AND the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.

- D. Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100, i.e., the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 AND the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
- E. Patients with Stage 2 Hypertension BP, defined as => 160/100, i.e., the mean systolic value is equal to or greater than (=>) 160 AND the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Blood pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits in the past two years. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on a non-ER visit during the Report Period.

CRS uses the following codes to define the IHD numerator.

	ICD and Other Codes
Ischemic Heart Disease	V POV: 410.0-412.*, 414.0-414.9, 428.*, 429.2

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of Patients => 20 or who have IHD with BP value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Past Performance and Long-term Targets

Measure	Percent
<i>IHS 2010 goal for blood pressure assessed</i>	95.0%
<i>HP 2010 goal for adults with high blood pressure (140/90)</i>	16.0%

VA		Sep 01, 2009				Page 134			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cardiovascular Disease and Blood Pressure Control									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Patients									
ages 20 and older	989		712			640			
# w/ BPs									
documented	612	61.9	551	77.4	-15.5	478	74.7	-12.8	
A. # w/Normal BP w/ %									
of Total Screened	128	20.9	134	24.3	-3.4	121	25.3	-4.4	
B. # w/Pre HTN I BP w/ %									
of Total Screened	100	16.3	111	20.1	-3.8	83	17.4	-1.0	
C. # w/Pre HTN II BP w/ %									
of Total Screened	148	24.2	117	21.2	+2.9	105	22.0	+2.2	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	166	27.1	150	27.2	-0.1	130	27.2	-0.1	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	37	6.0	39	7.1	-1.0	39	8.2	-2.1	
Male Active Clinical Patients									
ages 20 and older	394		272			241			
# w/ BPs									
documented	214	54.3	201	73.9	-19.6	177	73.4	-19.1	
A. # w/Normal BP w/ %									
of Total Screened	8	3.7	23	11.4	-7.7	22	12.4	-8.7	
B. # w/Pre HTN I BP w/ %									
of Total Screened	24	11.2	35	17.4	-6.2	22	12.4	-1.2	
C. # w/Pre HTN II BP w/ %									
of Total Screened	64	29.9	47	23.4	+6.5	45	25.4	+4.5	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	85	39.7	79	39.3	+0.4	63	35.6	+4.1	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	16	7.5	17	8.5	-1.0	25	14.1	-6.6	
Female Active Clinical Patients									
ages 20 and older	595		440			399			
# w/ BPs									
documented	398	66.9	350	79.5	-12.7	301	75.4	-8.5	
A. # w/Normal BP w/ %									
of Total Screened	120	30.2	111	31.7	-1.6	99	32.9	-2.7	
B. # w/Pre HTN I BP w/ %									
of Total Screened	76	19.1	76	21.7	-2.6	61	20.3	-1.2	
C. # w/Pre HTN II BP w/ %									
of Total Screened	84	21.1	70	20.0	+1.1	60	19.9	+1.2	
D. # w/Stage 1 HTN BP w/ %									
of Total Screened	81	20.4	71	20.3	+0.1	67	22.3	-1.9	
E. # w/Stage 2 HTN BP w/ %									
of Total Screened	21	5.3	22	6.3	-1.0	14	4.7	+0.6	

Figure 2-69: Sample Report, CVD and Blood Pressure Control

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

Cardiovascular Disease and Blood Pressure Control: List of Patients => 20
 or who have IHD with BP value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SANDRA KAY	000001	COMMUNITY #1	F	21	UP;AC;	
PATIENT2,EVELYN	000002	COMMUNITY #1	F	21	UP;	06/15/09 CPT 3080F
PATIENT3,MICHELLE	000003	COMMUNITY #1	F	22	UP;AC;	125/67 PRE STG 1
PATIENT4,CAITLYN	000004	COMMUNITY #1	F	22	UP;AC;IHD	131/67 PRE STG II
PATIENT5,BRITNEY JANE	000005	COMMUNITY #1	F	22	UP;AC;	102/56 NORMAL
PATIENT6,KATHRYN ANNE	000006	COMMUNITY #1	F	22	UP;AC;	161/90 STG 2 HTN
PATIENT7,RHONDA	000007	COMMUNITY #1	F	22	UP;AC;	153/85 STG 1 HTN

Figure 2-70: Sample Patient List, CVD and Blood Pressure Control

2.8.6 Controlling High Blood Pressure

Denominator

Active Clinical patients ages 18 through 85 diagnosed with hypertension and no documented history of ESRD, broken down by gender and age groups 18-45 and 46-85.

Numerators

Number of patients with Blood Pressure value documented during the Report Period.

- A. Patients with *normal blood pressure*, defined as < 120/80; that is, the mean systolic value is less than (<) 120 *and* the mean diastolic value is less than (<) 80.
- B. Patients with *Pre Hypertension I BP*, defined as => 120/80 and less than < 130/80, that is, the mean systolic value is equal to or greater than (=>) 120 and less than (<) 130 *and* the mean diastolic value is equal to 80.
- C. Patients with *Pre Hypertension II BP*, defined as => 130/80 and <140/90; that is, the mean systolic value is equal to or greater than (=>) 130 and less than (<) 140 *and* the mean diastolic value is equal to or greater than (=>) 80 and less than (<) 90.
- D. Patients with *Stage 1 Hypertension* Blood Pressure (BP), defined as => 140/90 and <160/100; that is, the mean systolic value is equal to or greater than (=>) 140 and less than (<) 160 *and* the mean diastolic value is equal to or greater than (=>) 90 and less than (<) 100.
- E. Patients with *Stage 2 Hypertension BP*, defined as => 160/100; that is, the mean systolic value is equal to or greater than (=>) 160 *and* the mean diastolic value is equal to or greater than (=>) 100.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Blood pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). If the systolic and diastolic values do not *both* meet the current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on non-ER visit during the Report Period.

CRS uses the following codes to define end-stage renal disease (ESRD) and hypertension.

	CPT Codes	ICD and Other Codes
ESRD	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339	V POV: 585.5, 585.6, V42.0, V45.1, (old code), V45.11, V45.12, or V56.* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*
Hypertension		V POV or Problem List Prior to the Report Period and at Least One Hypertension POV during Report Period: 401.*

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added HCPCS G0392 and G0393 to ESRD definition for Nephropathy Assessment.
2. Changed ICD9 procedure code V45.1 for ESRD to indicate it is an old code and added replacement code V45.11 and new code V45.12.
3. Annotated CPT 90918-90925 and 90939 as old codes and added replacement codes 90951-90970.

Patient List Description

List of patients with hypertension and blood pressure value, if any.

Measure Source

HP 2010 12-9, 12-10, 12-12

Measure Past Performance and Long-term Targets

Measure	Percent
<i>IHS 2010 goal for blood pressure assessed</i>	95.0%
<i>HP 2010 goal for adults with high blood pressure (140/90)</i>	14.0%
<i>HP 2010 goal for adults with high blood pressure and whose blood pressure is controlled</i>	68.0%

VA		Sep 01, 2009					Page 137		
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Controlling High Blood Pressure									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts									
18-85 w/HTN dx	97		100			91			
# w/ BPs documented	96	99.0	92	92.0	+7.0	85	93.4	+5.6	
A. # w/Normal BP w/ % of Total Screened	4	4.2	6	6.5	-2.4	3	3.5	+0.6	
B. # w/Pre HTN I BP w/ % of Total Screened	8	8.3	13	14.1	-5.8	8	9.4	-1.1	
C. # w/Pre HTN II BP w/ % of Total Screened	23	24.0	17	18.5	+5.5	19	22.4	+1.6	
D. # w/Stage 1 HTN BP w/ % of Total Screened	39	40.6	41	44.6	-3.9	42	49.4	-8.8	
E. # w/Stage 2 HTN BP w/ % of Total Screened	11	11.5	15	16.3	-4.8	13	15.3	-3.8	
A. Active Clinical patients ages 18 through 45	19		18			13			
# w/ BPs documented	18	94.7	16	88.9	+5.8	11	84.6	+10.1	
A. # w/Normal BP w/ % of Total Screened	1	5.6	2	12.5	-6.9	0	0.0	+5.6	
B. # w/Pre HTN I BP w/ % of Total Screened	2	11.1	1	6.3	+4.9	1	9.1	+2.0	
C. # w/Pre HTN II BP w/ % of Total Screened	3	16.7	2	12.5	+4.2	2	18.2	-1.5	
D. # w/Stage 1 HTN BP w/ % of Total Screened	9	50.0	6	37.5	+12.5	7	63.6	-13.6	
E. # w/Stage 2 HTN BP w/ % of Total Screened	2	11.1	5	31.3	-20.1	1	9.1	+2.0	
B. Active Clinical patients ages 46 through 85	78		82			78			
# w/ BPs documented	78	100.0	76	92.7	+7.3	74	94.9	+5.1	
A. # w/Normal BP w/ % of Total Screened	3	3.8	4	5.3	-1.4	3	4.1	-0.2	
B. # w/Pre HTN I BP w/ % of Total Screened	6	7.7	12	15.8	-8.1	7	9.5	-1.8	
C. # w/Pre HTN II BP w/ % of Total Screened	20	25.6	15	19.7	+5.9	17	23.0	+2.7	
D. # w/Stage 1 HTN BP w/ % of Total Screened	30	38.5	35	46.1	-7.6	35	47.3	-8.8	
E. # w/Stage 2 HTN BP w/ % of Total Screened	9	11.5	10	13.2	-1.6	12	16.2	-4.7	

Figure 2-71: Sample Report, Controlling High Blood Pressure

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

Controlling High Blood Pressure: List of patients with hypertension and BP value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,STELLA LYNN	000001	COMMUNITY #1	F	46	HTN PT	156/82 STG 1 HTN
PATIENT2,TARA	000002	COMMUNITY #1	F	51	HTN PT	201/87 STG 2 HTN
PATIENT3,BOBBIE	000003	COMMUNITY #1	F	52	HTN PT	138/66 PRE STG II
PATIENT4,DARLENE	000004	COMMUNITY #1	F	54	HTN PT	139/73 PRE STG II
PATIENT5,NADINE	000005	COMMUNITY #1	F	61	HTN PT	159/86 STG 1 HTN

Figure 2-72: Sample Patient List, Controlling High Blood Pressure

2.8.7 Comprehensive CVD-Related Assessment

GPRA Measure Description

During FY 2009, maintain the FY 2008 rate of 30% for the proportion of at-risk patients who have a comprehensive assessment.

Denominators

Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, **and** at least two visits during the Report Period, **and** two IHD-related visits ever. (**GPRA Denominator**)

1. Active IHD patients ages 22 and older who are not Active Diabetic
2. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.

1. *BMI Available*: Patients who refused a height or weight measurement and for whom a BMI could not be calculated.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report Period.

Patients with *comprehensive CVD assessment*, defined as having BP, LDL, and tobacco use assessed, BMI calculated or refusal, and lifestyle counseling. NOTE: This does NOT include depression screening. **(GPRA Numerator)**

Patients with *comprehensive CVD assessment*, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening and *does NOT include refusals of BMI*. **(GPRA Developmental Numerator)**

BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator *does not include refusals*.

Depression Screening: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period, including documented refusals in past year.

Logic Description

Age of the patient is calculated at beginning of the Report Period.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report Period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Blood pressure definition: Having a minimum of two Blood Pressures documented on non-ER visits during the Report Period in past 2 years. If CRS does not find 2 BPs, it will search for CPT 3074F-3080F documented on non-ER visit during the past 2 years.

LDL definition: Finds the most recent test done in the last 5 years, regardless of the results of the measurement.

BMI definition: CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years; not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

CRS uses the following codes and taxonomies to define the numerators.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL - Finds the most recent test done in the last 5 years, regardless of the results of the measurement.	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening	99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, or 1036F	Any health factor for category Tobacco (see table on next page) V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 Patient education codes: containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 Dental code: 1320		
Medical Nutrition Counseling	97802-97804, G0270, G0271	Provider codes: 07, 29, 97, 99 Clinic codes: 67 (dietary) or 36 (WIC)		
Nutrition Education		V POV: V65.3 dietary surveillance and counseling Patient education codes: ending "-N" (nutrition) or "-MNT" (medical nutrition therapy) (or old code "-DT" (diet)) or containing V65.3.		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Exercise Education		V POV: V65.41 exercise counseling Patient education codes: ending “-EX” (exercise) or containing V65.41.		
Related Exercise and Nutrition Counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS-“ (obesity) or 278.00 or 278.01.		
Depression Screening		V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression) V Measurement in PCC or BH: PHQ2 or PHQ9 Refusals: Exam Code 36 in the past year		
Mood Disorders		At least 2 visits in PCC or BHS for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below). V POV: 296.* , 291.89, 292.84, 293.83, 300.4, 301.13, or 311 BHS POV: 14, 15		

All existing national Tobacco Health Factors listed below are counted as tobacco screening.

Health Factor	
Ceremonial	Previous Smokeless
Cessation-Smokeless	Previous Smoker
Cessation-Smoker	Smoke Free Home
Current Smokeless	Smoker In Home
Current Smoker	Current Smoker & Smokeless
Non-Tobacco User	Exposure To Environmental Tobacco Smoke

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added new GPRA developmental numerator that does not include refusals.
2. Added new numerator for patients who refused a height or weight measurement and for whom a BMI could not be calculated.
3. Added new numerator for patients for whom a BMI was calculated and did not refuse a height or weight measurement.

Patient List Description

List of patients with assessments received, if any.

Measure Source

Not Available

Measure Past Performance Long-term Targets

Performance	Percent
IHS FY 2008 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2007 Performance (Comprehensive CVD Assessment)	30.0%
IHS FY 2008 Performance (BP Assessed)	98.0%
IHS FY 2008 Performance (LDL Assessed)	90.0%
IHS FY 2008 Performance (Tobacco Assessed)	79.0%
IHS FY 2008 Performance (BMI Assessed or Refused)	85.0%
IHS FY 2008 Performance (Lifestyle Counseling)	38.0%
IHS FY 2008 Performance (Depression Screen)	53.0%

Performance	Percent
<i>IHS 2010 Goal for BP Assessed</i>	<i>95.0%</i>
<i>IHS 2010 Goal for LDL Assessed</i>	<i>85.0%</i>
<i>IHS 2010 Goal for Tobacco Assessed</i>	<i>50.0%</i>
<i>IHS 2010 Goal for BMI Measured</i>	<i>45.0%</i>
<i>IHS 2010 Goal for Lifestyle Counseling</i>	<i>75.0%</i>
<i>IHS 2010 Goal for Depression Screen</i>	<i>20.0%</i>

VA		Sep 01, 2009				Page 143		
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Comprehensive CVD-Related Assessment								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active IHD Pts 22+ (GPRA)	56		44			36		
# w/ BPs documented w/in 2 yrs	56	100.0	44	100.0	+0.0	36	100.0	+0.0
# w/LDL done w/in 5 yrs	48	85.7	38	86.4	-0.6	30	83.3	+2.4
# w/Tobacco Screening w/in 1 yr	46	82.1	38	86.4	-4.2	27	75.0	+7.1
# w/BMI calculated or refusal	56	100.0	43	97.7	+2.3	35	97.2	+2.8
# w/BMI refusal w/ % of total screened	2	3.6	0	0.0	+3.6	0	0.0	+3.6
# w/ lifestyle educ w/in 1 yr	29	51.8	22	50.0	+1.8	22	61.1	-9.3
# w/ BP, LDL, tobacco, BMI/Refusal and life counseling (GPRA)	24	42.9	19	43.2	-0.3	14	38.9	+4.0
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA Dev.)	23	41.1	19	43.2	-2.1	14	38.9	+2.2
# w/BMI calculated	54	96.4	43	97.7	-1.3	35	97.2	-0.8
# w/ Depression screening, DX, or refusal	7	12.5	4	9.1	+3.4	2	5.6	+6.9
A. Active IHD Pts 22+ and are NOT Active Diabetic	24		19			17		
# w/ BPs documented w/in 2 yrs	24	100.0	19	100.0	+0.0	17	100.0	+0.0
# w/LDL done w/in 5 yrs	20	83.3	17	89.5	-6.1	13	76.5	+6.9
# w/Tobacco Screening w/in 1 yr	20	83.3	15	78.9	+4.4	13	76.5	+6.9
# w/BMI calculated or refusal	24	100.0	19	100.0	+0.0	16	94.1	+5.9
# w/ lifestyle educ w/in 1 yr	13	54.2	7	36.8	+17.3	7	41.2	+13.0
# w/ BP, LDL, tobacco, BMI and life counseling	11	45.8	6	31.6	+14.3	4	23.5	+22.3
# w/ Depression screening, DX, or refusal	4	16.7	1	5.3	+11.4	1	5.9	+10.8

Figure 2-73: Sample Report, Comprehensive CVD-Related Assessment

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

Comprehensive CVD-Related Assessment: List of patients with assessments received, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	BP: 131/67 PRE STG II
TOB: 07/25/09: NON-TOBACCO USER BMI: 25.4 LIFE: 08/15/08:UTI-N SN						
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BP: 136/84 PRE STG II
TOB: 03/28/09: NON-TOBACCO USER BMI: 33.3						
PATIENT3,JENNY	000003	COMMUNITY #1	F	47	IHD	GPRA BP: 107/61
NORMAL LDL: 04/01/09 TOB: 08/10/09: CURRENT SMOKER BMI: 24.8 LIFE: 08/11/08:PM-LA OTH						
PATIENT4,SHERRY	000004	COMMUNITY #1	F	68	IHD;AD	BP: 157/73 STG 1 HTN
LDL: 03/12/09 TOB: 07/12/09: NON-TOBACCO USER BMI: 25.3						
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	BP: 130/66 PRE STG II
LDL: 01/14/09 BMI: 31.3						
PATIENT6,TINA MARIE	000006	COMMUNITY #1	F	78	IHD;AD	BP: 133/60 PRE STG II
LDL: 04/24/09 BMI: 32.3 LIFE: 07/18/08:DC-N SN						

Figure 2-74: Sample Patient List: Comprehensive CVD-Related Assessment

2.8.8 Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients aged 35 and older discharged for an AMI during the first 51 weeks of the Report Period and were not readmitted for any diagnosis within seven days of discharge. Broken down by gender.

Numerators

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *beta-blockers*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *ASA (aspirin) or other anti-platelet agent*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *ACEIs/ARBs*

Patients with active prescription for, refusal of, or who have a contraindication/previous adverse reaction to *statins*

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication
- B. Patients with documented refusal of the specified medication
- C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with active prescriptions for *all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin), with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.*1 (i.e., first eligible episode of an AMI) with Service Category H. If patient has more than one episode of AMI during the first 51 weeks of the Report Period, CRS will include only the first discharge.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients readmitted for any diagnosis within seven days of discharge.
3. Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
4. Patients with a Provider Narrative beginning with "Consider"; "Doubtful"; "Maybe"; "Possible"; "Perhaps"; "Rule Out"; "R/O"; "Probable"; "Resolved"; "Suspect"; "Suspicious"; or "Status Post."

Numerator Logic

In the logic below, "ever" is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. An active prescription (not discontinued as of [discharge date + 7 days]) that was prescribed prior to admission, during the inpatient stay, or within seven days after discharge. "Active" prescription defined as: Days Prescribed > ((Discharge Date + 7 days) - Order Date); *or*
2. A refusal of the medication at least once during hospital stay through seven days after discharge date; *or...*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2008, Discontinued Date=11/19/2008, Recalculated # Days Prescribed=4.

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol, and Hydrochlorothiazide-timolol.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496

NMI Refusal	G8011 at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during hospital stay through 7 days after discharge date
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CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): "beta block*"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated DM AUDIT ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin at time of arrival or prescribed at discharge		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during hospital stay through 7 days after discharge date	Refusal: NMI (not medically indicated) refusal for any aspirin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti- Platelets (any of the codes occurring ever)	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): "aspirin"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-verapamil).

Refusal of ACEI: REF refusal of any ACE inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

Antihypertensive Combinations (Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “Angiotensin Receptor Blocker” or “ARB”

	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Angiotensin Receptor Blocker” or “ARB”
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Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during hospital stay through seven days after discharge date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	Abortion: Any of the following POVs: 635*, 636*, or 637* Procedures: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*

Contraindication to Statins (any of the codes occurring ever unless otherwise noted)	CPT Codes	ICD and Other Codes
Breastfeeding		POV: V24.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		POV: 571.1 during the Report Period
NMI Refusal		Refusal: NMI (not medically indicated) refusal for any statin at least once during hospital stay through 7 days after discharge date

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring ever unless otherwise noted)	Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): "statin" or "statins"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Statin" or "Statins"

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 8.0 Patch 3

1. Replaced ACEI and ARB medication taxonomies with 2009 HEDIS list and updated medications listed in logic.
2. Replaced medication taxonomy BGP HEDIS BETA BLOCKER MEDS with updated HEDIS 2009 taxonomy and updated medications listed in logic.

3. For pregnancy definition, (A) revised logic from looking for the *last* two pregnancy diagnoses to the *first* two diagnoses during the 20 month period, (B) corrected logic to look for an abortion/miscarriage after the second diagnosis instead of the first, and (C) corrected logic to require at least one of the two pregnancy diagnoses to occur during the report period. Now the logic is looking at the first two pregnancy diagnoses in the past 20 months and requires at least one to occur during the report period with no abortion/miscarriage occurring after the second pregnancy diagnosis.

Patient List Description

List of patients with AMI, with appropriate medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-term Targets

2010 Goal: TBD

VA		Sep 01, 2009				Page 153			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Appropriate Medication Therapy after a Heart Attack									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ hospitalized for AMI	65		0			0			
# w/beta-blocker Rx/refusal/Contra/ADR	24	36.9	0	0.0	+36.9	0	0.0	+36.9	
A. # w/beta-blocker Rx w/ % of Total	4	16.7	0	0.0	+16.7	0	0.0	+16.7	
B. # w/refusal w/ % of Total	2	8.3	0	0.0	+8.3	0	0.0	+8.3	
C. # w/contra/ADR w/ % of Total	18	75.0	0	0.0	+75.0	0	0.0	+75.0	
# w/ASA Rx/refusal/Contra/ADR	11	16.9	0	0.0	+16.9	0	0.0	+16.9	
A. # w/ASA Rx w/% of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3	
B. # w/refusal w/ % of Total	3	27.3	0	0.0	+27.3	0	0.0	+27.3	
C. # w/contra/ADR w/ % of Total	5	45.5	0	0.0	+45.5	0	0.0	+45.5	
# w/ACEI/ARB Rx/refusal/Contra/ADR	10	15.4	0	0.0	+15.4	0	0.0	+15.4	
A. # w/ACEI/ARB Rx w/% of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0	
B. # w/refusal w/ % of Total	2	20.0	0	0.0	+20.0	0	0.0	+20.0	
C. # w/contra/ADR w/ % of Total	6	60.0	0	0.0	+60.0	0	0.0	+60.0	
# w/statin Rx/refusal/Contra/ADR	10	15.4	0	0.0	+15.4	0	0.0	+15.4	
A. # w/statin Rx w/% of Total	4	40.0	0	0.0	+40.0	0	0.0	+40.0	
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/contra/ADR w/ % of Total	6	60.0	0	0.0	+60.0	0	0.0	+60.0	
# w/Rx/refusal/contra/ADR of ALL meds	4	6.2	0	0.0	+6.2	0	0.0	+6.2	

Figure 2-75: Sample Report, Appropriate Medication Therapy after a Heart Attack

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

Appropriate Medication Therapy after a Heart Attack: List of patients with AMI, with appropriate medication therapy, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CECELIA	000001	COMMUNITY #1	F	37	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN: contra statin - pregnant						
PATIENT2,KATHLEEN	000002	COMMUNITY #1	F	38	AC	BETA: ; ASA:
01/16/09 ; ACEI/ARB: ; STATIN: Statin contra - BF-HC						
PATIENT3,KIMBERLY A	000003	COMMUNITY #1	F	49	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN:						
PATIENT4,TIMOTHY JOHN	000004	COMMUNITY #1	M	57	AC	BETA: heart blk
contra ; ASA: ; ACEI/ARB: ; STATIN:						
PATIENT5,FELIPE	000005	COMMUNITY #1	M	57	AC	BETA: ; ASA: ;
ACEI/ARB: ; STATIN:						
PATIENT6,JAMES DALTON	000006	COMMUNITY #1	M	77	AC	ALL MEDS; BETA:
08/27/09 ; ASA: 08/27/09 ; ACEI/ARB: 08/27/09 ; STATIN: 08/27/09						

Figure 2-76: Sample Patient List: Appropriate Medication Therapy after a Heart Attack

2.8.9 Persistence of Appropriate Medication Therapy after a Heart Attack

Denominator

Active Clinical patients 35 and older diagnosed with an AMI six months prior to the Report Period through the first six months of the Report Period. Broken down by gender.

Numerators

Patients with a 135-day course of treatment with beta-blockers, who refused beta-blockers in the 180 days after AMI, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a 135-day course of treatment with ASA (aspirin) or other anti-platelet agent, who refused ASA/anti-platelet in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a 135-day course of treatment with ACEIs/ARBs, who refused ACEIs/ARBs in the 180 days after AMI, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a 135-day course of treatment with statins, who refused statins in the 180 days after AMI, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication
- B. Patients with documented refusal of the specified medication
- C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a *135-day course of treatment for all post-AMI medications* (i.e., beta-blocker, ASA/anti-platelet, ACEI/ARB, and statin) following first discharge date or visit date, including previous active prescriptions; with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age is calculated at the beginning of the Report Period.

Acute Myocardial Infarction (AMI) definition: POV 410.0*-410.9* or 412. AMI diagnosis may be made at an inpatient or outpatient visit but must occur between six months prior to beginning of Report Period through first six months of the Report Period. Inpatient visit defined as Service Category of H (Hospitalization). If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

- If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death.”
- Patients with a Diagnosis Modifier of C (Consider), D (Doubtful), M (Maybe, Possible, Perhaps), O (Rule Out), P (Probable), R (Resolved), S (Suspect, Suspicious), or T (Status Post).
- Patients with a Provider Narrative beginning with “Consider,” “Doubtful,” “Maybe,” “Possible,” “Perhaps,” “Rule Out,” “R/O,” “Probable,” “Resolved,” “Suspect,” “Suspicious,” or “Status Post.”

Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below.

1. A total days' supply \geq 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent prescription (see codes below) prior to admission/visit date with the number of days supply equal to or greater than the discharge/visit date minus the prescription date; *or*
2. A refusal of the medication at least once at time of diagnosis through the 180 days after AMI; *or*
3. Have a contraindication/previous adverse reaction to the indicated medication.

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator who has prior active prescription:

- Admission Date: 2/1/2008, Discharge Date: 2/15/2008
- Must have 135 days prescribed by 8/13/2008 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2008
- # Days Prescribed: 60 (treats patient through 3/15/2008)
- Discharge Date minus Rx Date: 2/15/2008-1/15/2008 = 31, 60 is \geq 31, prescription is considered Prior Active Rx
- 3/15/2008 is between 2/15 and 8/13/2008, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
- $(60 - (\text{Discharge Date} - \text{Prior Rx Date})) = 60 - (2/15/2008 - 1/15/2008) = 60 - 31 = 29$
- Rx #2: 4/1/2008, # Days Prescribed: 90
- Rx #3: 7/10/2008, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2008: $29 + 90 + 90 = 209$

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. (Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol, and Hydrochlorothiazide-timolol.)

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the period admission/visit date through the 180 days after discharge/visit date	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): "beta block*"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or DM AUDIT ANTI-PLATELET DRUGS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Active prescription for Warfarin/Coumadin during the period admission/visit date through the 180 days after discharge/visit date		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during the period admission/visit date through the 180 days after discharge/visit date	Refusal: NMI (not medically indicated) refusal for any aspirin/other anti-platelet at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti- Platelets (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): "aspirin"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "ASA" or "aspirin"

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril).

Antihypertensive Combinations (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-verapamil).

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during the period admission/visit date through the 180 days after discharge/visit date

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Contained within or Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.).

Antihypertensive Combinations (Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan).

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ARBs (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during the period admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime up to the 180 days after discharge/visit date)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during admission/visit date through the 180 days after discharge/visit date.

CRS uses the following codes to define contraindications to statins.

Contraindication to Statins (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: t least two visits during the period admission/visit date through the 180 days after discharge/visit date with V22.0-V23.9, V72.42, 640.*-649.*, or 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV.

	<p>Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267</p> <p>Miscarriage: Any of the following: 59812, 59820, 59821, 59830</p>	<p>Abortion: Any of the following POVs: 635*, 636*, or 637*</p> <p>Procedure: 69.01, 69.51, 74.91, 96.49</p> <p>Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*</p>
Breastfeeding		<p>POV: V24.1 during the period admission/visit date through the 180 days after discharge/visit date</p> <p>Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the period admission/visit date through the 180 days after discharge/visit date</p>
Acute Alcoholic Hepatitis		<p>POV: 571.1 during the period admission/visit date through the 180 days after discharge/visit date</p>
NMI Refusal		<p>Refusal: NMI (not medically indicated) refusal for any statin at least once during the period admission/visit date through the 180 days after discharge/visit date</p>

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime up to the 180 days after discharge/visit date unless otherwise noted)	Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the period admission/ visit date through the 180 days after discharge/visit date
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the period admission/visit date through the 180 days after discharge/visit date
	POV: Myopathy/Myalgia, defined as any of the following during the period admission/visit date through the 180 days after discharge/visit date: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): “statin” or “statins”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “Statin” or “Statins”

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 8.0 Patch 3

1. Replaced ACEI and ARB medication taxonomies with 2009 HEDIS list and updated medications listed in logic
2. Replaced medication taxonomy BGP HEDIS BETA BLOCKER MEDS with updated HEDIS 2009 taxonomy and updated medications listed in logic.

3. For pregnancy definition, (A) revised logic from looking for the *last* two pregnancy diagnoses to the *first* two diagnoses during the 20 month period, (B) corrected logic to look for an abortion/miscarriage after the second diagnosis instead of the first, and (C) corrected logic to require at least one of the two pregnancy diagnoses to occur during the report period. Now the logic is looking at the first two pregnancy diagnoses in the past 20 months and requires at least one to occur during the report period with no abortion/miscarriage occurring after the second pregnancy diagnosis.

Patient List Description

List of patients with AMI, with persistent medication therapy, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines for the Treatment of AMI.

Measure Past Performance and Long-term Targets

2010 Goal: TBD

VA		Sep 01, 2009				Page 163			
*** IHS 2009 Selected Measures with Community Specified Report ***									
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Report Period: Jan 01, 2009 to Dec 31, 2009									
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Persistence of Appropriate Medication Therapy after a Heart Attack									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Pts 35+ w/ AMI DX	48		3			4			
# w/135-day beta-blocker Rx/refusal/Contra/ADR	20	41.7	2	66.7	-25.0	3	75.0	-33.3	
A. # w/135-day beta blocker Rx w/ % of Total	2	10.0	2	100.0	-90.0	2	66.7	-56.7	
B. # w/refusal w/ % of Total	1	5.0	0	0.0	+5.0	0	0.0	+5.0	
C. # w/contra/ADR w/ % of Total	17	85.0	0	0.0	+85.0	1	33.3	+51.7	
# w/135-day ASA Rx/refusal/Contra/ADR	6	12.5	0	0.0	+12.5	2	50.0	-37.5	
A. # w/135-day ASA Rx w/% of Total	1	16.7	0	0.0	+16.7	2	100.0	-83.3	
B. # w/refusal w/ % of Total	2	33.3	0	0.0	+33.3	0	0.0	+33.3	
C. # w/contra/ADR w/ % of Total	3	50.0	0	0.0	+50.0	0	0.0	+50.0	
# w/135-day ACEI/ARB Rx/refusal/Contra/ADR	8	16.7	1	33.3	-16.7	1	25.0	-8.3	
A. # w/135-day ACEI/ARB Rx w/% of Total	1	12.5	1	100.0	-87.5	1	100.0	-87.5	
B. # w/refusal w/ % of Total	1	12.5	0	0.0	+12.5	0	0.0	+12.5	
C. # w/contra/ADR w/ % of Total	6	75.0	0	0.0	+75.0	0	0.0	+75.0	
# w/135-day statin Rx/refusal/Contra/ADR	7	14.6	2	66.7	-52.1	2	50.0	-35.4	
A. # w/135-day statin Rx w/% of Total	2	28.6	2	100.0	-71.4	2	100.0	-71.4	
B. # w/refusal w/ % of Total	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
C. # w/contra/ADR w/ % of Total	5	71.4	0	0.0	+71.4	0	0.0	+71.4	
# w/Rx/refusal/contra/ADR of ALL meds	3	6.3	0	0.0	+6.3	1	25.0	-18.8	

Figure 2-77: Sample Report, Persistence of Appropriate Medication Therapy after a Heart Attack

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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

Persistence of Appropriate Medication Therapy after a Heart Attack: List
of patients with AMI, with persistent medication therapy, if any.
PATIENT NAME          HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,RHONDA      000001 COMMUNITY #1   F  35  AC          ALL MEDS;  BETA: 2 dx
asthma contra ; ASA: asa contra NMI Aspirin: ASPIRIN 325MG CAP 05/23/09 ;
PATIENT2,KATHLEEN    000002 COMMUNITY #1   F  38  AC          BETA: ; ASA: ;
ACEI/ARB: ACEI contra POV: 05/01/07 [395.0] STENOSIS ; STATIN
PATIENT3,KIMBERLY A  000003 COMMUNITY #1   F  49  AC          BETA: ; ASA: ;
ACEI/ARB: ; STATIN: STATIN contra POV: 06/15/08 [571.1] AC ALCOHOLIC HEPATITIS
PATIENT4,TIMOTHY     000004 COMMUNITY #1   M  57  AC          BETA: Beta Blocker
contra NMI med 05/09/09 ; ASA: ; ACEI/ARB: ; STATIN: adr Statin - AST/ALT
PATIENT5,JOSHUA      000005 COMMUNITY #1   M  63  AC          ALL MEDS;  BETA: Beta
Blocker Refusal 05/01/09 ; ASA: Anti-Platelet Refusal 05/01/09 ; ACEI/ARB: ARB
Refusal 05/02/09 ; STATIN: Statin Refusal 05/02/09

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Figure 2-78: Sample Patient List: Persistence of Appropriate Medication Therapy after a Heart Attack

2.8.10 Appropriate Medication Therapy in High Risk Patients

Denominators

Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, *and* at least two visits during the Report Period, *and* two IHD-related visits ever.

- A. Active IHD patients ages 22 and older who are not Active Diabetic.
- B. Active IHD patients ages 22 and older who are Active Diabetic

Numerators

Patients with a 180-day course of treatment with or refusal of *beta-blockers* during the Report Period, or who have a contraindication/previous adverse reaction to beta-blocker therapy.

Patients with a 180-day course of treatment with or refusal of *ASA (aspirin) or other anti-platelet agent* during the Report Period, or who have a contraindication/previous adverse reaction to ASA/anti-platelet therapy.

Patients with a 180-day course of treatment with or refusal of *ACEIs/ARBs* during the Report Period, or who have a contraindication/previous adverse reaction to ACEI/ARB therapy.

Patients with a 180-day course of treatment with or refusal of *statins* during the Report Period, or who have a contraindication/previous adverse reaction to statin therapy.

Also included for the numerators above are sub-numerators:

- A. Patients with active prescription for the specified medication.
- B. Patients with documented refusal of the specified medication.
- C. Patients with contraindication/previous adverse reaction to the specified medication

Patients with a 180-day course of treatment for *all medications* (i.e., beta-blocker, aspirin/anti-platelet, ACEI/ARB, *and* statin) during the Report Period, with refusal, and/or who have a contraindication/previous adverse reaction.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Ischemic Heart Disease (IHD) diagnosis defined as: 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report Period, *and* at least two visits during the Current Report period, *and* two DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Numerator Logic

In the logic below, “ever” is defined as anytime through the end of the Report Period.

To be included in the numerators, a patient must meet one of the three conditions below:

1. Prescription(s) for the indicated medication with a total days supply of 180 days or more during the Report Period; *or*
2. A refusal of the medication during the Report Period; *or*
3. Have a contraindication/previous adverse reaction to the indicated medication

Refusals and contraindications/previous adverse drug reactions (ADR)/allergies are only counted if a patient did not have a prescription for the indicated medication. Patients without a prescription who have a refusal and/or contraindication/ADR/allergy will be counted in sub-numerators B-C. Because a patient may have both a refusal and a contraindication/ADR/allergy, the sub-numerator totals of A-C may not add up to the numerator total.

For prescriptions, the days supply requirement may be met with a single prescription or from a combination of prescriptions for the indicated medication that were filled during the Report Period and prescriptions filled prior to the Report Period but which are still active (i.e., prior active prescription). Prior active prescriptions can be included if the treatment days fall within the Report Period. Prior active prescription defined as most recent prescription for the indicated medication (see codes below) prior to Report Period Start Date with the number of days supply equal to or greater than the Report Period Start Date minus the prescription date.

Note: If a prescription for a medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2007, Discontinued Date=11/19/2007, Recalculated # Days Prescribed=4.

Example of patient included in the beta-blocker numerator with prior active prescription:

- Report Period: 07/01/2007 – 06/30/2008
- Must have 180 days supply of indicated medication 6/30/2008 (end of Report Period)
- Prior Beta-Blocker Rx Date: 06/01/2007
- # Days Prescribed: 60 (treats patient through 07/31/2007)
- Report Period Start Date minus Rx Date: 07/01/2007-06/01/2007 = 30; 60 (#Days Prescribed) is \geq 30, prescription is considered Prior Active Rx
- 07/31/2007 is between the Report Period of 07/01/2007 and 06/30/2008, thus remainder of Prior Active Rx can be counted toward 180-days supply
- # Remaining Days Prescribed from Prior Active Rx:
- (# Days Prescribed-(Report Period Start Date-Prior Rx Date) =
- $60-(07/01/2007-06/01/2007) = 60-30 = 30$
- Rx #2: 08/05/2007, # Days Prescribed: 90
- Rx #3: 11/10/2007, #Days Prescribed: 90
- Total Days Supply Prescribed between 07/01/2007 and 06/30/2008, including prior active prescription: $30+90+90=210$

Beta-Blocker Numerator Logic

Beta-blocker medication codes defined with medication taxonomy BGP HEDIS BETA BLOCKER MEDS. Medications are: Noncardioselective Beta Blockers: Carteolol, Carvedilol, Labetalol, Nadolol, Penbutolol, Pindolol, Propranolol, Timolol, Sotalol; Cardioselective Beta Blockers: Acebutolol, Atenolol, Betaxolol, Bisoprolol, Metoprolol, Nebivolol; and Antihypertensive Combinations: Atenolol-chlorthalidone, Bendroflumethiazide-nadolol, Bisoprolol-hydrochlorothiazide, Hydrochlorothiazide-metoprolol, Hydrochlorothiazide-propranolol, and Hydrochlorothiazide-timolol.

Refusal of beta-blocker: REF refusal of any beta-blocker medication in site-populated medication taxonomy BGP HEDIS BETA BLOCKER MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to beta-blockers.

Contraindication to Beta-Blockers (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Asthma		POV: 2 diagnoses of 493* on different visit dates
Hypotension		POV: 1 diagnosis of 458*
Heart Block >1 Degree		POV: 1 diagnosis of 426.0, 426.12, 426.13, 426.2, 426.3, 426.4, 426.51, 426.52, 426.53, 426.54, or 426.7
Sinus Bradycardia		POV: 1 diagnosis of 427.81
COPD		POV: 2 diagnoses on different visit dates of 491.2*, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496
NMI Refusal	G8011 at least once during the Report Period	Refusal: NMI (not medically indicated) refusal for any beta-blocker at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to beta-blockers.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Beta-Blockers (any of the codes occurring ever)	POV: 995.0-995.3 AND E942.0
	Entry in ART (Patient Allergies File): "beta block*"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "beta block*", "bblock*" or "b block*"

ASA (aspirin)/Other Anti-Platelet Numerator Logic

ASA medication codes defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.

Other anti-platelet medication codes defined with medication taxonomy site-populated BGP ANTI-PLATELET DRUGS taxonomy.

Refusal of ASA/other anti-platelet: REF refusal of any ASA or anti-platelet medication in site-populated medication taxonomies DM AUDIT ASPIRIN DRUGS or BGP ANTI-PLATELET DRUGS at least once during the Report Period.

CRS uses the following codes to define contraindications to ASA/other anti-platelets.

Contraindication to ASA/Other Anti-Platelets (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
180-day course of treatment for Warfarin/Coumadin during the Report Period		Site-Populated Drug Taxonomy: BGP CMS WARFARIN MEDS
Hemorrhage		POV: 459.0
NMI Refusal	G8008 at least once during the Report Period	Refusal: NMI (not medically indicated) refusal for any aspirin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ASA/other anti-platelets.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ASA/Other Anti-	POV: 995.0-995.3 AND E935.3
	Entry in ART (Patient Allergies File): "aspirin"

	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ASA” or “aspirin”
--	--

ACEI/ARB Numerator Logic

Ace Inhibitor (ACEI) medication codes defined with medication taxonomy BGP HEDIS ACEI MEDS. ACEI medications are: Angiotensin Converting Enzyme Inhibitors (Benazepril, Captopril, Enalapril, Fosinopril, Lisinopril, Moexipril, Perindopril, Quinapril, Ramipril, Trandolopril.)

Antihypertensive Combinations: (Amlodipine-benazepril, Benazepril-hydrochlorothiazide, Captopril-hydrochlorothiazide, Enalapril-hydrochlorothiazide, Fosinopril-hydrochlorothiazide, Hydrochlorothiazide-lisinopril, Hydrochlorothiazide-moexipril, Hydrochlorothiazide-quinapril, Hydrochlorothiazide-verapamil.)

Refusal of ACEI: REF refusal of any ACE Inhibitor medication in site-populated medication taxonomy BGP HEDIS ACEI MEDS at least during the Report Period.

CRS uses the following codes to define contraindications to ACE inhibitors.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ACE inhibitor at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ACE inhibitors.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ACE Inhibitors (any of the codes occurring anytime through the end of the Report Period)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): “ace inhibitor” or “ACEI”
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: “ace i*” or “ACEI”

ARB (Angiotensin Receptor Blocker) medication codes defined with medication taxonomy BGP HEDIS ARB MEDS. ARB medications are: Angiotensin II Inhibitors (Candesartan, Eprosartan, Irbesartan, Losartan, Olmesartan, Telmisartan, Valsartan.)

Antihypertensive Combinations (Candesartan-hydrochlorothiazide, Eprosartan-hydrochlorothiazide, Hydrochlorothiazide-Irbesartan, Hydrochlorothiazide-Losartan, Hydrochlorothiazide-olmesartan, Hydrochlorothiazide-Telmisartan, Hydrochlorothiazide-Valsartan.)

Refusal of ARB: REF refusal of any ARB medication in site-populated medication taxonomy BGP HEDIS ARB MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to ARBs.

Contraindication to ACE Inhibitors (any of the codes occurring ever unless otherwise noted)	ICD and Other Codes
Moderate or Severe Aortic Stenosis	POV: 395.0, 395.2, 396.0, 396.2, 396.8, 424.1, 425.1, or 747.22
NMI Refusal	Refusal: NMI (not medically indicated) refusal for any ARB at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to ARBs.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to ARBs (any of the codes occurring anytime through the end of the Report Period)	POV: 995.0-995.3 AND E942.6
	Entry in ART (Patient Allergies File): "Angiotensin Receptor Blocker" or "ARB"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Angiotensin Receptor Blocker" or "ARB"

Statins Numerator Logic

Statin medication codes defined with medication taxonomy BGP HEDIS STATIN MEDS. Statin medications are: Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altacor), Mevacor, Pravastatin (Pravachol), Simvastatin (Zocor), Rosuvastatin (Crestor).

Statin Combination Products: Advicor, Caduet, PraviGard Pac, Vytorin.

Refusal of Statin: REF refusal of any statin medication in site-populated medication taxonomy BGP HEDIS STATIN MEDS at least once during the Report Period.

CRS uses the following codes to define contraindications to statins.

Contraindication to ACE Inhibitors (any of the codes occurring ever, unless otherwise noted)	CPT Codes	ICD and Other Codes
Pregnancy		POV or Problem List: At least two visits during the Report Period with V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* and with no documented miscarriage or abortion (defined below) occurring after the second pregnancy POV
	Abortion: Any of the following: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	Abortion: Any of the following POVs: 635*, 636*, or 637* Procedure: 69.01, 69.51, 74.91, 96.49
	Miscarriage: Any of the following: 59812, 59820, 59821, 59830	Miscarriage: Any of the following POVs: 630, 631, 632, 633*, or 634*
Breastfeeding		POV: V24.1 during the Report Period Patient Education: BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, or BF-N during the Report Period
Acute Alcoholic Hepatitis		POV: 571.1 during the Report Period
NMI Refusal		Refusal: NMI (not medically indicated) refusal for any statin at least once during the Report Period

CRS uses the following codes to define adverse drug reactions/documentated allergies to statins.

	ICD and Other Codes
Adverse Drug Reaction/ Allergy to Statins (any of the codes occurring anytime through the end of the Report Period, unless otherwise noted)	Site-Populated Lab Taxonomy or LOINC Taxonomy: DM AUDIT ALT TAX, with ALT and/or AST > 3x the Upper Limit of Normal (ULN) (i.e., Reference High) on 2 or more consecutive visits during the Report Period
	Site-Populated Lab Taxonomy or LOINC Taxonomy: BGP CREATINE KINASE TAX, with Creatine Kinase (CK) levels > 10x ULN or CK > 10,000 IU/L during the Report Period
	POV: Myopathy/Myalgia, defined as any of the following during the Report Period: 359.0-359.9, 729.1, 710.5, or 074.1
	POV: 995.0-995.3 AND E942.9
	Entry in ART (Patient Allergies File): "statin" or "statins"
	Entry in Problem List or in Provider Narrative for any POV 995.0-995.3 or V14.8: "Statin" or "Statins"

All Medications Numerator Logic

To be included in this numerator, a patient must have a prescription, refusal, or a contraindication for *all* of the four medication classes (i.e., beta-blocker, ASA/other anti-platelet, ACEI/ARB, *and* statin).

Key Logic Changes from CRS Version 8.0 Patch 3

1. Replaced medication taxonomy BGP HEDIS BETA BLOCKER MEDS with updated HEDIS 2009 taxonomy and updated medications listed in logic.
2. Replaced ACEI and ARB medication taxonomies with 2009 HEDIS list and updated medications listed in logic.
3. For pregnancy definition, (A) revised logic from looking for the *last* two pregnancy diagnoses to the *first* two diagnoses during the 20 month period, (B) corrected logic to look for an abortion/miscarriage after the second diagnosis instead of the first, and (C) corrected logic to require at least one of the two pregnancy diagnoses to occur during the report period. Now the logic is looking at the first two pregnancy diagnoses in the past 20 months and requires at least one to occur during the report period with no abortion/miscarriage occurring after the second pregnancy diagnosis.

Patient List Description

List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

Measure Source

American Heart Association/American College of Cardiology Guidelines

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 170			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Appropriate Medication Therapy in High Risk Patients									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active IHD pts 22+	56		44			36			
# w/180 day beta-blocker									
Rx/refusal/Contra/									
ADR	38	67.9	27	61.4	+6.5	18	50.0	+17.9	
A. # w/180 day beta-blocker									
Rx w/% of Total	21	55.3	17	63.0	-7.7	14	77.8	-22.5	
B. # w/refusal w/									
% of Total	1	2.6	0	0.0	+2.6	0	0.0	+2.6	
C. # w/contra/ADR									
w/ % of Total	16	42.1	10	37.0	+5.1	4	22.2	+19.9	
# w/180 day ASA									
Rx/refusal/Contra/									
ADR	29	51.8	23	52.3	-0.5	27	75.0	-23.2	
A. # w/180 day ASA									
Rx w/% of Total	22	75.9	20	87.0	-11.1	22	81.5	-5.6	
B. # w/refusal w/									
% of Total	1	3.4	0	0.0	+3.4	0	0.0	+3.4	
C. # w/contra/ADR									
w/ % of Total	6	20.7	3	13.0	+7.6	5	18.5	+2.2	
# w/180 day ACEI/ARB									
Rx/refusal/Contra/									
ADR	35	62.5	21	47.7	+14.8	20	55.6	+6.9	
A. # w/180 day ACEI/ARB									
Rx w/% of Total	31	88.6	19	90.5	-1.9	19	95.0	-6.4	
B. # w/refusal w/									
% of Total	1	2.9	0	0.0	+2.9	0	0.0	+2.9	
C. # w/contra/ADR									
w/ % of Total	3	8.6	2	9.5	-1.0	1	5.0	+3.6	
# w/180 day statin									
Rx/refusal/Contra/									
ADR	33	58.9	23	52.3	+6.7	16	44.4	+14.5	
A. # w/180 day statin									
Rx w/% of Total	28	84.8	21	91.3	-6.5	15	93.8	-8.9	
B. # w/refusal w/									
% of Total	2	6.1	0	0.0	+6.1	0	0.0	+6.1	
C. # w/contra/ADR									
w/ % of Total	3	9.1	2	8.7	+0.4	1	6.3	+2.8	
# w/180 day Rx/refusal/									
contra/ADR of ALL									
meds	19	33.9	10	22.7	+11.2	6	16.7	+17.3	

Figure 2-79: Sample Report, Appropriate Medication Therapy in High Risk Patients

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

Appropriate Medication Therapy in High Risk Patients: List of IHD patients 22+ with 180-day medication therapy during the Report Period, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,CAITLYN	000001	COMMUNITY #1	F	22	IHD	ALL MEDS; BETA: Beta Blocker Refusal 02/11/09 ; ASA: Aspirin Refusal 02/11/09 ; ACEI/ARB: ACEI Refusal 02/11/09 ; STATIN: Statin Refusal 02/11/09
PATIENT2,CARLA	000002	COMMUNITY #1	F	40	IHD	BETA: ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT3,GENEVA	000003	COMMUNITY #1	F	47	IHD	BETA: 2 dx asthma contra ; ASA: ; ACEI/ARB: ; STATIN:
PATIENT4,SHERRY LISA	000004	COMMUNITY #1	F	68	IHD;AD	BETA: ; ASA: total days aspirin: 330 ; ACEI/ARB: total days ACE/ARB: 280 ; STATIN: total days STATIN: 331
PATIENT5,PAULINE	000005	COMMUNITY #1	F	70	IHD;AD	ALL MEDS; BETA: 2 dx asthma contra ; ASA: total days aspirin: 180 ; ACEI/ARB: total ACE/ARB: 187 ; STATIN: Statin Refusal 06/24/09

Figure 2-80: Sample Patient List: Appropriate Medication Therapy in High Risk Patients

2.8.11 Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge (New Topic)

Denominator

Number of visits for User Population patients ages 18 and older who were discharged with ischemic stroke or transient ischemic attack (TIA) with documented permanent, persistent, or paroxysmal atrial fibrillation.

Numerators

Number of visits where patients received a prescription for anticoagulant at discharge.

Number of visits where patients refused anticoagulant therapy.

Number of visits where patients did not receive anticoagulation therapy.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes to define ischemic stroke or transient ischemic attack with atrial fibrillation.

	ICD and Other Codes
Ischemic Stroke or Transient Ischemic Attack (TIA) with Atrial Fibrillation (Non-CHS inpatient visit - Type not equal to C and Service Category=H)	V POV: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, or 435.9 AND 427.31 (atrial fibrillation)

Anticoagulant Therapy: Patient must meet one of the conditions below to be counted as receiving anticoagulant therapy.

- Active prescription for Warfarin, aspirin, or other anti-platelet as of discharge date. "Active" prescription defined as:
Rx Days Supply \geq (Discharge Date - Prescription Date), where the prescription has not been discontinued as of the discharge date.
- Prescription for Warfarin, aspirin, or other anti-platelet on discharge date.
Warfarin Medication: Any medication in site-populated BGP CMS WARFARIN MEDS taxonomy.
Aspirin Medication: Any medication in site-populated DM AUDIT ASPIRIN DRUGS taxonomy.
Other Anti-Platelet/Anticoagulant Medication: Any medication in the site-populated BGP ANTI-PLATELET DRUGS taxonomy, any medication with VA Drug Class BL700.

Refusal of Anticoagulant Therapy: Refusal of any of the following documented on discharge date:

- Any medication in site-populated taxonomies BGP CMS WARFARIN MEDS, DM AUDIT ASPIRIN DRUGS, or BGP ANTI-PLATELET DRUGS; or
- Any medication with VA Drug Class BL700.

No Anticoagulant Therapy: Patients who did not have an active prescription for anticoagulant therapy at time of discharge and did not receive or refuse anticoagulant therapy at discharge.

Key Logic Changes from CRS Version 8.0 Patch 3

1. Removed CPT II codes 4073F and 4075F from other anti-platelet/anticoagulant definition and refusal definition.
2. Removed HCPCS G8006 from aspirin and refusal of other anti-platelet/anti-coagulant definitions.

Patient List Description

List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 184		
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
# Stroke/Tia w/ Atrial Fib Visits for User Pop Pts 18+	17		0			0			
# Visits w/ Anticoagulant Rx	5	29.4	0	0.0	+29.4	0	0.0	+29.4	
# Visits w/ Refusal	1	5.9	0	0.0	+5.9	0	0.0	+5.9	
# Visits w/ No Anticoagulant Therapy	11	64.7	0	0.0	+64.7	0	0.0	+64.7	

Figure 2-81: Sample Report, Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

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

Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for
 Atrial Fibrillation at Discharge: List of patients with stroke/TIA and
 atrial fibrillation with anticoagulant therapy, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	38	UP; 1) 02/01/09	435.8+427.31
1) 02/10/09 NOT MET: NO THERAPY						
PATIENT2,CODY JACK	000002	COMMUNITY #1	M	31	UP; 1) 12/01/09	433.21+427.31
1) 12/01/09 MET: WARF						
PATIENT3,TIMOTHY ALLEN	000003	COMMUNITY #1	M	33	UP; 1) 04/01/09	433.81+427.31
1) 04/01/09 NOT MET: NO THERAPY						
PATIENT4,TRACE	000004	COMMUNITY #1	M	37	UP; 1) 05/01/09	433.81+427.31
1) 05/03/09 NOT MET: NO THERAPY						

Figure 2-82: Sample Patient List: Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge

2.8.12 Cholesterol Management for Patients with Cardiovascular Conditions

Denominators

Active Clinical patients ages 18 to 75 who, during the first ten months of the year prior to the beginning of the Report Period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA) OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

User Population patients ages 18 to 75 who, during the first 10 months of the year prior to the beginning of the Report period, were diagnosed with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA), OR who were diagnosed with ischemic vascular disease (IVD) during the Report Period and the year prior to the Report Period. Broken down by gender.

Numerators

Patients with LDL completed during the Report Period, regardless of result.

- A. Patients with LDL ≤ 100 , completed during the Report Period.
- B. Patients with LDL 101-130, completed during the Report Period.
- C. Patients with LDL > 130 , completed during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Searches for most recent LDL test with a result during the Report Period. If more than one LDL test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an LDL test with a result is not found, CRS searches for the most recent LDL test without a result. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

CRS uses the following codes to define the denominator and numerators.

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		V POV: 410.*0, 410.*1		
PTCA	33140, 92980, 92982, 92995	V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07, or 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536, S2205-S2209	V Procedure: 36.1*, 36.2		
IVD		V POV: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.*-434.*, 440.1, 440.2*, 440.4, 444.*, or 445.*		
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX

Key Logic Changes from CRS Version 8.0 Patch 3

1. For the rare cases where a patient has more than one LDL test documented on the same day and/or same visit and one has a result and the other does not, revised the logic to use the test with the result..
2. Deleted CPTs 35600 and 33572 from CABG definition.
3. Deleted CPTs 92981, 92984, and 92996 from PTCA definition.
4. Added ICD-9 diagnosis codes 414.2 and 440.4 to IVD definition.

Patient List Description

List of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 189			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Cholesterol Management for Patients with Cardiovascular Conditions									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical pts 18-75									
with dx of AMI, CABG,									
PTCA, or IVD									
	30		25			18			
# w/LDL done	29	96.7	20	80.0	+16.7	9	50.0	+46.7	
A. # w/LDL <=100									
w/% of Total									
Screened	11	37.9	11	55.0	-17.1	3	33.3	+4.6	
B. # w/LDL 101-130									
w/% of Total									
Screened	5	17.2	3	15.0	+2.2	2	22.2	-5.0	
C. # w/LDL >130									
w/% of Total									
Screened	5	17.2	4	20.0	-2.8	4	44.4	-27.2	
Male Active Clinical pts									
18-75 with DX AMI, CABG									
PTCA, or IVD									
	18		16			10			
# w/LDL done	17	94.4	11	68.8	+25.7	4	40.0	+54.4	
A. # w/LDL <=100									
w/% of Total									
Screened	4	23.5	4	36.4	-12.8	1	25.0	-1.5	
B. # w/LDL 101-130									
w/% of Total									
Screened	2	11.8	3	27.3	-15.5	1	25.0	-13.2	
C. # w/LDL >130									
w/% of Total									
Screened	4	23.5	2	18.2	+5.3	2	50.0	-26.5	
Female Active Clinical pts									
18-75 with DX AMI, CABG									
PTCA, or IVD									
	12		9			8			
# w/LDL done	12	100.0	9	100.0	+0.0	5	62.5	+37.5	
A. # w/LDL <=100									
w/% of Total									
Screened	7	58.3	7	77.8	-19.4	2	40.0	+18.3	
B. # w/LDL 101-130									
w/% of Total									
Screened	3	25.0	0	0.0	+25.0	1	20.0	+5.0	
C. # w/LDL >130									
w/% of Total									
Screened	1	8.3	2	22.2	-13.9	2	40.0	-31.7	

Figure 2-83: Sample Report, Cholesterol Management for Patients with Cardiovascular Conditions

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

Cholesterol Management for Patients with Cardiovascular Conditions: List
 of patients with AMI, CABG, PTCA, or IVD w/LDL value, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC;IVD DXSLDL	07/12/09 114
PATIENT2,CODY JACK	000002	COMMUNITY #1	M	41	UP;AC;IVD DXS	
PATIENT3,TIMOTHY ALLEN	000003	COMMUNITY #1	M	43	UP;AC;IVD DXSLDL	05/16/09 128
PATIENT4,TRACE	000004	COMMUNITY #1	M	47	UP;AC;IVD DXS	
PATIENT5,KENNETH	000005	COMMUNITY #1	M	60	UP;AC;IVD DXS	
PATIENT6,ROSS WAYNE	000006	COMMUNITY #1	M	60	UP;AC;AMI DXSLDL	02/12/09 97
PATIENT7,WILLIAM	000007	COMMUNITY #1	M	62	UP;AC;IVD DXSLDL	02/18/09 140
PATIENT8,JASON LEE	000008	COMMUNITY #1	M	63	UP;AC;IVD DXSLDL	02/18/09 64
PATIENT30,ALLISON	000030	COMMUNITY #2	F	52	UP;AC;IVD DXSLDL	06/11/09 87
PATIENT31,ALLEN JAMES	000031	COMMUNITY #2	M	44	UP;AC;IVD DXSLDL	02/19/09

Figure 2-84: Sample Patient List: Cholesterol Management for Patients with Cardiovascular Conditions

2.8.13 Heart Failure and Evaluation of LVS Function

Denominator

Active Clinical patients ages 18 or older discharged with heart failure during the Report Period.

Numerators

Patients whose LVS function was evaluated before arrival, during hospitalization, or is planned for after discharge.

Logic Description

Age of the patient is calculated as of the hospital admission date.

Denominator exclusions are defined as any of the following:

1. Patients receiving comfort measures only (i.e., patients who received palliative care and usual interventions were not received because a medical decision was made to limit care).
2. Patients with a Discharge Type of Transferred or Irregular or containing "Death."
3. Patients who had a left ventricular assistive device (LVAD) or heart transplant procedure during hospitalization.

CRS uses the following codes to define the denominator and numerators.

	CPT Codes	ICD and Other Codes
Denominator Exclusions		
Comfort Measures		V POV: V66.7 (Encounter for palliative care) documented during hospital stay
LVAD/Heart Transplant		V Procedure: 33.6, 37.41, 37.51-37.54, 37.61-37.66, 37.68 documented during hospital stay
Denominator Definition		
Heart Failure		V POV (Primary Diagnosis only): 398.91, 402.01, 402.11, 402.91, 404.01, 404.03, 404.11, 404.13, 404.91, 404.93, 428.0, 428.1, 428.20, 428.21, 428.22, 428.23, 428.30, 428.31, 428.32, 428.33, 428.40, 428.41, 428.42, 428.43, 428.9, 429.1, or 997.1 AND with Service Category H (hospitalization). NOTE: If a patient has multiple admissions matching these criteria during the Report Period, the earliest admission will be used.
Numerator Definition (Evaluation of LVS Function): Any of the codes listed below		
Ejection Fraction (ordered or documented anytime one year prior to discharge date)	78414, 78468, 78472, 78473, 78480, 78481, 78483, 78494, 93303, 93304, 93307, 93308, 93312, 93314-93318, 93350, 93543, 93555	V Measurement: "CEF" V Procedure: 88.53, 88.54
RCIS Order for Cardiovascular Disorders Referral (ordered during the hospital stay but no later than the hospital discharge date)		ICD Diagnostic Category: "Cardiovascular Disorders" AND one of the following: CPT Categories: "Evaluation and/or Management," "Non-surgical Procedures" or "Diagnostic Imaging"
Other Procedures (documented anytime one year prior to discharge date)		Echocardiogram: V Procedure 88.72, 37.28, 00.24; Nuclear Medicine Test: V Procedure 92.2*; Cardiac Catheterization with a Left Ventriculogram: V Procedure 37.22, 37.23, 88.53, 88.54

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.

Measure Source

CMS HF-2

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 223	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Heart Failure and Evaluation of LVS Function								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
AC 18+ w/Heart Failure Dx	43		2			1		
Patients w/Eval of LVS Function	13	30.2	0	0.0	+30.2	0	0.0	+30.2

Figure 2-85: Sample Report, Heart Failure and Evaluation of LVS Function

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

Heart Failure and Evaluation of LVS Function: List of Active Clinical heart failure patients 18+ who received evaluation of LVS function, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,JOAN LVS: 06/03/09 Procedure:	000164	COMMUNITY	#1	F 36	AC	Admission: 06/01/09 88.72
PATIENT2,SARAH LVS: NOT DOCUMENTED	000127	COMMUNITY	#1	F 35	AC	Admission: 05/01/09
PATIENT3,JOHN LVS: 06/01/09 CPT: 78468	000151	COMMUNITY	#1	M 36	AC	Admission: 06/01/09
PATIENT4,ROGER LVS: 04/30/09 CEF Measurement 40	000125	COMMUNITY	#1	M 47	AC	Admission: 05/01/09
PATIENT5,DANIEL LVS: NOT DOCUMENTED	000129	COMMUNITY	#1	M 57	AC	Admission: 05/01/09

Figure 2-86: Sample Patient List: Heart Failure and Evaluation of LVS Function

2.9 STD-Related Measure Topics

2.9.1 HIV Screening

GPRM Measure Description

During FY 2009, maintain the FY 2008 rate of 75% for the proportion of pregnant patients who are screened for HIV.

Denominators

All pregnant Active Clinical female User Population patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever (GPRM Denominator).

User Population patients ages 13–64 with no recorded HIV diagnosis ever

Numerators

Patients who were screened for or refused an HIV test during the past 20 months. **(GPRM Numerator).**

A: Number of documented refusals.

Patients who were screened for HIV during the past 20 months. NOTE: This numerator does NOT include refusals. **(GPRM Developmental Numerator)**

Patients who were screened for HIV, including refusals.

A: Number of documented screening refusals.

No denominator. This measure is a total count only, not a percentage. Number of HIV screens provided to User Population patients during the report period, where the patient was not diagnosed with HIV anytime prior to the screen. This does not include refusals of HIV screening

Logic Description

Age of the patient is calculated at the beginning of the Report period.

Pregnancy definition: At least two visits during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. The time period is extended to include patients who were pregnant during the Report Period but whose initial diagnosis (and HIV test) were documented prior to Report Period.

HIV Screening definition: For the number of HIV screens provided to User Population patients numerator (count only), a maximum of one HIV screen per patient per day will be counted and refusals are not included.

Note 1: The timeframe for both screening and refusals for the pregnant patients denominator is anytime during the past 20 months and for User Population patients 13-64 is anytime during the Report Period.

Note 2: Refusals are allowed during the past 20 months for pregnant patients (vs. only during the Report Period) in the event the patient is at the end of her pregnancy at the beginning of the Report Period and refused the HIV test earlier in her pregnancy during the previous year

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Pregnancy (at least 2 visits in past 20 months with 1 during the Report Period)		V POV: V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*		
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	V POV: 630, 631, 632, 633*, 634*		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Abortion (after 2nd pregnancy POV in past 20 months)	59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267	V POV: 635*, 636* 637* V Procedure: 69.01, 69.51, 74.91, 96.49.		
HIV Diagnosis (documented anytime prior to the end of the Report Period)		V POV or Problem List: 042, 042.0-044.9 (old codes), 079.53, V08, or 795.71		
HIV Screening	86689, 86701-86703, 87390, 87391, 87534-87539		Yes	BGP HIV TEST TAX
Refusal of HIV lab test in past 20 months				BGP HIV TEST TAX

Key Logic Changes from CRS Version 8.0Patch 3

1. Added new GPRA developmental numerator that does not include refusals.
2. For pregnancy definition, (A) revised logic from looking for the *last* two pregnancy diagnoses to the *first* two diagnoses during the 20 month period, (B) corrected logic to look for an abortion/miscarriage after the second diagnosis instead of the first, and (C) corrected logic to require at least one of the two pregnancy diagnoses to occur during the report period. Now the logic is looking at the first two pregnancy diagnoses in the past 20 months and requires at least one to occur during the report period with no abortion/miscarriage occurring after the second pregnancy diagnosis.

Patient List Description

List of pregnant or User Population patients 13-64 without documented HIV test or refusal.

Measure Source

None

Measure Past Performance and Long-term Targets

Performance	Percent
IHS FY 2008 Performance	75.0%
IHS FY 2007 Performance	74.0%
IHS FY 2006 Performance	65.0%
IHS FY 2005 Performance	54.0%

VA	Sep 01, 2009				Page 227			
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

HIV Screening (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA)	29		36			32		
# w/HIV Screening or Refusal (GPRA)	15	51.7	6	16.7	+35.1	0	0.0	+51.7
A. # refusals w/ % of total screened	1	6.7	0	0.0	+6.7	0	0.0	+6.7
# w/HIV screening (GPRA Dev.)	14	48.3	6	16.7	+31.6	0	0.0	+48.3
User Pop Pts 13-64 w/ no HIV ever	1,982		1,600			1,517		
# w/HIV screening	40	2.0	18	1.1	+0.9	0	0.0	+2.0
A. # refusals w/% of total screened	2	5.0	0	0.0	+5.0	0	0.0	+5.0
# HIV screens for User Pop Pts w/ no prior HIV	45		20		+25	0		+45

Figure 2-87: Sample Report, HIV Screening

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

HIV Screening: List of pregnant or User Population patients 13-64 without documented HIV test or refusal

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HELEN MARY	000001	COMMUNITY #1	F	18	UP	
PATIENT2,CECELIA	000002	COMMUNITY #1	F	27	UP	
PATIENT15,BRENDA G	000015	COMMUNITY #2	F	30	UP	
PATIENT16,ALYSHA	000016	COMMUNITY #2	F	33	UP	

Figure 2-88: Sample Patient List, HIV Screening

2.9.2 HIV Quality of Care

Denominator

All User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months.

Numerators

Patients who received CD4 test only (without HIV viral load) during the Report Period.

Patients who received HIV viral load only (without CD4) during the Report Period.

Patients who received both CD4 and HIV viral load during the Report Period.

Total patients receiving any test.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV		042, 042.0-044.9 (old codes), 079.53, V08, 795.71		
CD4	86359, 86360 86361		Yes	BGP CD4 TAX
HIV Viral Load	87536, 87539		Yes	BGP HIV VIRAL LOAD TAX

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients 13 and older diagnosed with HIV, with CD4 test, if any.

Measure Source

HP 2010 developmental measure 13-13a Viral Load Testing

Measure Past Performance and Long-term Targets

Performance	Percent
HP2010 goal for viral load testing (13-13a)	Developmental
HP2010 baseline for CD4 testing	Nearly 100%

VA	Sep 01, 2009						Page 227	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

HIV Quality of Care (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts >13 w/ HIV Dx	2		1			2		
# w/CD4 only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/viral load only	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/both	0	0.0	1	100.0	-100.0	2	100.0	-100.0
TOTAL # w/ any tests	0	0.0	1	100.0	-100.0	2	100.0	-100.0

Figure 2-89: Sample Report HIV Quality of Care

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								
HIV Quality of Care: List of patients 13 and older diagnosed with HIV, with CD4 test, if any								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		

PATIENT1,MARY	000001	COMMUNITY #1	F	29				
PATIENT2,TANYA	000002	COMMUNITY #1	F	37				
PATIENT15,JOHN	000015	COMMUNITY #2	M	18				
PATIENT16,HAROLD	000016	COMMUNITY #2	M	20				

Figure 2-90: Sample Patient List, HIV Quality of Care

2.9.3 Chlamydia Screening

Denominators

Female Active Clinical patients ages 16 through 25.

- A. Female Active Clinical 16-20.
- B. Female Active Clinical 21-25.

Female User Population patients ages 16 through 25.

- A. Female User Population 16-20.
- B. Female User Population 21-25.

Numerator

Patients tested for Chlamydia during the Report Period.

Logic Description

Age is calculated at beginning of the Report Period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	86631, 86632, 87110, 87270, 87320, 87490-92, 87810	V POV: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients with documented Chlamydia screening, if any.

Measure Source

HP 2010 25-16a, annual screening for genital Chlamydia - females enrolled in commercial MCOs (aged 25 years and under); 25-16b, annual screening for genital Chlamydia - females enrolled in Medicaid MCOs (aged 25 years and under).

Measure Past Performance and Long-term Targets

Performance	Percent
HP 2010 goal for both HP 2010 25-16a and 25-16b	62.0%

VA	Sep 01, 2009						Page 231	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Chlamydia Testing (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 16-25	155		138			128		
# w/Chlamydia Screen	52	33.5	49	35.5	-2.0	43	33.6	+0.0
A. Female Active Clinical 16-20	65		52			57		
# w/Chlamydia Screen	23	35.4	16	30.8	+4.6	23	40.4	-5.0
B. Female Active Clinical 21-25	90		86			71		
# w/Chlamydia Screen	29	32.2	33	38.4	-6.1	20	28.2	+4.1
Female User Population 16-25	284		252			239		
# w/Chlamydia Screen	68	23.9	58	23.0	+0.9	51	21.3	+2.6
A. Female User Population 16-20	138		115			119		
# w/Chlamydia Screen	31	22.5	19	16.5	+5.9	25	21.0	+1.5
B. Female User Population 21-25	146		137			120		
# w/Chlamydia Screen	37	25.3	39	28.5	-3.1	26	21.7	+3.7

Figure 2-91: Sample Report Chlamydia Testing

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

Chlamydia Testing: List of patients with documented chlamydia screening,
 if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,MELISSA ANNE	000001	COMMUNITY #1	F	16	UP;AC	
PATIENT2,LISA MARIE	000002	COMMUNITY #1	F	16	UP;AC	
PATIENT3,CRYSTAL LEE	000003	COMMUNITY #1	F	17	UP;	
PATIENT4,DANIELLE	000004	COMMUNITY #1	F	18	UP;AC	lab test 04/04/09
PATIENT5,KELLYE	000005	COMMUNITY #1	F	19	UP;	
PATIENT6,RUBY	000006	COMMUNITY #1	F	19	UP;AC	lab test 08/11/09
PATIENT7,SANDRA KAY	000007	COMMUNITY #1	F	21	UP;AC	lab test 01/18/09

Figure 2-92: Sample Patient List, Chlamydia Testing

2.9.4 Sexually Transmitted Infection (STI) Screening

Denominators

Screenings needed for incidents of key sexually transmitted infections (STIs) for Active Clinical patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Broken down by gender.

Chlamydia screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period. Broken down by gender.

Screenings needed for incidents of key sexually transmitted infections (STIs) for User Population patients that occurred during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. Key STIs defined as Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Broken down by gender.

Chlamydia screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Gonorrhea screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

HIV/AIDS screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Syphilis screenings needed for key STI incidents for User Population patients that occurred during the defined period. Broken down by gender.

Numerators

No denominator; count only. The total count of *Active Clinical* patients who were diagnosed with one or more key sexually transmitted infections (STIs) during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. The total count of separate *key STI incidents for Active Clinical patients* during the defined period. Broken down by gender.

Total number of needed screenings performed or refused from one month prior to the date of relevant STI incident through two months after.

A. Number of documented screening refusals.

Number of needed Chlamydia screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed Gonorrhea screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed HIV/AIDS screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

Number of needed Syphilis screenings performed or refused from one month prior to the date of first STI diagnosis of each incident through two months after.

A. Number of documented screening refusals.

No denominator; count only. Total count of *User Population patients* who were diagnosed with one or more key STIs during the period 60 days prior to the Report Period through the first 300 days of the Report Period. Broken down by gender.

No denominator; count only. Total count only of *separate key STI incidents for User Population patients* during the defined period. Broken down by gender.

Logic Description

Key sexually transmitted infections (STIs) are Chlamydia, Gonorrhea, HIV/AIDS, and Syphilis. Key STI diagnoses are defined with the following codes.

	ICD and Other Codes
Chlamydia	V POV: 077.98, 078.88, 079.88, 079.98, 099.41, 099.50-099.59
Gonorrhea	V POV: 098.0-098.89
HIV/AIDS	V POV: 042, 042.0-044.9, 079.53, 795.71, V08
Syphilis	V POV: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI

Visit	Total Incidents
08/01/08: Patient screened for Chlamydia	0
08/08/08: Patient diagnosed with Chlamydia	1
10/15/08: Patient diagnosed with Chlamydia	2
10/25/08: Follow-up for Chlamydia	2
11/15/08: Patient diagnosed with Chlamydia	2
03/01/09: Patient diagnosed with Chlamydia	3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below.

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

“Needed” screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e., contraindicated).

1. The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.
2. Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.
3. A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:

To be counted in the numerator, each needed screening in the denominator must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.

Key STI screenings are defined with the following codes.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia	86631-86632, 87110, 87270, 87320, 87490-87492, 87810	POV: V73.88, V73.98	Yes	BGP CHLAMYDIA TESTS TAX
Gonorrhea	87590-87592, 87850		Yes	BKM GONORRHEA TEST TAX
HIV/AIDS	86689, 86701-86703, 87390-87391, 87534-87539		Yes	BGP HIV TEST TAX
Syphilis	86592-86593, 86781, 87285		Yes	BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX
Refusal of any screening	Any refusal type (REF, NMI, etc.) for any of the four screening tests as defined above during the specified time period.			

*Logic Examples***Example of Patient with Single Diagnosis of Single STI**

08/01/08: Patient screened for Chlamydia
08/08/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
08/13/08: Patient screened for Gonorrhea, HIV/AIDS, Syphilis

Result: Denominator: 3 screens needed, Numerator: 3 screens performed.

Example of Patient with Multiple Diagnoses of Single STI

08/01/08: Patient screened for Chlamydia
08/08/08: Patient diagnosed with Chlamydia (Incident #1) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
12/01/08: Patient screened for Chlamydia
12/08/08: Patient diagnosed with Chlamydia (Incident #2) - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis

Result: Denominator: 6 screens needed (2 each of 3 types), Numerator: 3 screens performed (1 each of 3 types)

Example of Patient with Single Diagnosis of Multiple STIs

10/15/08: Patient screened for Chlamydia, Gonorrhea, HIV/AIDS, Syphilis
10/18/08: Patient diagnosed with Chlamydia - 3 screens needed: Gonorrhea, HIV/AIDS, Syphilis
10/20/08: Patient diagnosed with Syphilis - removes needed screen for Syphilis (see above)

Result: Denominator: 2 screens needed, Numerator: 2 screens performed prior to triggering diagnoses but within timeframe

Example of Patient with Multiple Diagnoses of Multiple STIs

06/15/04: Patient diagnosed with HIV/AIDS
08/01/08: Patient screened for Chlamydia and Gonorrhea
08/08/08: Patient diagnosed with Chlamydia and Gonorrhea (Incident #1) – 1 screen needed: Syphilis (HIV/AIDS not needed since prior diagnosis)
08/08/08 Patient screened for HIV/AIDS and Syphilis - since only the Syphilis screen is needed, the HIV/AIDS screen is not counted at all
12/01/08: Patient screened for Chlamydia
12/08/08 Patient diagnosed with Chlamydia (Incident #2) - 2 screens needed: Gonorrhea and Syphilis
12/10/08 Patient screened for Syphilis

Result: Denominator: 3 screens needed (2 Syphilis and 1 Gonorrhea),
Numerator: 2 screens performed (2 Syphilis)

Key Logic Changes from CRS Version 8.0 Patch 3

None.

Patient List Description

List of patients diagnosed with one or more STIs during the defined time period with related screenings.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 235			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Sexually Transmitted Infection (STI) Screening (con't)									
	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE	
Active Clinical Pts w/ Key STI Dx	30		3		+27	2		+28	
Male Active Clinical Pts w/ Key STI Dx	7		2		+5	2		+5	
Female Active Clinical Pts w/ Key STI Dx	23		1		+22	0		+23	
# Key STI Incidents for Active Clinical Pts	37		5		+32	7		+30	
# Male AC Key STI Incidents	8		4		+4	7		+1	
# Female AC Key STI Incidents	29		1		+28	0		+29	
# Key STI Screens Needed for AC Pts	97		15			21			
# Needed Screens Performed/Refused	26	26.8	4	26.7	+0.1	6	28.6	-1.8	
A. # Documented Refusals	1	1.0	0	0.0	+1.0	0	0.0	+1.0	
# Key STI Screens Needed for Male AC Pts	24		12			21			
# Needed Screens Performed/Refused	2	8.3	4	33.3	-25.0	6	28.6	-20.2	
A. # Documented Refusals	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# Key STI Screens Needed for Female AC Pts	73		3			0			
# Needed Screens Performed/Refused	24	32.9	0	0.0	+32.9	0	0.0	+32.9	
A. # Documented Refusals	1	1.4	0	0.0	+1.4	0	0.0	+1.4	

Figure 2-93: Sample Report Sexually Transmitted Infection (STI) Screening

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

Sexually Transmitted Infection (STI) Screening: List of patients diagnosed with one or more STIs during the defined time period with related screenings.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,DIANE	000001	COMMUNITY #1	F	15	UP 1) 08/28/09	POV: CHL 079.98; NUMERATOR: 1) GC-Y 08/20/09 Lab [GonoDNA]; HIV-N ; SYP-N ; ;
PATIENT2,LEIGHANN	000002	COMMUNITY #1	F	18	UP;AC 1) 10/26/09	POV: CHL 077.98; NUMERATOR: 1) GC-N ; HIV-N ; SYP-N ; ;
PATIENT3,WHITNEY	000003	COMMUNITY #1	F	25	UP;AC 1) 11/20/09	POV: SYP 094.1; NUMERATOR: 1) CHL-N ; GC-N ; HIV-N ; ;
PATIENT4,NANCY	000004	COMMUNITY #1	F	29	UP;AC 1) 10/26/08	POV: GC 098.89; NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ;
PATIENT5,JOHN	000005	COMMUNITY #1	M	40	UP;AC 1) 10/26/09	POV: HIV 042. ; NUMERATOR: 1) CHL-N ; GC-N ; SYP-N ; ;
PATIENT6,NORMAN	000006	COMMUNITY #1	M	42	UP;AC 1) 02/01/09	POV: GC 098.89; 2) 10/01/09 POV: GC 098.89; NUMERATOR: 1) CHL-N ; HIV-N ; SYP-N ; ; 2) CHL-N ; HIV-N ; SYP-N ; ;

Figure 2-94: Sample Patient List, Sexually Transmitted Infection (STI) Screening

2.10 Other Clinical Measures Topics

2.10.1 Osteoporosis Management

Denominators

Female Active Clinical patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Female User Population patients ages 67 and older who had a new fracture occurring six months (180 days) prior to the Report Period through the first six months of the Report Period with no osteoporosis screening or treatment in year prior to the fracture.

Numerator

Patients treated or tested for osteoporosis after the fracture.

Logic Description

Age is calculated at the beginning of the Report Period. Fractures do not include fractures of finger, toe, face, or skull. CRS will search for the first (i.e., earliest) fracture during the period six months (180) days prior to the beginning of the Report Period and the first six months of the Report Period. If multiple fractures are present, only the first fracture will be used.

Index Episode Start Date definition: The Index Episode Start Date is the date the fracture was diagnosed. If the fracture was diagnosed at an outpatient visit (Service Category A, S, or O), the Index Episode Start Date is equal to the Visit Date. If diagnosed at an inpatient visit (Service Category H), the Index Episode Start Date is equal to the Discharge Date.

Denominator Exclusions

1. Patients receiving osteoporosis screening or treatment in the year (365 days) prior to the Index Episode Start Date. Osteoporosis screening or treatment is defined as a Bone Mineral Density (BMD) test (see below for codes) or receiving any osteoporosis therapy medication (see below for codes).
2. Patients with a fracture diagnosed at an outpatient visit, which also had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit, which also had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis Treatment and Testing definition: 1) For fractures diagnosed at an outpatient visit: A) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e., visit date) or B) a BMD test within six months of the Index Episode Start Date. 2) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.

CRS uses the following codes to define fracture and BMD test.

	CPT Codes	ICD and Other Codes
Fracture Codes	21800-21825, 22305-22328, 22520, 22521, 22523, 22524, 23500-23515, 23570-23630, 23665-23680, 24500-24587, 24620, 24635, 24650-24685, 25500-25609, 25611 (old code), 25620 (old code), 25622-25652, 25680, 25685, 27193-27248, 27254, 27500-27514, 27520-27540, 27750-27828, S2360, S2362	V POV: 733.1*, 805*-806*, 807.0*-807.4, 808*-815*, 818*-825*, 827*, 828* V Procedure: 79.01-79.03, 79.05-79.07, 79.11-79.13, 79.15-79.17, 79.21-79.23, 79.25-79.27, 79.31-79.33, 79.35-79.37, 79.61-79.63, 79.65-79.67, 81.65-81.66.
BMD Test Codes	77078, 76070 (old code), 77079, 76071 (old code), 77080, 76075 (old code), 77081, 76076 (old code), 77083, 76078 (old code), 76977, 78350, 78351, G0130	V POV: V82.81 V Procedure: 88.98

Treatment medication codes are defined with medication taxonomy BGP HEDIS OSTEOPOROSIS MEDS. (Medications are: Alendronate, Alendronate-Cholecalciferol (Fosomax Plus D), Ibandronate (Boniva), Risedronate, Calcitonin, Raloxifene, Estrogen, Injectable Estrogens, and Teriparatide.)

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 241
*** IHS 2009 Selected Measures with Community Specified Report ***							
DEMO INDIAN HOSPITAL							
Report Period: Jan 01, 2009 to Dec 31, 2009							
Previous Year Period: Jan 01, 2008 to Dec 31, 2008							
Baseline Period: Jan 01, 2000 to Dec 31, 2000							

Osteoporosis Management (con't)							
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	% CHG from BASE %
Female Active Clinical Pts							
67 and older							
w/fracture	8		0			0	
# w/osteoporosis treatment or testing	3	37.5	0	0.0	+37.5	0	0.0 +37.5
Female User Pop Pts							
67 and older							
w/fracture	9		0			0	
# w/osteoporosis treatment or testing	4	44.4	0	0.0	+44.4	0	0.0 +44.4

Figure2-95: Sample Report Osteoporosis Management

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

Osteoporosis Management: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ALWENA	000001	COMMUNITY #1	F	68	UP,AC Fracture: CPT: 22524 on 01/01/09	
PATIENT2,SYBIL	000002	COMMUNITY #1	F	69	UP,AC Fracture: CPT: 22524 on 02/05/09 G0130 02/10/09	
PATIENT3,ELIZABETH	000003	COMMUNITY #1	F	78	UP,AC Fracture: DX: 733.13 on 01/15/09 G0130 01/31/09	
PATIENT4,KATIE	000004	COMMUNITY #1	F	80	UP,AC Fracture: PROC: 81.66 on 01/31/09	
PATIENT5,LINDSAY	000005	COMMUNITY #1	F	81	UP,AC Fracture: CPT: S2362 on 01/01/09	
PATIENT6,ELIZABETH	000006	COMMUNITY #1	F	86	UP Fracture: DX: 733.13 on 02/01/09 77081 02/15/09	

Figure 2-96: Sample Patient List, Osteoporosis Management

2.10.2 Osteoporosis Screening in Women

Denominators

Female Active Clinical patients ages 65 and older without a documented history of osteoporosis.

Female User Population patients ages 65 and older without a documented history of osteoporosis.

Numerators

Patients who had osteoporosis screening documented in the past two years, including documented refusals in past year.

A. Patients with documented refusal in past year.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoporosis definition: No osteoporosis diagnosis ever (POV 733.*).

CRS uses the following codes to define osteoporosis screening.

	CPT Codes	ICD and Other Codes
Osteoporosis Screening (any test documented in the past 2 years or refusal in past year)	<p>Central DEXA: 77080, 76075 (old code)</p> <p>Peripheral DEXA: 77081, 76076 (old code)</p> <p>SEXA: G0130</p> <p>Central CT: 77078, 76070 (old code)</p> <p>Peripheral CT: 77079, 76071 (old code)</p> <p>US Bone Density: 76977</p>	<p>V Procedure: 88.98 (Quantitative CT)</p> <p>V POV: V82.81 Special screening for other conditions, Osteoporosis</p> <p>Refusal (in past year): CPT or V Radiology: Central DEXA: 77080 or 76075 (old code); Peripheral DEXA: 77081 or 76076 (old code); SEXA: G0130; Central CT: 77078 or 76070 (old code); Peripheral CT: 77079 or 76071 (old code); US Bone Density: 76977</p>

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of female patients ages 65 and older with osteoporosis screening, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

Performance	Percent
IHS 2010 goal	20.0%

VA	Sep 01, 2009						Page 244
*** IHS 2009 Selected Measures with Community Specified Report ***							
DEMO INDIAN HOSPITAL							
Report Period: Jan 01, 2009 to Dec 31, 2009							
Previous Year Period: Jan 01, 2008 to Dec 31, 2008							
Baseline Period: Jan 01, 2000 to Dec 31, 2000							

Osteoporosis Screening in Women (con't)							
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from BASE PREV YR % PERIOD	%	CHG from BASE %
Female Active Clinical Pts =>65	48		29			29	
# w/osteoporosis screening in past 2 years	6	12.5	0	0.0	+12.5	0	0.0 +12.5
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0	0	0.0 +0.0
Female User Pop Pts =>65	109		75			79	
# w/osteoporosis screening in past 2 years	6	5.5	0	0.0	+5.5	0	0.0 +5.5
A. # Refusals w/ % of Total Screening	0	0.0	0	0.0	+0.0	0	0.0 +0.0

Figure2-97: Sample Report, Osteoporosis Screening in Women

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

Osteoporosis Screening in Women: List of female patients ages 65 and older with osteoporosis screening, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC	77078 04/01/09
PATIENT2,APRIL	000002	COMMUNITY #1	F	68	UP;AC	G0130 04/01/09
PATIENT3,JACKIE	000003	COMMUNITY #1	F	69	UP;AC	G0130 08/21/09
PATIENT4,PAULINE	000004	COMMUNITY #1	F	70	UP;AC	
PATIENT5,SHANNON	000005	COMMUNITY #1	F	72	UP;AC	
PATIENT6,TINA MARIE	000006	COMMUNITY #1	F	78	UP;AC	77081 04/15/09

Figure 22-98: Sample Patient List, Osteoporosis Screening in Women

2.10.3 Rheumatoid Arthritis Medication Monitoring

Denominator

Active Clinical patients ages 16 and older diagnosed with *rheumatoid arthritis (RA)* prior to the Report Period and with at least two RA-related visits any time during the Report Period who were prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Rheumatoid arthritis (RA) defined as diagnosis (POV or Problem List) 714.* prior to the Report Period, and at least two RA POVs during the Report Period.

For all maintenance therapy medications EXCEPT intramuscular gold, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply ≥ 348 . This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2009

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2008 - Dec 31, 2009

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2008, Days Supply=90; 2nd Rx: Jan 01, 2009: Days Supply=90; 3rd Rx: Mar 15, 2009: Days Supply=90.

Total Days Supply=270. 270 is not >348 . Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2009

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2008 - Dec 31, 2009

Medications Prescribed:

Sulfasalazine: 1st Rx: Sep 30, 2008, Days Supply=90; 2nd Rx: Dec 30, 2008, Days Supply=90; 3rd Rx: Mar 15, 2009 Days Supply=180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2009, Discontinued Date=11/19/2009, Recalculated # Days Prescribed=4.

For intramuscular gold, the patient must have 12 or more prescriptions during the Report Period.

Appropriate monitoring of rheumatoid arthritis medications is defined with lab tests and varies by medication, as shown in the table below. If patient is prescribed two or more types of medications, patient must meet criteria for all of the medications.

Maintenance Therapy Medications Definition

1. **Medications shown in table below.** *Except* for Gold, Intramuscular, all medications requiring more than one of each type of test during the Report Period, there must be a minimum of ten days between tests. For example, if a Sulfasalazine test was performed on March 1, March 7, and March 21, 2009, the March 7 test will not be counted since it was performed only six days after the March 1 test.

Medication	Required Monitoring Tests
Gold, Intramuscular	CBC and urine Protein on same day as each injection during Report Period
Azathioprine or Sulfasalazine	4 CBCs during the Report Period
Leflunomide or Methotrexate	6 each of CBC, Serum Creatinine, and Liver Function Tests during the Report Period
Cyclosporin	CBC, Liver Function Tests, and Potassium within past 180 days from Report Period end date 12 Serum Creatinine tests during the Report Period
Gold, Oral or Penicillamine	4 each of CBC and Urine Protein during the Report Period
Mycophenolate	CBC within past 180 days from Report Period end date

The medications in the above table are defined with medication taxonomies: BGP RA IM GOLD MEDS, BGP RA AZATHIOPRINE MEDS, BGP RA LEFLUNOMIDE MEDS, BGP RA METHOTREXATE MEDS, BGP RA CYCLOSPORINE MEDS, BGP RA ORAL GOLD MEDS, BGP RA MYCOPHENOLATE MEDS, BGP RA PENICILLAMINE MEDS, BGP RA SULFASALAZINE MEDS.

1. **NSAID Medications:** All of the following medications must have Creatinine, Liver Function Tests, and CBC during the Report Period: Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefenamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celcoxib. All of these medications EXCEPT aspirin are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS.
2. **Glucocorticoid Medications:** Dexamethasone, Methylprednisolone, Prednisone, Hydrocortisone, Betamethasone, Prednisonolone, Triamcinolone. These medications defined with medication taxonomy BGP RA GLUCOCORTICOIDS MEDS. Glucocorticoids must have a glucose test, which must be performed during the Report Period.

*Example of Patient Not Included in Numerator:***Medications Prescribed and Required Monitoring:**

Gold, Oral, last Rx Jun 15, 2009. Requires CBC and Urine Protein within past 90 days of Report Period end date.

CBC performed on Dec 1, 2009, which is within past 90 days of Report Period end date of Dec 31, 2009. No Urine Protein performed during that period. Patient is not in numerator.

*Example of Patient Included in Numerator:***Medications Prescribed and Required Monitoring:**

Diclofenac, last Rx Sep 1, 2009. Requires LFT and CBC during Report Period.

Mycophenolate, last Rx Mar 10, 2009. Requires CBC within past 180 days from Report Period end date.

LFT and CBC performed during Report Period. CBC performed Nov 1, 2009, which is within past 180 days of Report Period end date of Dec 31, 2009. Patient is in numerator.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
CBC	85025, 85027	Yes	BGP CBC TESTS
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Serum Creatinine	82540, 82565-75	Yes	DM AUDIT CREATININE TAX
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS
Glucose	82947, 82948, 82950, 82951, 82952, 82962	Yes	DM AUDIT GLUCOSE TESTS TAX
Potassium	84132	Yes	BGP POTASSIUM TESTS

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added codes 50556-0, 50561-0, and 50564-4 to urine protein LOINC taxonomy.

Patient List Description

List of RA patients age 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” The chronic medications and all lab tests the patient *did* have are displayed.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 251	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Rheumatoid Arthritis Medication Monitoring								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>16								
w/RA DX and maintenance								
therapy RX	4		0			0		
# w/RA chronic med								
monitoring	2	50.0	0	0.0	+50.0	0	0.0	+50.0

Figure2-99: Sample Report, Rheumatoid Arthritis Medication Monitoring

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

Rheumatoid Arthritis Medication Monitoring: List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with YES: and patients who did not meet the measure are prefixed with NO:. The chronic medications and all lab tests the patient DID have are displayed.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,RUTH	000001	COMMUNITY #1	F	64	;AC	YES: Has NSAID:
CREAT: 10/21/09	CBC: 09/22/09	LFT: 05/21/09				
PATIENT2,SHANNON	000002	COMMUNITY #1	F	72	;AC	YES: Has
Glucocorticoids: has	Glucose					
PATIENT25,BOBBY LEE	000025	COMMUNITY #2	M	62	;AC	NO: Has NSAID: No
CREAT						
PATIENT34,CATHERINE	000034	COMMUNITY #3	F	50	;AC	NO: Has
Glucocorticoids: does not have	Glucose					

Figure 2-100: Sample Patient List, Rheumatoid Arthritis Medication Monitoring

2.10.4 Osteoarthritis Medication Monitoring

Denominator

Active Clinical patients ages 40 and older diagnosed with *osteoarthritis (OA)* prior to the Report Period and with at least two OA-related visits any time during the Report Period and prescribed maintenance therapy medication chronically during the Report Period.

Numerator

Patients who received appropriate monitoring of chronic medication during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Osteoarthritis (OA) defined as diagnosis (POV or Problem List) 715.* prior to the Report period, and at least two OA POVs during the Report Period.

For all maintenance therapy medications, each medication must be prescribed within the past 465 days of the end of the Report Period (i.e., the Medication Period) and the sum of the days supply =>348. This means the patient must have been on the medication at least 75% of the Medication Period. Two examples are shown below to illustrate this logic.

Example of Patient Not on Chronic Medication (not included in Denominator):

Report Period: Jan 1 – Dec 31, 2009

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2008 - Dec 31, 2009

Medication Prescribed:

Diclofenac: 1st Rx: Oct 15, 2008, Days Supply=90; 2nd Rx: Jan 1, 2009: Days Supply=90; 3rd Rx: Mar 15, 2009: Days Supply=90.

Total Days Supply=270. 270 is not >348. Patient is not considered on chronic medication and is not included in the denominator.

Example of Patient on Chronic Medication (included in Denominator):

Report Period: Jan 1 – Dec 31, 2009

Medication Period: 465 days from end of Report Period (Dec 31, 2009): Sep 22, 2008 - Dec 31, 2009

Medication Prescribed:

Etodolac: 1st Rx: Sep 30, 2008, Days Supply=90; 2nd Rx: Dec 30, 2008, Days Supply=90; 3rd Rx: Mar 15, 2009: Days Supply =180.

Total Days Supply=360. 360 is >348. Patient is considered on chronic medication and is included in denominator.

The days supply requirement may be met with a single prescription or from a combination of prescriptions for the same medication that were filled during the Medication Period. However, for all medications, there must be at least one prescription filled during the Report Period.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2009, Discontinued Date=11/19/2009, Recalculated # Days Prescribed=4.

Appropriate monitoring of osteoarthritis medications is defined with lab tests and varies by medication, as shown below.

Maintenance Therapy Medications Defined with the Following NSAID Medications:
 Diclofenac, Etodolac, Indomethacin, Ketorolac, Sulindac, Tolmetin, Meclofenamate, Mefenamic Acid, Nabumetone, Meloxicam, Piroxicam, Fenoprofen, Flurbiprofen, Ibuprofen, Ketoprofen, Naproxen, Oxaprozin, Aspirin, Choline Magnesium Trisalicylate, Diflunisil, Magnesium Salicylate, Celcoxib. All of these medications, *except* aspirin, are defined with medication taxonomy BGP RA OA NSAID MEDS. Aspirin defined with medication taxonomy DM AUDIT ASPIRIN DRUGS

All NSAID medications must have Creatinine, Liver Function Tests and CBC during the Report Period.

Example of Patient Not Included in Numerator:

Medication Prescribed and Required Monitoring:

Diclofenac, last Rx Jun 15, 2009. Requires Creatinine, LFT and CBC during Report Period. Only the LFT was performed during Report Period. Patient is not in numerator.

Example of Patient Included in Numerator:

Medications Prescribed and Required Monitoring:

Diclofenac, last Rx Sep 1, 2009. Requires Creatinine, LFT and CBC during Report Period. Creatinine, LFT, and CBC performed during Report Period. Patient is in numerator.

CRS uses the following codes to define the monitoring tests.

Monitoring Test	CPT Codes	LOINC Codes	Taxonomy
Serum Creatinine	82540, 82565-82575	Yes	DM AUDIT CREATININE TAX
CBC	85025, 85027	Yes	BGP CBC TESTS
Liver Function Tests-ALT	84460	Yes	DM AUDIT ALT TAX
Liver Function Tests-AST	84450	Yes	DM AUDIT AST TAX
Liver Function	80076	Yes	BGP LIVER FUNCTION TESTS

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. All lab tests the patient did have are displayed.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009				Page 258			
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Osteoarthritis Medication Monitoring (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %
Active Clinical Pts =>40								
w/OA DX and maintenance								
therapy RX	4		6			4		
# w/OA chronic								
med monitoring	2	50.0	3	50.0	+0.0	2	50.0	+0.0

Figure 2-101: Sample Report, Osteoarthritis Medication Monitoring

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								
Osteoarthritis Medication Monitoring: List of OA patients 40 and older								
prescribed maintenance therapy medication with monitoring lab tests, if								
any. The numerator values for patients who meet the measure are prefixed								
with YES: and patients who did not meet the measure are prefixed with								
NO:. All lab tests the patient DID have are displayed.								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		

PATIENT1,RUTH	000001	COMMUNITY #1	F	64	;AC 459 days of nsaid	YES:		
CREAT: 10/21/09 CBC: 09/22/09 LFT: 05/21/09								
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	;AC 472 days of nsaid	YES:		
CREAT: 10/30/09 CBC: 08/06/09 LFT: 10/30/09								
PATIENT15,RAYMOND	000015	COMMUNITY #2	M	84	;AC 804 days of nsaid	NO:		
CREAT: 09/12/09								
PATIENT33,ROBERT LEE	000033	COMMUNITY #3	M	62	;AC 397 days of nsaid	NO: CBC:		
12/02/09 LFT: 08/06/09								
Total # of Patients on list: 4								

Figure 2-102: Sample Patient List, Osteoarthritis Medication Monitoring

2.10.5 Asthma

Denominators

All *Active Clinical patients*, broken down into three age groups: under five; 5 to 64; and 65 and older.

Patients who have had two asthma-related visits during the Report Period or with persistent asthma, broken down into three age groups: under five; 5 to 64; and 65 and older.

Numerators

Patients who have had two asthma-related visits during the Report Period or with persistent asthma.

- A. Patients from Numerator 1 who have been hospitalized at any hospital for asthma during the Report Period.

Logic Description

Age is calculated at beginning of Report Period.

Asthma visits definition: Diagnosis (POV) 493.*.

Persistent asthma definition: Any of the following:

- A. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at ANY time before the end of the Report Period, *or*
- B. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.

Hospitalizations definition: Service category H with primary POV 493.*.

Key Logic Changes from CRS Version 8.0 Patch 3

1. Revised method for checking for persistent asthma from checking for active patients in the Asthma Register System (ARS) to patients with an active entry in the PCC problem list for 493.* with a severity of 2, 3, or 4 at any time before the end of the report period. This change was needed since the ARS application is no longer being supported by IHS.
2. Revised asthma definition logic to also search in V Asthma for asthma and asthma severity.

Patient List Description

List of patients diagnosed with asthma and any asthma-related hospitalizations.

Measure Source

HP 2010 24-2a; -2b, -2c

Measure Past Performance and Long-term Targets

Measure	Target
HP1998 baseline for hospitalizations for asthma:	
Under 5	45.6 per 10,000
5-64	12.5 per 10,000
65 and older	17.7 per 10,000
HP2010 goal for hospitalizations for asthma:	
<i>Under 5</i>	<i>25 per 10,000</i>
<i>5-64</i>	<i>7.7 per 10,000</i>
<i>65 and older</i>	<i>11 per 10,000</i>

VA	Sep 01, 2009						Page 262		
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Asthma (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Total Active Clinical Patients	1,462		1,164			1,100			
# w/asthma	47	3.2	38	3.3	+0.0	25	2.3	+0.9	
A. Under 5	9	19.1	13	34.2	-15.1	12	48.0	-28.9	
B. 5-64	35	74.5	24	63.2	+11.3	11	44.0	+30.5	
C. 65 and older	3	6.4	1	2.6	+3.8	2	8.0	-1.6	
# w/asthma	47		38			25			
# w/asthma hospitalization	0	0.0	1	2.6	-2.6	2	8.0	-8.0	
A. Under 5	0	0.0	0	0.0	+0.0	1	50.0	-50.0	
B. 5-64	0	0.0	1	100.0	-100.0	1	50.0	-50.0	
C. 65 and older	0	0.0	0	0.0	+0.0	0	0.0	+0.0	

Figure 2-103: Sample Report, Asthma

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

Asthma: List of patients diagnosed with asthma and any asthma-related hospitalizations.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,GENEVA 05/12/09	000001	COMMUNITY #1	F	47	AC	2 Dxs PCC: 03/27/09
PATIENT2,JACKIE 08/27/09	000002	COMMUNITY #1	F	69	AC	2 Dxs PCC: 06/24/09
PATIENT3,PAULINE 02/20/09	000003	COMMUNITY #1	F	70	AC	2 Dxs PCC: 02/12/09
PATIENT4,WILLIAM R 04/04/09	000004	COMMUNITY #1	M	7	AC	Severity 4 on visit
PATIENT5,ZACHARY 09/12/09	000005	COMMUNITY #1	M	11	AC	2 Dxs PCC: 03/07/09
PATIENT42,JOSEPHINE 05/30/09	000042	COMMUNITY #2	F	4	AC	2 Dxs PCC: 02/03/09

Figure 2-104: Sample Patient List, Asthma

2.10.6 Asthma Quality of Care

Denominators

Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema or chronic obstructive pulmonary disease (COPD). Broken down by age groups: 5-9; 10-17; and 18-56.

User Population patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report Period and during the Report Period, without a documented history of emphysema and chronic obstructive pulmonary disease (COPD). Broken down by age groups: 5-9; 10-17; and 18-56.

Numerator

Patients who had at least one dispensed prescription for preferred asthma therapy medication during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Emphysema definition: Any visit at any time on or before the end of the Report Period with POV codes: 492.*, 506.4, 518.1, 518.2.

Chronic obstructive pulmonary disease (COPD) definition: Any visit at any time on or before the end of the Report Period with POV codes: 491.20, 491.21, 491.22, 493.2*, 496, 506.4.

Persistent asthma definition:

- A. Meeting any of the following four criteria below within the year prior to the beginning of the Report Period *and* during the Report Period:
1. At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),
 2. At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,
 3. At least four outpatient visits, defined as Service Categories A, S, or O, with primary or secondary diagnosis of 493.* *and* at least two asthma medication dispensing events (see definition below),
 4. At least four asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then *must* also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period.), *or*
- B. Meeting any of the following criteria below:
1. Active entry in PCC Problem List for 493.* with Severity of 2, 3 or 4 at any time before the end of the Report Period, *or*
 2. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented any time before the end of the Report Period.

Dispensing event definition: One prescription of an amount lasting 30 days or less. For RXs longer than 30 days, divide the days' supply by 30 and round down to convert. For example, a 100-day RX is equal to three dispensing events ($100/30 = 3.33$, rounded down to 3). Also, two different RXs dispensed on the same day are counted as two different dispensing events. Inhalers should also be counted as one dispensing event.

Note: If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2009, Discontinued Date=11/19/2009, Recalculated # Days Prescribed=4.

Asthma medication codes for denominator defined with medication taxonomies: BGP HEDIS ASTHMA MEDS, BGP HEDIS ASTHMA LEUK MEDS, BGP HEDIS ASTHMA INHALED MEDS. Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol), Inhaled Corticosteroids (Belclomethasone, Budesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Long-Acting, Inhaled Beta-2 Agonists (Aformoterol, Formoterol, Salmeterol), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline), Short-Acting, Inhaled Beta-2 Agonists (Albuterol, Levalbuterol, Metaproterenol, Pirbuterol).

To be included in the numerator, patient must have a non-discontinued prescription for preferred asthma therapy (see list of medications below) during the Report Period.

Preferred asthma therapy medication codes for numerator defined with medication taxonomy: BGP HEDIS PRIMARY ASTHMA MEDS Medications are: Antiasthmatic Combinations (Dyphylline-Guaifenesin, Guaifenesin-Theophylline, Potassium Iodide-Theophylline), Antibody Inhibitor (Omalizumab), Inhaled Steroid Combinations (Budesonide-Formoterol, Fluticasone-Salmeterol), Inhaled Corticosteroids (Belclomethasone, Budesonide, Flunisolide, Fluticasone CFC Free, Mometasone, Triamcinolone), Lekotriene Modifiers (Montelukast, Zafirlukast, Zileuton), Mast Cell Stabilizers (Cromolyn, Nedocromil), Methylxanthines (Aminophylline, Dyphylline, Oxtriphylline, Theophylline).

Key Logic Changes from CRS Version 8.0 Patch 3

1. Revised method for checking for persistent asthma from checking for active patients in the Asthma Register System (ARS) to patients with an active entry in the PCC problem list for 493.* with a severity of 2, 3, or 4 at any time before the end of the report period. This change was needed since the ARS application is no longer being supported by IHS.
2. For patients meeting persistent asthma definition by having four asthma medication dispensing events where leukotriene modifiers were the sole asthma medication, removed the alternate criterion of meeting criteria in any of options 1-3. Now patients meeting that condition must also have at least one visit with POV 493.* in the same year as the leukotriene modifier (i.e., during the Report Period or within the year prior to the beginning of the Report Period).
3. Replaced all four medication taxonomies with 2009 HEDIS taxonomies.
4. Revised asthma definition logic to also search in V Asthma for asthma and asthma severity.

Patient List Description

List of asthmatic patients with preferred asthma therapy medications, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 268			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Asthma Quality of Care (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts 5-56 w/persistent asthma	20		10			5			
# w/ preferred asthma control med	8	40.0	5	50.0	-10.0	3	60.0	-20.0	
A. Active Clinical ages 5-9	10		3			1			
# w/ preferred asthma control med	4	40.0	1	33.3	+6.7	1	100.0	-60.0	
B. Active Clinical ages 10-17	2		2			1			
# w/ preferred asthma control med	2	100.0	2	100.0	+0.0	0	0.0	+100.0	
C. Active Clinical ages 18-56	8		5			3			
# w/ preferred asthma control med	2	25.0	2	40.0	-15.0	2	66.7	-41.7	
User Pop Pts 5-56 w/persistent asthma	21		11			6			
# w/ preferred asthma control med	8	38.1	5	45.5	-7.4	3	50.0	-11.9	
A. User Pop ages 5-9	11		4			1			
# w/ preferred asthma control med	4	36.4	1	25.0	+11.4	1	100.0	-63.6	
B. User Pop ages 10-17	2		2			1			
# w/ preferred asthma control med	2	100.0	2	100.0	+0.0	0	0.0	+100.0	
C. User Pop ages 18-56	8		5			4			
# w/ preferred asthma control med	2	25.0	2	40.0	-15.0	2	50.0	-25.0	

Figure2-105: Sample Report, Asthma Quality of Care

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

Asthma Quality of Care: List of asthmatic patients with preferred asthma therapy medications, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,ZACHARY 02/02/09	000011	COMMUNITY	F	5	UP; Severity 4 in V Asthma	
PATIENT12,TINA DANIELLE 493.00	000012	COMMUNITY	F	6	UP;AC Severity >1 on PL for	
PATIENT13,THERESA LYNN Asthma 03/03/09	000013	COMMUNITY	M	47	UP;AC Severity 2 in V	
PATIENT36,NATHAN BRADLEY 10MG TAB 04/09/09	000014	COMMUNITY	M	16	UP;AC 4 meds MONTELUKAST NA	
PATIENT37,JANELLE MARIE 07/18/94	000015	COMMUNITY	F	50	UP;AC Severity 4 in V Asthma	
PATIENT38,THOMAS ELLIS NA 10MG TAB 11/12/09	000016	COMMUNITY	M	6	UP;AC 4 meds MONTELUKAST	

Figure 2-106: Sample Patient List, Asthma Quality of Care

2.10.7 Asthma and Inhaled Steroid Use

Denominators

Active Clinical patients ages 1 or older with persistent asthma or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

User Population patients ages 1 or older with persistent asthma or who have had two asthma-related visits during the Report Period. Broken down into age groups: 1-4, 5-19, 20-44, 45-64, and 65+.

Numerator

Patients prescribed an inhaled corticosteroid during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Denominator Exclusion: Patients with intermittent asthma, defined as any of the following:

- A. An Active entry in PCC Problem List for 493.* with a Severity of 1 at ANY time before the end of the Report Period, *or*
- B. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 1 documented ANY time before the end of the Report period.

Asthma definition:

- A. CRS will first search to see if the patient has persistent asthma, which is defined as any of the following:
1. An Active entry in PCC Problem List for 493.* with a Severity of 2, 3, or 4 at ANY time before the end of the Report Period, *or*
 2. Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented ANY time before the end of the Report Period.
- B. If the patient does not meet any of the above criteria, then CRS will search for two asthma-related visits during the Report Period. Asthma-related visit defined as any primary or secondary POV of *asthma 493.**.

Note: For facilities not using asthma staging (severity assessment) in the PCC Problem List, CRS will rely on visit criteria for this assessment. This will result in patients with intermittent asthma being included in the denominator. The Expert Guideline driven method for managing patients with asthma is by staging them in the PCC Problem List. Doing so will improve the accuracy of the information reported by CRS.

To be included in the numerator, patient must have a non-discontinued prescription for an inhaled corticosteroid during the Report period. Inhaled corticosteroid medications defined with medication taxonomy BGP ASTHMA INHALED STEROIDS. (Medications are: Mometasone (Asmanex), Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent), Budesonide-Formoterol (Symbicort).)

Key Logic Changes from CRS Version 8.0 Patch 3

1. Revised method for checking for persistent asthma from checking for active patients in the Asthma Register System (ARS) to patients with an active entry in the PCC problem list for 493.* with a severity of 2, 3, or 4 at any time before the end of the report period. This change was needed since the ARS application is no longer being supported by IHS.
2. Revised asthma definition logic to also search in V Asthma for asthma and asthma severity.

Patient List Description

List of patients with asthma with inhaled corticosteroid prescription, if any.

Measure Source

HP 2010, 24-7 measure (developmental), National Health Interview Survey (NHIS), CDC, NCHS

Measure Past Performance and Long-term Targets

Measure	Target
<i>IHS 2010 goal for patients with asthma with inhaled corticosteroid prescription</i>	60.0%

VA		Sep 01, 2009				Page 273			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Asthma and Inhaled Steroid Use									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
Active Clinical Ages 1 and older with asthma	47		34			21			
# w/ Inhaled Steroid Rx	15	31.9	7	20.6	+11.3	2	9.5	+22.4	
Active Clinical ages 1-4 with asthma	9		9			7			
# w/ Inhaled Steroid Rx	2	22.2	1	11.1	+11.1	1	14.3	+7.9	
Active Clinical ages 5-19 with asthma	19		11			7			
# w/Inhaled Steroid Rx	7	36.8	3	27.3	+9.6	0	0.0	+36.8	
Active Clinical ages 20-44 with asthma	7		8			5			
# w/ Inhaled Steroid Rx	3	42.9	2	25.0	+17.9	0	0.0	+42.9	
Active Clinical ages 45-64 with asthma	9		5			0			
# w/ Inhaled Steroid Rx	3	33.3	1	20.0	+13.3	0	0.0	+33.3	
Active Clinical ages 65 and older with asthma	3		1			2			
# w/ Inhaled Steroid Rx	0	0.0	0	0.0	+0.0	1	50.0	-50.0	
User Pop Ages 1 and older with asthma	49		37			24			
# w/ Inhaled Steroid Rx	15	30.6	7	18.9	+11.7	2	8.3	+22.3	

Figure 2-89: Sample Report, Asthma and Inhaled Steroid Use

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

Asthma and Inhaled Steroid Use: List of patients with asthma with inhaled corticosteroid prescription, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,GENEVA PROPIONATE 110MCG INHALER on 05/30/09	000001	COMMUNITY #1	F	47	UP;AC	2 DXs FLUTICASONE
PATIENT2,JACKIE	000002	COMMUNITY #1	F	69	UP;AC	
PATIENT3,PAULINE	000003	COMMUNITY #1	F	70	UP;AC	
PATIENT4,WILLIAM	000004	COMMUNITY #1	M	7	UP;AC	
PATIENT5,ZACHARY LEE	000005	COMMUNITY #1	M	11	UP;AC	
PATIENT25,JOSEPHINE PROPIONATE 110MCG INHALER on 05/30/09	000025	COMMUNITY #2	F	4	UP;AC	2 DXs FLUTICASONE

Figure 2-90: Sample Patient List, Asthma and Inhaled Steroid Use

2.10.8 Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (New Topic)

Denominator

Number of visits for User Population patients ages 18 and older diagnosed with community-acquired bacterial pneumonia at an outpatient visit during the Report Period.

Numerators

Number of visits where patients had *oxygen saturation documented* and reviewed.

Number of visits where patients *refused oxygen saturation assessment*.

Number of visits where patients *did not have their oxygen saturation documented* and reviewed.

Logic Description

Age of the patient is calculated at the beginning of the report period.

If a patient has more than one visit for community-acquired bacterial pneumonia during the report period, each visit will be counted as long as it has been more than 45 days since the date of the prior visit. For example, a patient was diagnosed on January 1, 2008 and 35 days later he was diagnosed again with pneumonia. That second diagnosis does not count as a separate visit. However, if the patient were diagnosed again on February 16, 2008 (46 days after onset), that diagnosis counts as a separate visit. Because RPMS does not store the date of onset, visit date will be used as a surrogate for onset date.

CRS uses the following codes and taxonomies to define the denominator and numerators.

	ICD and Other Codes
Community-Acquired Bacterial Pneumonia (Non-CHS outpatient visit, defined as visit type not equal to "C" and service category of "A" for Ambulatory, "S" for Day Surgery, or "O" for Observation)	V POV: 481, 482.0, 482.1, 482.2, 482.30, 482.31, 482.32, 482.39, 482.40, 482.41, 482.42, 482.49, 482.81, 482.82, 482.83, 482.84, 482.89, 482.9, 483.0, 483.1, 483.8, 485, 486, 487.0

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Oxygen Saturation Assessment (any of the arterial blood gas (ABG) or pulse oximetry tests performed at the visit)	94760-94762, 82803, 82805, 82810, or 3028F or 3028F, where 3028F has no modifier of 1P, 2P, 3P, or 8P	V Measurement: O2 Saturation	Yes	BGP CMS ABG TESTS

Refusal of Oxygen Saturation Assessment definition: Patients whose oxygen saturation was not assessed due to a patient refusal of assessment on visit date. Refusal is defined as refusal of any of the tests listed above.

No Assessment definition: Patients whose oxygen saturation was not assessed or refused.

Key Logic Changes from CRS Version 8.0 Patch 3

1. Added ICD-9 482.42 to community-acquired pneumonia denominator definition. (This measure was previously included only in the Executive Order Quality Transparency Measures Report and is now also included in the Selected Measures (Local) Report.)

Patient List Description

List of patients with community-acquired bacterial pneumonia, with oxygen saturation assessment or documented reason for no assessment, if any.

Measure Source

CMS PQRI Measure #57

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009				Page 279			
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
# Pneumonia Visits for								
User Pop Pts 18+	52		12			8		
# Visits w/ O2 Sat								
Assmt	23	44.2	1	8.3	+35.9	2	25.0	+19.2
# Visits w/ Refusal	4	7.7	0	0.0	+7.7	0	0.0	+7.7
# Visits w/ No O2								
Sat Assmt	25	48.1	11	91.7	-43.6	6	75.0	-26.9

Figure 2-91: Sample Report, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

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								
Assessment of Oxygen Saturation for Community-Acquired Bacterial								
Pneumonia: List of patients with community-acquired bacterial pneumonia,								
with oxygen saturation assessment or documented reason for no assessment,								
if any.								
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR		

PATIENT1, GENEVA	000001	COMMUNITY #1	F	27	UP 1) 11/25/09	482.81	1)	
11/25/09 MET CPT [3028F]								
PATIENT2, JACKIE	000002	COMMUNITY #1	F	29	UP 1) 05/31/09	482.42	1)	
05/31/09 NOT MET; NO ASSMT								
PATIENT3, PAULINE	000003	COMMUNITY #1	F	38	UP 1) 05/31/09	482.49	1)	
05/31/09 NOT MET; NO ASSMT								
PATIENT4, WILLIAM	000004	COMMUNITY #1	M	38	UP 1) 06/15/09	482.0	1)	
06/15/09 MET BLOOD GASES								
PATIENT5, ZACHARY LEE	000005	COMMUNITY #1	M	36	UP 1) 05/31/09	482.49	1)	
05/31/09 NOT MET; NO ASSMT								

Figure 2-92: Sample Patient List, Community-Acquired Pneumonia (CAP): Assessment of Oxygen Saturation

2.10.9 Chronic Kidney Disease Assessment

Denominators

Active Clinical patients ages 18 and older with serum creatinine test during the Report Period.

User Population patients ages 18 and older with serum creatinine test during the Report Period.

Numerators

Patients with Estimated GFR.

- A. Patients with GFR less than (<) 60.
- B. Patients with normal GFR (i.e., >=60).

Logic Description

Age is calculated at beginning of the Report Period.

For the GFR <60 numerator, CRS will include GFR results containing a numeric value less than 60 or with a text value of "<60". For the normal GFR (>=60) numerator, CRS will include GFR results containing a numeric value equal to or greater than 60 or with a text value of "60"

CRS uses the following codes and taxonomies to define the denominator and numerators.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Creatinine test	82540, 82565-75		Yes	DM AUDIT CREATININE TAX
Estimated GFR test			Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 8.0 Patch 3

None.

Patient List Description

List of patients with Creatinine test, with GFR and value, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 283	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Chronic Kidney Disease Assessment (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
=> 18 with Serum Creatinine test								
	268		257			221		
# w/Est GFR	182	67.9	0	0.0	+67.9	0	0.0	+67.9
A. # w/ GFR <60	34	12.7	0	0.0	+12.7	0	0.0	+12.7
B. # w/Normal GFR (>=60)	148	55.2	0	0.0	+55.2	0	0.0	+55.2
User Pop Pts								
=>18 with Serum Creatinine								
	331		311			262		
# w/ Est GFR	217	65.6	0	0.0	+65.6	0	0.0	+65.6
A. # w/GFR <60	37	11.2	0	0.0	+11.2	0	0.0	+11.2
B. # w/Normal GFR (>=60)	179	54.1	0	0.0	+54.1	0	0.0	+54.1

Figure 2-93: Sample Report, Chronic Kidney Disease Assessment

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							
Chronic Kidney Disease Assessment: List of patients with Creatinine test, with GFR and value, if any.							
PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR	

PATIENT1,SHERISA	000001	COMMUNITY #1	F	18	UP;AC	GFR: 07/09/09	>60
PATIENT2,CAITLYN	000002	COMMUNITY #1	F	22	UP;AC	GFR: 02/28/09	<60
PATIENT3,HALEY DEBRA	000003	COMMUNITY #1	F	25	UP;AC		
PATIENT4,HELENE MARIE	000004	COMMUNITY #1	F	29	UP;AC	GFR: 08/16/09	78
PATIENT5,MARTHA	000005	COMMUNITY #1	F	30	UP;AC	GFR: 02/17/09	89
PATIENT6,PAULA KAYE	000006	COMMUNITY #1	F	34	UP;AC		
PATIENT7,KATHLEEN	000007	COMMUNITY #1	F	38	UP;AC	GFR: 02/09/09	85

Figure 2-94: Sample Patient List, Chronic Kidney Disease Assessment

2.10.10 Prediabetes/Metabolic Syndrome

Denominators

Active Clinical patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

User Population patients ages 18 and older diagnosed with prediabetes/metabolic syndrome without a documented history of diabetes.

Numerators

Patients with all screenings (BP, LDL, fasting glucose, nephropathy screening, tobacco screening, BMI, lifestyle counseling, and depression screening).

Patients with Blood Pressure documented at least twice during the Report Period.

Patients with LDL completed, regardless of result, during the Report Period.

Patients with fasting glucose test, regardless of result, during the Report Period.

Patients with nephropathy assessment, defined as an estimated GFR with result AND a quantitative urinary protein assessment during the Report period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.

Patients who have been screened for tobacco use during the Report Period.

Patients for whom a BMI could be calculated, including refusals in the past year.

Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.

Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Logic Description

Age is calculated at beginning of the Report Period.

Prediabetes/Metabolic Syndrome defined as:

1. Diagnosis of prediabetes/metabolic syndrome, defined as: Two visits during the Report Period with POV 277.7, *or*
2. One each of at least three different conditions listed below, occurring during the Report Period except as otherwise noted:
 - BMI => 30 *or* Waist Circumference >40 inches for men or >35 inches for women
 - Triglyceride value >=150
 - HDL value <40 for men or <50 for women
 - Patient diagnosed with hypertension *or* mean Blood Pressure value => 130/85 where systolic is =>130 *or* diastolic is =>85
 - Fasting Glucose value =>100 *and* <126

Note: Waist circumference and fasting glucose values will be checked last.

Definition for patients without diabetes: No diabetes diagnosis ever (POV 250.00-250.93).

BMI definition: CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Blood Pressure definition: CRS uses mean of last three Blood Pressures documented on non-ER visits during the Report Period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two).

For the BP documented numerator, if CRS is not able to calculate a mean BP, it will search for CPT 3074F-3080F documented on non-ER visit during the Report Period.

Hypertension: Diagnosis of (POV or problem list) 401.* occurring prior to the Report Period, and at least one hypertension POV during the Report Period.

Nephropathy Assessment definition:

A. Estimated GFR with result during the Report Period *and* Quantitative Urinary Protein Assessment during the Report Period. **Note:** Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values, *or*

B. End Stage Renal Disease diagnosis/treatment (see table for codes).

CRS uses the following codes and taxonomies to define the denominator and numerators.

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Triglyceride (requires a non-null, numeric result)			Yes	DM AUDIT TRIGLYCERIDE TAX
HDL (requires a non-null, numeric result)			Yes	DM AUDIT HDL TAX
Fasting Glucose-Denominator Definition (requires a non-null, numeric result)			Yes	DM AUDIT FASTING GLUCOSE TESTS
Fasting Glucose-Numerator Definition		V POV: 790.21	Yes	DM AUDIT FASTING GLUCOSE TESTS
LDL	80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F		Yes	DM AUDIT LDL CHOLESTEROL TAX
Estimated GFR			Yes	BGP GPRA ESTIMATED GFR TAX
Quantitative Urinary Protein Assessment	82042, 82043, or 84156		Yes	BGP QUANT URINE PROTEIN

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
End Stage Renal Disease	36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951-90970 or old codes 90918-90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, G0392, G0393, or S9339	V POV: 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, or V56.* V Procedure: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*		
Tobacco Screening		Any health factor for category Tobacco V POV or current Active Problem List: 305.1, 305.1* (old codes), 649.00-649.04, V15.82 CPT: 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, or 1036F Patient education codes: containing "TO-" or "-TO" or "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 Dental code: 1320		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Lifestyle Counseling - Medical Nutrition Counseling	97802-97804, G0270, G0271	Provider codes: 07, 29, 97, 99 Clinic codes: 67 (dietary) or 36 (WIC)		
Lifestyle Counseling - Nutrition Education		V POV: V65.3 dietary surveillance and counseling <i>OR</i> Patient education codes: ending “-N” (nutrition) or “-MNT” (medical nutrition therapy) (or old code “-DT” (diet)) or containing V65.3.		
Lifestyle Counseling - Exercise Education		V POV: V65.41 exercise counseling <i>OR</i> Patient education codes: ending “-EX” (exercise) or containing V65.41.		
Lifestyle Counseling - Related Exercise and Nutrition Counseling		Patient education codes: ending “-LA” (lifestyle adaptation) or containing “OBS- ” (obesity) or 278.00 or 278.01.		
Depression Screening		V Exam: Exam Code 36 V POV: V79.0 BHS Problem Code: 14.1 (Screening for Depression) V Measurement in PCC or BHS: PHQ2 or PHQ9 Refusals: Exam Code 36		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Mood Disorders		<p>At least 2 visits in PCC or BHS during Report Period for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS (see codes below).</p> <p>V POV: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311</p> <p>BHS POV: 14, 15</p>		

Key Logic Changes from CRS Version 8.0 Patch 3

1. For Nephropathy Assessment added HCPCS G0392 and G0393 to ESRD definition.
2. Changed ICD9 procedure code V45.1 for ESRD to indicate it is an old code and added replacement code V45.11 and new code 45.12.
3. Annotated old codes CPT 90918-90925 and 90939 and added replacement codes 90951-90970.

Patient List Description

List of patients age 18 and older with Prediabetes/Metabolic Syndrome with assessments received, if any. The denominator column displays the condition the patient met, either the diagnosis of 277.7 or the three conditions the patient met (e.g. BMI=35,TG=155,HDL=35).

Measure Source

“IHS Guidelines for Care of Adults with Prediabetes and/or the Metabolic Syndrome in Clinical Settings (April 2005)”

Measure Past Performance and Long-term Targets

Measure	Target
IHS 2010 goal for patients with BP assessed	95.0%

VA	Sep 01, 2009						Page 286	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Prediabetes/Metabolic Syndrome (con't)								
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Pts =>18								
w/PreDiabetes/ Met Syn	48		40			29		
# w/ All screenings	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ BP documented	48	100.0	34	85.0	+15.0	27	93.1	+6.9
# w/LDL done	32	66.7	27	67.5	-0.8	18	62.1	+4.6
# w/ fasting glucose	0	0.0	1	2.5	-2.5	0	0.0	+0.0
# w/ est GFR & quant UP assmt or w/ ESRD	6	12.2	1	2.4	+9.8	0	0.0	+12.2
# w/Tobacco Screening w/in 1 yr	44	91.7	33	82.5	+9.2	21	72.4	+19.3
# w/BMI calculated or refusal	46	95.8	40	100.0	-4.2	29	100.0	-4.2
# w/lifestyle adaptation counseling	20	41.7	15	37.5	+4.2	8	27.6	+14.1
# w/Depression screening, DX, or refusal	7	14.6	1	2.5	+12.1	1	3.4	+11.1

Figure 2-95: Sample Report, Prediabetes/Metabolic Syndrome

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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

Prediabetes/Metabolic Syndrome: List of patients 18 and older with
Prediabetes/Metabolic Syndrome with assessments received, if any.
PATIENT NAME          HRN      COMMUNITY      SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,HALEY DEBRA  000001 COMMUNITY #1   F  25  UP;AC BMI=33.64; TRIG=271;
HDL=45.4; HTN DX: 01/13/09;TOB SCR: 01/13/09;BMI: 33.64
PATIENT2,CYNTHIA     000002 COMMUNITY #1   F  36  UP;AC BMI=38.08; TRIG=214; HDL= 2
BPs;LDL: 07/14/09 148;GFR: 07/14/09 & QUANT UP: QUANT UP-CPT-07/14/09;TOB SCR:
07/14/09;BMI: 38.08
PATIENT3,ABIGAIL     000003 COMMUNITY #1   F  39  UP;AC TRIG=166; HDL=48.8;
BP=131/80 2 BPs;LDL: 11/21/09 125;TOB SCR: 07/09/09;BMI: 28.35
PATIENT4,ANNA LINDA  000004 COMMUNITY #1   F  44  UP BMI=34.97; TRIG=194; BP=149/84
2 BPs;TOB SCR: 05/14/09;BMI: 34.97;DEPR SCR: 2 dxs PCC:
PATIENT5,DARLENE T   000005 COMMUNITY #1   F  54  UP;AC TRIG=182; HDL=; HTN DX:
10/16/09; BP=139/73 2 BPs;LDL: 10/16/09 180;TOB SCR: 10/16/09;BMI: 25.96;DEPR SCR: 2
dxs PCC:

```

Figure 2-96: Sample Patient List, Prediabetes/Metabolic Syndrome

2.10.11 Medications Education

Denominators

Active Clinical patients with medications dispensed at their facility during the Report Period.

All User Population patients with medications dispensed at their facility during the Report Period.

Numerator

Patients who were provided patient education about their medications in any location.

Logic Description

Patients receiving medications at their facility are identified by any entry in the VMed file for your facility. The purpose of this definition is to ensure that sites are not being held responsible for educating patients about medications received elsewhere that may be recorded in RPMS. CRS assumes that the appropriate facility is the one the user has logged onto to run the report.

Note: If a site's system identifier, i.e., ASUFAC code, has changed during the period between the Baseline start date and the Current Year end date, due to compacting/contracting or other reasons, your report may display zeros (0s) or very low counts for some time periods.

CRS uses the following patient education codes to define the numerator:

Medication Education	Any Patient Education code containing "M-" or "-M" (medication) OR DMC-IN (Diabetes Medicine - Insulin) FP-DPO (Family Planning – Depot Medroxyprogesterone Injections) FP-OC (Family Planning – Oral Contraceptives) FP-TD (Family Planning – Transdermal (Patch)) ASM-NEB (Asthma – Nebulizer) ASM-MDI (Asthma – Metered Dose Inhalers) PL-NEB (Pulmonary Disease – Nebulizer) PL-MDI (Pulmonary Disease – Metered Dose Inhalers)
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Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients receiving medications with med education, if any.

Measure Source

None

Measure Past Performance and Long-term Targets

Measure	Target
<i>HP 2010 goal for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)</i>	95.0%

VA	Sep 01, 2009						Page 291	
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Medications Education (con't)								
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts receiving medications	713		623			592		
# receiving medication educ	487	68.3	267	42.9	+25.4	81	13.7	+54.6
User Pop Pts receiving medications	950		797			753		
# receiving medication educ	599	63.1	306	38.4	+24.7	87	11.6	+51.5

Figure 2-97: Sample Report, Medications Education

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

Medications Education: List of patients receiving medications with med education, if any

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, ANDREA MARY	000001	COMMUNITY #1	F	0	UP;AC	
PATIENT2, VIRGINIA A	000002	COMMUNITY #1	F	0	UP	08/06/09 HTN-M
PATIENT3, MICHAELA	000003	COMMUNITY #1	F	0	UP	03/10/09 M-I
PATIENT4, MISTY	000004	COMMUNITY #1	F	5	UP;AC	05/16/09 M-DI
PATIENT5, RITA ANN	000005	COMMUNITY #1	F	15	UP;AC	07/05/09 M-I
PATIENT6, DIANE LOUISE	000006	COMMUNITY #1	F	15	UP	08/21/09 M-I
PATIENT7, ALICIA	000007	COMMUNITY #1	F	15	UP;AC	
PATIENT8, ALYSHA	000008	COMMUNITY #1	F	16	UP;AC	
PATIENT9, SHELLY	000009	COMMUNITY #1	F	18	UP;AC	03/12/09 PP-M

Figure 2-98: Sample Patient List, Medications Education

2.10.12 Public Health Nursing

Patient-Related Measures

Denominator

All User Population patients.

Numerators

For User Population only, the number of patients in the denominator served by PHNs in any setting, including Home.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.

For User Population only, the number of patients in the denominator served by PHNs in a HOME setting.

For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME Setting.

Visit-Related Measures

Denominators

Number of visits to User Population patients by PHNs in any setting, including Home

- A. Number of visits to patients ages 0-28 days (Neonate) in any setting.
- B. Number of visits to patients ages 29 days - 12 months (infants) in any setting.
- C. Number of visits to patients ages 1-64 years in any setting
- D. Number of visits to patients ages 65 and older (Elders) in any setting
- E. Number of PHN driver/interpreter (provider code 91) visits

Number of visits to User Population patients by PHNs in Home setting

- A. Number of Home visits to patients age 0-28 days (Neonate)
- B. Number of Home visits to patients age 29 days to 12 months (Infants)
- C. Number of Home visits to patients ages 1-64 years
- D. Number of Home visits to patients aged 65 and over (Elders).
- E. Number of PHN driver/interpreter (provider code 91) visits in a HOME setting.

Numerator

No numerator: count of visits only

Logic Description

PHN visit is defined as any visit with primary or secondary provider code 13 or 91. Home visit defined as: (1) clinic 11 and a primary or secondary provider code 13 or 91 or (2) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or 91.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients with PHN visits documented.

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

Measure Source

None

Measure Past Performance and Long-term Targets

	All PHN visits	PHN Home Visits
IHS FY 2005 Performance	438,376	Not Reported
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
<i>IHS 2010 Goal</i>	<i>None currently</i>	<i>None currently</i>

VA		Sep 01, 2009				Page 293			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Public Health Nursing (con't)									
	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %	
All User Population patients	2,850		2,386			2,343			
# served by PHNs in any Setting	13	0.5	13	0.5	-0.1	13	0.6	-0.1	
# served by PHN drivers/interpreter - in any Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
# served by PHNs in a Home Setting	3	0.1	3	0.1	+0.0	0	0.0	+0.1	
# served by PHN drivers/interpreters in Home Setting	0	0.0	0	0.0	+0.0	0	0.0	+0.0	
Total # PHN Visits - Any Setting	18		16		+2	19		-1	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days - 12 months	1		3		-2	0		+1	
C. Ages 1-64 years	16		13		+3	19		-3	
D. Ages 65+	1		0		+1	0		+1	
E. Driver/Interpreter visits - any setting	0		0		+0	0		+0	
Total # PHN Visits - Home Setting	5		3		+2	0		+5	
A. Ages 0-28 days	0		0		+0	0		+0	
B. Ages 29 days- 12 months	1		1		+0	0		+1	
C. Ages 1-64 years	3		2		+1	0		+3	
D. Ages 65+	1		0		+1	0		+1	
E. Driver/interpreter visits - Home Setting	0		0		+0	0		+0	

Figure 2-99: Sample Report, Public Health Nursing

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

Public Health Nursing: List of patients with PHN visits documented

Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,HELENE MARIE driver all; 0 driver home	000001	COMMUNITY #1	F	29	UP	2 all PHN; 0 home; 0
PATIENT2,KATHLEEN driver all; 0 driver home	000002	COMMUNITY #1	F	38	UP	3 all PHN; 3 home; 0
PATIENT40,ERIKA SUE driver all; 0 driver home	000040	COMMUNITY #2	F	37	UP	1 all PHN; 0 home; 0
PATIENT41,DANIEL RAY driver all; 0 driver home	000041	COMMUNITY #2	M	0	UP	1 all PHN; 1 home; 0

Figure 2-100: Sample Patient List, Public Health Nursing

2.10.13 Breastfeeding Rates

Denominators

Active Clinical patients who are 45-394 days old.

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *two months* (45-89 days) (**PART Denominator**).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *six months* (165-209 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of *one year* (350-394 days).

Numerators

Patients who were screened for infant feeding choice *at least once*.

Patients who were screened for infant feeding choice at the age of *two months* (45-89 days).

Patients who were screened for infant feeding choice at the age of *six months* (165-209 days).

Patients who were screened for infant feeding choice at the age of *nine months* (255-299 days).

Patients who were screened for infant feeding choice at the age of *one year* (350-394 days).

Patients who, at the age of *two months* (45-89 days), were either exclusively or mostly breastfed (**PART Numerator**).

Patients who, at the age of *six months* (165-209 days), were either exclusively or mostly breastfed.

Patients who, at the age of *nine months* (255-299 days), were either exclusively or mostly breastfed.

Patients who, at the age of *one year* (350-394 days), were either exclusively or mostly breastfed.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Infant feeding choice definition: The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of two months (i.e., 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for six months, 270 days for nine months, and 365 days for one year.

In order to be included in the age-specific screening numerators, the patient must have been screened at the specific age range. For example, if a patient was screened at six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients 45-394 days old, with infant feeding choice value, if any.

Note: “DO” represents “Days Old.”

Measure Source

HP 2010, 16-19d Exclusive breastfeeding-through three months, 16-19e Exclusive breastfeeding-through six months.

Measure Past Performance and Long-term Targets

Performance	Percent
<i>HP 2010 goal for breastfeeding through 3 months of age</i>	<i>60.0%</i>
<i>HP 2010 goal for breastfeeding through 6 months of age</i>	<i>25.0%</i>

VA		Sep 01, 2009				Page 297			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Breastfeeding Rates									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %	
Active Clinical Pts									
45-394 days	43		27			31			
# w/infant feeding									
choice screening	10	23.3	0	0.0	+23.3	1	3.2	+20.0	
# w/screening @									
2 mos	3	7.0	0	0.0	+7.0	1	3.2	+3.8	
# w/screening @									
6 mos	3	7.0	0	0.0	+7.0	0	0.0	+7.0	
# w/screening @									
9 mos	4	9.3	0	0.0	+9.3	0	0.0	+9.3	
# w/screening @									
1 yr	3	7.0	0	0.0	+7.0	0	0.0	+7.0	
AC Pts 45-394 days									
screened @ 2 mos									
(PART)	3		0			1			
# @ 2 mos exclusive/ mostly breastfed									
(PART)	3	100.0	0	0.0	+100.0	1	100.0	+0.0	
AC Pts 45-394 days									
screened @ 6 mos	3		0			0			
# @ 6 mos									
exclusive/mostly									
breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7	
AC Pts 45-394 days									
screened at 9 mos	4		0			0			
# @ 9 mos									
exclusive/mostly									
breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0	
AC Pts 45-394 days									
screened @ 1 yr	3		0			0			
# @ 1 year									
exclusive/mostly									
breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7	

Figure 2-101: Sample Report, Breastfeeding Rates

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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

Breastfeeding Rates: List of patients 45-394 days old, with infant feeding
choice value, if any.
PATIENT NAME                HRN      COMMUNITY    SEX AGE DENOMINATOR NUMERATOR
-----
PATIENT1,AMANDA DEBRA      000001  COMMUNITY #1  F  0   AC
PATIENT2,LEROY JAMES      000002  COMMUNITY #1  M  0   AC          scrn;9 MOS: MOSTLY
BREASTFEEDING-269 DO-10/29/09
PATIENT3,TERRY SCOTT      000003  COMMUNITY #1  M  0   AC
PATIENT4,ROBERT           000004  COMMUNITY #1  M  1   AC          scrn;2 MOS: EXCLUSIVE
BREASTFEEDING-48 DO-01/20/09;6 MOS: EXCLUSIVE BREASTFEEDING-178 DO-05/30/09;9 MOS:
EXCLUSIVE BREASTFEEDING-276 DO-09/05/09;1 YR: MOSTLY BREASTFEEDING-382 DO-12/20/09
PATIENT11,STEVEN CODY     000011  COMMUNITY #2  M  0   AC          scrn;6 MOS: EXCLUSIVE
BREASTFEEDING-187 DO-08/11/09
PATIENT12,ANDREW THOMAS  000012  COMMUNITY #2  M  0   AC          scrn;9 MOS: MOSTLY
BREASTFEEDING-278 DO-10/16/09
PATIENT13,ROBERT         000013  COMMUNITY #2  M  0   AC
PATIENT14,RICHARD ABE     000014  COMMUNITY #2  M  0   AC          scrn;1 YR: FORMULA
ONLY-361 DO-02/05/09
PATIENT15,JEFFREY LYLE   000015  COMMUNITY #2  M  0   AC
PATIENT16,JASON EDWARD   000016  COMMUNITY #2  M  0   AC          scrn;1 YR: EXCLUSIVE
BREASTFEEDING-383 DO-11/05/09

```

Figure 2-102: Sample Patient List, Breastfeeding Rates

2.10.14 Drugs to be Avoided in the Elderly

Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by gender.

Numerators

Patients who received at least one drug to be avoided in the elderly during the Report Period.

Patients who received at least two different drugs to be avoided in the elderly during the Report Period.

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Medication definitions: Drugs to be avoided in the elderly (i.e., potentially harmful drugs) defined with medication taxonomies:

- BGP HEDIS ANTIANXIETY MEDS (Meprobamate [Equagesic, Equanil, Miltown])
- BGP HEDIS ANTIEMETIC MEDS (Trimethobenzamide [Tigan])
- BGP HEDIS ANALGESIC MEDS (Ketorolac [Tordal])
- BGP HEDIS ANTIHISTAMINE MEDS (Cyproheptadine [Periactin], Dexchlorpheniramine [Polaramine], Diphenhydramine [Benadryl], Ephedrine, Hydroxyzine [Vistaril, Atarax], Promethazine [Phenergan], Theophylline, Tripeleennamine)
- BGP HEDIS ANTIPSYCHOTIC MEDS (Thioridazine [Mellaril])
- BGP HEDIS AMPHETAMINE MEDS (Amphetamine Mixtures [Adderall], Benzphetamine [Didrex], Dextroamphetamine [Dexedrine], Dexmethylphenidate, Diethylpropion [Tenuate], Methamphetamine [Desoxyn], Methylphenidate [e.g. Ritalin, Methylin], Phendimetrazine [Prelu-2], Phenteramine [Ionamin, Adipex])
- BGP HEDIS BARBITURATE MEDS (Amobarbital/Secobarbital [Tuinal], Amytal, Aprobarbital [Alurate], Butobarbital [Butisol], Mephobarbital [Mebaral], Pentobarbital [Nembutal], Phenobarbital, Secobarbital [Seconal])
- BGP HEDIS BENZODIAZEPINE MEDS (Chlordiazepoxide [Librium], Chlordiazepoxide/Amitriptyline [Limbitrol], Diazepam [Valium], Flurazepam [Dalmane])
- BGP HEDIS OTHER BENZODIAZEPINE (Clidinium/Chlordiazepoxide [Librax])
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine [Procardia, Adalat] - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine [Bentyl], Propantheline [Pro-Banthine])
- BGP HEDIS BELLADONNA ALKA MEDS (Atropine sulfate, Belladonna, Hyoscyamine [Anaspaz, Cystospaz, Levsin, Levsinex], In combination [Barbidonna, Bellergal-S, Butibel, Donnatal], Scopolamine [Scopace, Transderm-Scope])
- BGP HEDIS SKL MUSCLE RELAX MED (Carisoprodol [Soma], Chlorzoxazone [Paraflex], Cyclobenzaprine [Flexeril], Metaxalone [Skelaxin], Methocarbamol [Robaxin], Orphenadrine [Norflex])
- BGP HEDIS ORAL ESTROGEN MEDS (Estradiol, Ethinyl estradiol, Premarin, Ogen, Menest)

- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide [Diabinese])
- BGP HEDIS NARCOTIC MEDS (Meperidine, Pentazocine [Talacen, Talwin, Talwin Cpd, Talwin NX], Propoxyphene combinations [Darvon CPD, Darvon N, Darvocet-N], Propoxyphene [Darvon])
- BGP HEDIS VASODILATOR MEDS (Dipyridamole [Persantine] short acting only, Ergot mesyloids [Jydergine], Isoxsuprine [Vasodilan])
- BGP HEDIS OTHER MEDS AVOID ELD (Atropine injectable, Cyclandelate, Desiccated thyroid, Diazepam injectable, Dicyclomine injectable, Diphenhydramine injectable, Dipyridamole injectable, Hydroxyzine injectable, Ketorolac injectable, Meperidine injectable, Methocarbamol injectable, Mesoridazine, Methyltestosterone [Android, Virilon, Testrad], Nitrofurantoin [Macrochantin], Orphenadrine injectable, Pemoline, Pentazocine, Pentobarbital, Promethazine, Premarin injectable, Rectal Diastat, Scopolamine injectable, patches, Trimethobenzamide).

Note: For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e., visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2009, Discontinued Date=11/19/2009, Recalculated # Days Prescribed=4.

Key Logic Changes from CRS Version 8.0 Patch 3

None.

Patient List Description

List of patients 65 and older with at least one prescription for a potentially harmful drug.

Measure Source

HEDIS

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009				Page 299			
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Drugs to be Avoided in the Elderly (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE	%
Active Clinical Pts =>65	106		64					65	
# w/exposure to at least 1 harmful drug	22	20.8	14	21.9	-1.1		19	29.2	-8.5
# w/exposure to multiple harmful drugs	9	8.5	2	3.1	+5.4		9	13.8	-5.4
Male Active Clinical =>65	50		28				27		
# w/exposure to at least 1 harmful drug	10	20.0	5	17.9	+2.1		7	25.9	-5.9
# w/exposure to multiple harmful drugs	3	6.0	1	3.6	+2.4		2	7.4	-1.4
Female Active Clinical =>65	56		36				38		
# w/exposure to at least 1 harmful drug	12	21.4	9	25.0	-3.6		12	31.6	-10.2
# w/exposure to multiple harmful drugs	6	10.7	1	2.8	+7.9		7	18.4	-7.7
User Pop Pts =>65	218		145				142		
# w/exposure to at least 1 harmful drug	24	11.0	15	10.3	+0.7		19	13.4	-2.4
# w/exposure to multiple harmful drugs	9	4.1	3	2.1	+2.1		9	6.3	-2.2

Figure 2-103: Sample Report, Drugs to be Avoided in the Elderly

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

Drugs to be Avoided in the Elderly: List of patients 65 and older with at least one prescription for a potentially harmful drug.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, JONELLE	000001	COMMUNITY #1	F	69	UP;AC	2 drugs: ESTERIFIED ESTROGENS 0.625MG TAB-08/04/09(ORAL ESTROGEN); PROPOXYPHENE-N 100MG/APAP 650MG TAB-08/04/09(NARCOTIC)
PATIENT2, PAULINE	000002	COMMUNITY #1	F	70	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-12/17/09(SKL MUSCLE)
PATIENT3, NADINE	000003	COMMUNITY #1	F	82	UP;AC	2 drugs: DIAZEPAM 5MG TAB-09/25/09(BENZODIAZEPINE); PROPOXYPHENE-N 100MG/APAP 650MG TAB-09/25/09(NARCOTIC)
PATIENT4, JESSE NATHAN	000004	COMMUNITY #1	M	77	UP;AC	1 drugs: CYCLOBENZAPRINE HCL 10MG TAB-08/27/09(SKL MUSCLE)

Figure 2-104: Sample Patient List, Drugs to be Avoided in the Elderly

2.10.15 Functional Status Assessment in Elders

Denominator

Active Clinical patients ages 55 and older, broken down by gender.

Numerator

Patients screened for functional status at any time during the Report Period.

Logic Description

Age is calculated at the beginning of the Report Period.

Functional status screening definition: Any non-null values in V Elder Care for 1) at least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence *and* 2) at least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications or transportation during the Report Period.

Key Logic Changes from CRS Version 8.0 Patch 3

None

Patient List Description

List of patients =>55 with functional status codes, if any. The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing

- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS – Transportation

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA	Sep 01, 2009						Page 300		
*** IHS 2009 Selected Measures with Community Specified Report ***									
DEMO INDIAN HOSPITAL									
Report Period: Jan 01, 2009 to Dec 31, 2009									
Previous Year Period: Jan 01, 2008 to Dec 31, 2008									
Baseline Period: Jan 01, 2000 to Dec 31, 2000									

Functional Status Assessment in Elders (con't)									
	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from	
	PERIOD		PERIOD		PREV YR	% PERIOD		BASE %	
Active Clinical Pts =>55	248		157			127			
# w/functional status screening	2	0.8	0	0.0	+0.8	0	0.0	+0.8	
Male Active Clinical =>55	126		73			60			
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8	
Female Active Clinical =>55	122		84			67			
# w/functional status screening	1	0.8	0	0.0	+0.8	0	0.0	+0.8	

Figure 2-105: Sample Report, Functional Status Assessment in Elders

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

Functional Status Assessment in Elders: List of patients =>55 with functional status codes, if any.

The following are the abbreviations used in the Numerator column:

- TLT - Toileting
- BATH - Bathing
- DRES - Dressing
- XFER - Transfers
- FEED - Feeding
- CONT - Continence
- FIN - Finances
- COOK - Cooking
- SHOP - Shopping
- HSWK - Housework/Chores
- MEDS - Medications
- TRNS - Transportation

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1, GLENDA JOYCE	000001	COMMUNITY #1	F	57	AC	NO:
PATIENT2, NADINE	000002	COMMUNITY #1	F	61	AC	NO:
PATIENT3, CHARLOTTE MAE	000003	COMMUNITY #1	F	64	AC	YES: 02/24/09:
BATH; CONT; COOK; DRES; FEED; FIN; HSWK; MEDS; SHOP; TLT; TRNS; XFER						
PATIENT4, KATHERINE ANN	000004	COMMUNITY #1	F	66	AC	YES: 07/11/09:
BATH; FIN						
PATIENT5, ANNA MARIE	000005	COMMUNITY #1	F	66	AC	NO:
PATIENT6, DIANA	000006	COMMUNITY #1	F	67	AC	NO:
PATIENT7, PEGGY ANN	000007	COMMUNITY #1	F	70	AC	NO: 05/20/09: FIN

Figure 2-106: Sample Patient List, Functional Status Assessment in Elders

2.10.16 Fall Risk Assessment in Elders

Denominators

Active Clinical patients ages 65 and older, broken down by gender.

User Population patients ages 65 and older, broken down by gender.

Numerators

Patients who have been screened for fall risk or with a fall-related diagnosis in the past year, including documented refusals.

- A. Patients who have been screened for fall risk in the past year.
- B. Patients with a documented history of falling in the past year.
- C. Patients with a fall-related injury diagnosis in the past year
- D. Patients with abnormality of gait/balance or mobility diagnosis in the past year
- E. Patients with a documented refusal of fall risk screening exam in the past year

Logic Description

Age of the patient is calculated at the beginning of the Report Period.

Fall risk screening/fall related diagnosis is defined as any of the codes in the table below.

	ICD and Other Codes	Exam Code	E Codes (Injury)
Fall Risk Exam		V Exam: 37 (Fall Risk)	
History of Falling	V POV: V15.88 (Personal History of Fall)		
Fall-related Injury			V POV (Cause Codes #1-3): E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*
Abnormality of Gait/Balance or Mobility	V POV: 781.2, 781.3, 719.7, 719.70 (old code), 719.75-719.77 (old codes), 438.84, 333.99, 443.9		
Refusal		V Exam: 37 (Fall Risk)	

Key Logic Changes from CRS Version 8.0 Patch 3

None.

Patient List Description

List of patients 65 years or older with fall risk assessment, if any.

Measure Source

HP 2010 15-28 Reduce hip fractures among older adults.

Measure Past Performance and Long-term Targets

Target	Percent
<i>IHS 2010 goal for Fall Risk Screening</i>	<i>50.0%</i>

VA	Sep 01, 2009		Page 301					
*** IHS 2009 Selected Measures with Community Specified Report ***								
DEMO INDIAN HOSPITAL								
Report Period: Jan 01, 2009 to Dec 31, 2009								
Previous Year Period: Jan 01, 2008 to Dec 31, 2008								
Baseline Period: Jan 01, 2000 to Dec 31, 2000								

Fall Risk Assessment in Elders (con't)								
Active Clinical Pts	106		64		65			
65+								
# w/ fall risk								
screen/Dx/refusal	11	10.4	8	12.5	-2.1	8	12.3	-1.9
A. # w/ fall risk								
screen	1	0.9	0	0.0	+0.9	0	0.0	+0.9
B. # w/ history								
of fall	1	0.9	0	0.0	+0.9	0	0.0	+0.9
C. # w/ fall injury	2	1.9	1	1.6	+0.3	3	4.6	-2.7
D. # w/ abnormal								
gait	6	5.7	7	10.9	-5.3	5	7.7	-2.0
E. # w/ refusal	1	0.9	0	0.0	+0.9	0	0.0	+0.9
Male Active Clinical	50		28		27			
65+								
# w/ fall risk								
screen/Dx/refusal	5	10.0	3	10.7	-0.7	2	7.4	+2.6
A. # w/ fall risk								
screen	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/ history								
of fall	1	2.0	0	0.0	+2.0	0	0.0	+2.0
C. # w/ fall injury	0	0.0	0	0.0	+0.0	1	3.7	-3.7
D. # w/ abnormal								
gait	3	6.0	3	10.7	-4.7	1	3.7	+2.3
E. # w/ refusal	1	2.0	0	0.0	+2.0	0	0.0	+2.0
Female Active Clinical	56		36		38			
65+								
# w/ fall risk								
screen/Dx/refusal	6	10.7	5	13.9	-3.2	6	15.8	-5.1
A. # w/ fall risk								
screen	1	1.8	0	0.0	+1.8	0	0.0	+1.8
B. # w/ history								
of fall	0	0.0	0	0.0	+0.0	0	0.0	+0.0
C. # w/ fall injury	2	3.6	1	2.8	+0.8	2	5.3	-1.7
D. # w/ abnormal								
gait	3	5.4	4	11.1	-5.8	4	10.5	-5.2
E. # w/ refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

Figure 2-107: Sample Report, Fall Risk Assessment in Elders

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

Fall Risk Assessment in Elders: List of patients 65 years or older with fall risk assessment, if any.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,SHERRY	000001	COMMUNITY #1	F	68	UP;AC	
PATIENT2,LORETTA LYNN	000002	COMMUNITY #1	F	78	UP	
PATIENT17,NICOLE 333.99-07/01/09	000017	COMMUNITY #2	F	71	UP;AC	Abnormal Gait:
PATIENT18,VERONICA	000018	COMMUNITY #2	F	72	UP;AC	exam 37-12/01/09
PATIENT19,STEPHANIE 11/10/09	000019	COMMUNITY #2	F	76	UP;AC	Fall Injury: E883.9-
PATIENT87,MICHAEL JOHN V15.88-07/25/09	000021	COMMUNITY #3	M	81	UP;AC	Hx of Fall DX:
PATIENT88,KENNETH RAY	000028	COMMUNITY #3	M	85	UP;AC	ref exam 37-11/16/09

Figure 2-108: Sample Patient List, Fall Risk Assessment in Elders

2.10.17 Palliative Care

Denominators

No denominator. This measure is a total count only, not a percentage.

Numerators

The total number of *Active Clinical patients* with at least one palliative care visit during the Report Period. Broken down by age groups: <18, 18-54, >55.

The total number of *palliative care visits* for Active Clinical patients during the Report Period. Broken down by age groups: <18, 18-54, >55.

Logic Description

Age is calculated at the beginning of the Report Period.

Palliative care visit definition: POV V66.7.

Patient List Description

List of patients with a palliative care visit.

Key Logic Changes from CRS Version 8.0 Patch 3

None.

Measure Source

None

Measure Past Performance and Long-term Targets

None

VA		Sep 01, 2009		Page 302	
*** IHS 2009 Selected Measures with Community Specified Report ***					
DEMO INDIAN HOSPITAL					
Report Period: Jan 01, 2009 to Dec 31, 2009					
Previous Year Period: Jan 01, 2008 to Dec 31, 2008					
Baseline Period: Jan 01, 2000 to Dec 31, 2000					

Palliative Care (con't)					
	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/At Least 1 Palliative Care Visit	15	0	+15	0	+15
A. Total # of Patients <18 w/At Least 1 Palliative Care Visit	0	0	+0	0	+0
B. Total # of Patients 18-54 w/At Least 1 Palliative Care Visit	10	0	+10	0	+10
C. Total # of Patients 55+ w/At Least 1 Palliative Care Visit	5	0	+5	0	+5
Total # of Palliative Care Visits	16	0	+16	0	+16
A. Total # of Palliative Care Visits-Pts <18	0	0	+0	0	+0
B. Total # of Palliative Care Visits-Pts 18-54	10	0	+10	0	+10
C. Total # of Palliative Care Visits-Pts 55+	6	0	+6	0	+6

Figure 2-109: Sample Report, Palliative Care

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

Palliative Care: List of patients with a palliative care visit.

PATIENT NAME	HRN	COMMUNITY	SEX	AGE	DENOMINATOR	NUMERATOR
PATIENT1,JOHN	000012	Community #1	M	57	AC	1 visit: 05/01/09
PATIENT2,ROBERT	000013	Community #1	M	59	AC	1 visit: 06/01/09
PATIENT3,JAMES	000014	Community #2	M	67	AC	1 visit: 05/31/09
PATIENT4,TONYA	000015	Community #3	F	78	AC	1 visit: 06/01/09
PATIENT5,RITA ANN	000016	Community #3	F	96	AC	2 visits: 06/01/09;
06/07/09						

Figure 2-110: Sample Patient List, Palliative Care

3.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

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