

2008 GPRA REPORTING INSTRUCTIONS

RPMS and Non-RPMS Users (Urban Programs)

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Statement of Purpose

Dear Program Administrator:

The purpose of this letter is to request your continued assistance in collecting the Government Performance and Results Act (GPRA) data for Fiscal Year 2008. I would first like to take this opportunity to thank you and your staff for your participation in the performance improvement process.

As you may know GPRA continues to be an important component in monitoring and improving quality patient care in your facility. The basic questions that GPRA data can answer are straightforward: “Are we doing those things that we agreed were important for maximizing the health of our Active clinical patients?” and “Are there ways that we could improve the overall health status of our patient population?”

As was requested in the previous reporting year, the staff at your facility will be asked to participate in the reporting process again in 2008. While this process may still seem tedious, know that continued involvement will allow for the establishment of processes that will prove useful and rewarding toward meeting program goals with regard to patient care. In addition, many providers have found that participating in the GPRA reporting process provides a necessary review of changes in standards of care for a broad range of disease categories and identifies disease trends at their facility. Through the reporting process, providers often have a better idea of what changes they can make to improve the outcome for their patient population who suffer from devastating and otherwise preventable diseases.

Once the reporting process is completed based on your local process in addition to this guidance, the data should be forwarded to you Area GPRA Coordinator (Appendix A-3) who will then forward reports on to the National GPRA data repository at the California Area Office. We recommend that you print a summary report and all supporting documentation (queries including logic for each measure) for your records. This report will be useful in the event of an audit and will also assist your staff with successive reporting requirements.

Your area GPRA coordinator can assist you in obtaining reports and comparison data. In addition, your Area GPRA coordinator can assist you in identifying program strengths and deficiencies. Facilities are encouraged to review the summary report and recommendations in a team setting, establish priorities together, and develop an action plan with a timetable for re-evaluation.

Preface

Welcome to GPRA 2008! The Government Performance and Results Act (GPRA) requires Federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have a 5-year Strategic Plan in place and to submit Annual Performance Plans describing specifically what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured up against the performance targets set in the Annual Performance Plan.

The Indian Health Service tracks and reports on GPRA clinical measures relating to diabetes care, cancer screening, immunization, and other preventative health measures. Other GPRA measures include non-clinical measures relating to technology and data improvement, quality of care, and infrastructure.

Please take the time to read carefully through the following information for a brief summary of this year's changes followed by general directions. More specific instructions for any of the steps appear in subsequent sections.

Introduction

RPMS vs. Non-RPMS

Facilities that are currently running RPMS are able to report on any or all of over 200 clinical performance measures, representing 44 clinical topics. Each year, an updated version of CRS software is released to reflect changes in and additions to clinical performance measure definitions. Due to these continuous changes, it is critical to ensure the most up to date software is in place prior to the GPRA reporting period. If your facility is currently running RPMS please see the subsequent section (*GPRA reporting instructions for RPMS users*) for the appropriate reporting instructions. For additional information on CRS software installation and logic please reference the following: <http://www.ihs.gov/cio/crs/index.asp>.

Facilities that do not run RPMS clinical software will have to submit GPRA data using the provided Excel template (*2008 GPRA reporting template*). For facilities that wish to run their audits through electronic queries, it is imperative to run simultaneous manual and e-audits and compare results before submitting data. The results from the manual and e-audit should be quite similar. If the results of one or more of the elements are significantly different, an investigation into the reasons for the divergence needs to be undertaken. Once the differences are resolved, the two auditing methods should yield analogous results and the electronic query audits can provide validated results. If your facility is currently running a Non-RPMS software package, please see the subsequent section (*GPRA reporting instructions for Non-RPMS users*) for the appropriate reporting instructions.

GPRA Reporting Instructions for RPMS users

Mark your calendar: 2008 GPRA report is due on the following dates:

- **3rd Quarter Report: May 30th, 2008 (using CRS 8.0 or Chart Audit methods)**
- **4th Quarter Report: August 15, 2008 (using CRS 8.1 or Chart Audit methods)**

These instructions provide specific information about the menu options you must choose in order to generate the correct output for this reporting requirement.

(Please note that you will not be able to generate the most current reportable data unless you have installed CRS Version 8.0. Previous CRS versions will run a GPRA report, but will provide outdated information for purposes of GPRA reporting).

To run the National GPRA Report

NOTE: Effective with CRS 2008 Version 8.0, sites are being asked to export their data for both the National GPRA and the new Other National Measures (ONM) Report. This is because a lot of the measures that previously were included in the National GPRA Report are now included in the ONM Report. These measures represent non-GPRA measures for which national data is desired for evaluation of program specific performance (i.e. Federally Administered Activities, Healthcare Facilities Construction, etc) as well as review for potential measure development and implementation.

These instructions provide specific information about the menu options you must choose in order to generate the correct output for both of these reporting requirements. **(Please note that you will not be able to generate the correct 2008 reports unless you have installed CRS Version 8.0.)**

To run your National GPRA “quarterly” report:

1. At the IHS/RPMS Clinical Reporting System menu, select **CI08** (CRS 2008).

```
*****
**      IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)      **
*****
                          Version 8.0

                          DEMO INDIAN HOSPITAL

CI08   CRS 2008   ...
CI07   CRS 2007   ...
CI06   CRS 2006   ...
CI05   CRS 2005   ...
GP04   GPRA+ FY04 ...
GP03   GPRA+ FY03 ...
GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option:  CI08  CRS 2008
```

2008 GPRA Reporting Instructions

- At the CRS 2008 menu, select **RPT** (Reports).

```
*****
**      IHS/RPMS CRS 2008      **
**      Clinical Reporting System  **
*****
                        Version 8.0

                        DEMO INDIAN HOSPITAL

RPT   Reports ...
SET   System Setup ...
AO    Area Options ...

Select CRS 2008 Option:  RPT  Reports
```

- At the Reports menu, select **NTL** (National GPRA Reports).

```
*****
**      IHS/RPMS CRS 2008      **
**      Reports Menu          **
*****
                        Version 8.0

                        DEMO INDIAN HOSPITAL

NTL   National GPRA Reports ...
LOC   Reports for Local Use: IHS Clinical Measures ...
OTH   Other National Reports ...
TAX   Taxonomy Reports ...

Select Reports Option:  NTL  National GPRA Reports
```

- At the National GPRA Reports menu, select **GP** (National GPRA Report for GPRA Year 2008).

```
*****
**      IHS/RPMS CRS 2008      **
**      National GPRA Reports  **
*****
                        Version 8.0

                        DEMO INDIAN HOSPITAL

GP    National GPRA Report
LST   National GPRA Report Patient List
NST   Create Search Template for National Patient List
FOR   GPRA Measure Forecast Patient List
FORD  GPRA Measure Forecast Denominator Definitions
CMP   Comprehensive National GPRA Patient List

Select National GPRA Reports Option:  GP  National GPRA Report
```

- At the next screen, information about the report is displayed. Press **ENTER** to continue and taxonomies are checked. If the message "The following taxonomies are missing or have no entries" is displayed, you can exit by typing a (^) at any prompt until you return

2008 GPRA Reporting Instructions

to the main menu and then follow the directions for taxonomy setup in the CRS User Manual. If the message "All taxonomies are present" appears, press **ENTER**.

IHS 2008 National GPRA Report

This will produce a National GPRA report.
You will be asked to provide the community taxonomy to determine which patients will be included. This report will be run for the Report Period July 1, 2007 through June 30, 2008 with a Baseline Year of July 1, 1999 through June 30, 2000. This report will include beneficiary population of American Indian/Alaska Native only.

You can choose to export this data to the Area office. If you answer yes at the export prompt, a report will be produced in export format for the Area Office to use in Area aggregated data. Depending on site specific configuration, the export file will either be automatically transmitted directly to the Area or the site will have to send the file manually.

Press enter to continue: **ENTER**
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: **ENTER**

6. Type the name of your community taxonomy or press Enter to accept the default taxonomy if it is the taxonomy used for GPRA reporting purposes. (If you don't know the community taxonomy, type two question marks (??) to see the entire list; for GPRA reporting purposes, the community should be the same as the site CHSDA, except in Oklahoma.)
7. Type **Y** at the "Do you wish to export this data to Area?" prompt.
8. Type **N** at the "Do you wish to create a HEIGHT/WEIGHT Output file?" prompt unless you want to create the local file for your facility's use. (NOTE: If you choose to create the file, you will then choose whether to store the data in one or multiple files. If you want to review the data in Microsoft Excel, choose the multiple files option. This option will ensure no records are truncated in the event there are more than 65,536 records, and it will create additional file(s) for the remaining data.)

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Specify the community taxonomy to determine which patients will be included in the report. You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: **GPRA Community**
Do you wish to export this data to Area? **YES**

Height and Weight data is contained in this report. Do you wish to create a file of all the heights and weights in this file? You can use this file to upload to another system like SAS or Microsoft ACCESS.
WARNING: This file can be very large as it contains 1 record for each height and weight taken on the patients in the active clinical population.
This file may be too large for EXCEL. If you don't plan on using this data for a study some kind, please answer NO to the next question.
Do you wish to create a HEIGHT/WEIGHT Output file? N// **NO**

9. 12 At the next prompt, you can select either **D** or **B**, depending on your Area preference. For an explanation of the output options, see page 84 of the CRS Version 8.0 User Manual.

SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

Report Period:	Jul 01, 2007 to Jun 30, 2008
Previous Year Period:	Jul 01, 2006 to Jun 30, 2007
Baseline Period:	Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P	Print Report on Printer or Screen
D	Create Delimited output file (for use in Excel)
B	Both a Printed Report and Delimited File

2008 GPRA Reporting Instructions

10. Select output type: S// **FILE** - delimited output will be written to a file in pub. Take the steps you normally use to finish running the report.

You have selected to create a delimited output file. You can have this output file created as a text file in the pub directory, OR you can have the delimited output display on your screen so that you can do a file capture. Keep in mind that if you choose to do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

- S SCREEN - delimited output will display on screen for capture
- F FILE - delimited output will be written to a file in pub

Select output type: S// F FILE - delimited output will be written to a file in pub. Enter a filename for the delimited output (no more than 40 characters):
[DemoHospGPRA042708](#)

When the report is finished your delimited output will be found in the D:\PUB directory. The file name will be DemoHospGPRA042708.txt

NOTE: When you select Y at Export, the CRS software will automatically create a file that begins with "BG08" and has a filename extension with a number but no letter in the PUB directory (example: BG08505901.12). This file is different from any local files you may create, such as a delimited file. You will need to transmit this file to your Area Office for inclusion in the Area Aggregate report. (Make sure you double check the date of the file and select the most current file before sending)

If you chose to create the height/weight file, it will automatically create a file that begins with "HW" in the PUB directory. Do not export this file to the Area Office.

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To run your ONM "quarterly" Report:

1. At the CRS 2008 menu, select **RPT** (Reports).

```
*****
**      IHS/RPMS CRS 2008      **
**      Clinical Reporting System  **
*****
                          Version 8.0

                          DEMO INDIAN HOSPITAL

RPT      Reports ...
SET      System Setup ...
AO       Area Options ...

Select CRS 2008 Option:  RPT  Reports
```

2. At the Reports Menu, select **OTH** (Other National Reports).

```
*****
**      IHS/RPMS CRS 2008      **
**      Reports Menu          **
*****
                          Version 8.0

                          DEMO INDIAN HOSPITAL

NTL      National GPRA Reports ...
LOC      Reports for Local Use: IHS Clinical Measures ...
OTH      Other National Reports ...
TAX      Taxonomy Reports ...

Select Reports Option:  OTH  Other National Reports
```

3. At the Other National Reports menu, select **ONM** (Other National Measures Report).

```
*****
**      IHS/RPMS CRS 2008      **
**      Other National Reports  **
*****
                          Version 8.0

                          DEMO INDIAN HOSPITAL

GPU      GPRA Performance Report
ONM      Other National Measures Report
OST      Other National Measures Report Patient List
ELD      Elder Care Report
HED      HEDIS Performance Report
PED      Patient Education Report

Select Other National Reports Option:  ONM  Other National Measures Report
```

4. At the next screen, information about the report is displayed. Press **ENTER** to continue and taxonomies are checked. If the message "The following taxonomies are missing or have no entries" is displayed, you can exit by typing a (^) at any prompt until you return to the main menu and then follow the directions for

2008 GPRA Reporting Instructions

taxonomy setup in the CRS User Manual. If the message "All taxonomies are present" appears, press **ENTER**.

```
IHS 2008 Other National Measures Report

This will produce the Other National Measures (ONM) Report for all
ONM performance measures for a year period you specify. You will be
asked to provide: 1) the reporting period, 2) the baseline period to
compare data to, 3) the community taxonomy to determine which patients
will be included, and the 4) beneficiary population.

You will be given the opportunity to export this data to the Area office.
If you answer yes, this option will produce a report in export format for
the Area Office to use in Area aggregated data. Depending on site specific
configuration, the export file will either be automatically transmitted
directly to the Area or the site will have to send the file manually.

Press Enter to Continue:  ENTER
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:  ENTER
```

5. For the report date range, type **3** to choose a report period of July 1 – June 30, as shown on the next page.
6. Type **2008** for the Report End Date, as shown on the next page.
7. A message is displayed warning you that your report end date occurs in the future. Type **N** to ignore the message and continue.
8. Type **2000** for the Baseline Year, as shown on the next page. The report date ranges are displayed.

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```
Select one of the following:

    1      January 1 - December 31
    2      April 1 - March 31
    3      July 1 - June 30
    4      October 1 - September 30
    5      User defined date range

Enter the date range for your report: 3 July 1 - June 30

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2008
Enter Year: 2008 (2008)

You have selected Current Report period Jul 01, 2007 through Jun 30, 2008.
The end date of this report is in the future; your data will not be
complete.

Do you want to change your Current Report Dates? N// N

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 1999, 2000
Enter Year (e.g. 2000): 2000 (2000)

The date ranges for this report are:
Report Period:      Jul 01, 2007 to Jun 30, 2008
Previous Year Period: Jul 01, 2006 to Jun 30, 2007
Baseline Period:    Jul 01, 1999 to Jun 30, 2000
```

9. Type the name of your community taxonomy or press Enter to accept the default taxonomy if it is the taxonomy used for GPRA reporting purposes. (If you don't know the community taxonomy, type two question marks (??) to see the entire list; for GPRA reporting purposes, the community should be the same as the site CHSDA, except in Oklahoma.)
10. Type **1** at the "Select Beneficiary Population to include in this report:" prompt to include AI/AN patients only in this report.

```
Select one of the following:

    1      Indian/Alaskan Native (Classification 01)
    2      Not Indian Alaskan/Native (Not Classification 01)
    3      All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 Indian/Alaska
Native (Classification 01)
```

11. Type **Y** at the prompt below to export this data to your Area Office.

```
Do you wish to export this data to Area? Y
```

12. At the next prompt, you can select either **D** or **B**, depending on your Area preference. For an explanation of the output options, see page 84 of the CRS Version 8.0 User Manual.

2008 GPRA Reporting Instructions

SUMMARY OF OTHER NATIONAL MEASURES REPORT TO BE GENERATED

The date ranges for this report are:

Report Period: Jul 01, 2007 to Jun 30, 2008
Previous Year Period: Jul 01, 2006 to Jun 30, 2007
Baseline Period: Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 505989

Please choose an output type. For an explanation of the delimited file please see the user manual.

Select one of the following:

P Print Report on Printer or Screen
D Create Delimited output file (for use in Excel)
B Both a Printed Report and Delimited File

Select an Output Option: P// **B** Both a Printed Report and Delimited File

13. Select output type: S// **FILE** - delimited output will be written to a file in the pub directory. Take the steps you normally use to finish running the report.

You have selected to create a delimited output file. You can have this output file created as a text file in the pub directory, OR you can have the delimited output display on your screen so that you can do a file capture. Keep in mind that if you choose to do a screen capture you CANNOT Queue your report to run in the background!!

Select one of the following:

S SCREEN - delimited output will display on screen for capture
F FILE - delimited output will be written to a file in pub

Select output type: S// **F** FILE - delimited output will be written to a file in pub. Enter a filename for the delimited output (no more than 40 characters):
[DemoHospONM042708](#)

When the report is finished your delimited output will be found in the D:\PUB directory. The file name will be DemoHospONM042708.txt

NOTE: When you select Y at Export, the CRS software will automatically create a file that begins with "BG08" and ends with ".ONM" in the PUB directory (example: BG08505901.ONM5). This file is different from any local files you may create, such as a delimited file. You will need to transmit this file to your Area Office for inclusion in the Area Aggregate report.

GPRA Reporting for Non-RPMS Users

Electronic Queries

Mark your calendar: 2008 GPRA report is due on the following dates:

- *3rd Quarter Report: May 30th, 2008 (using CRS 8.0 or Chart Audit methods)*
- *4th Quarter Report: August 15, 2008 (using CRS 8.1 or Chart Audit methods)*

Data Collection

1. Run a list of your **GPRA user population** (based on definition provided on page 19) to determine all patients that should be included in the review process.
2. Once you have tracked and identified your GPRA user population files, sub-categorize those patients into their appropriate denominator definition for each specific measure or group of measures (see Table 1, column B).
3. Once you have identified all of the active patients in that measure denominator, identify the records of those patients that fit the criteria described by the numerator logic of that measure.
4. Continue this process until you have queried all appropriate patients for each measure.

**As noted previously, all electronic queries and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

Data Entry

1. For manual tabulation of data please use the Electronic Query Cheat Sheet (Table 1). This method requires that data be transferred to the 2008 GPRA reporting template (Appendix A-2) before it can be submitted to your Area GPRA coordinator for review and forwarding to the National GPRA Support Team.

Data Submission

1. Once you have entered your data into the 2008 GPRA reporting template, save the file as: FacilityName2008.xls
2. Open e-mail and send file as an attachment to your Area GPRA coordinator with subject title (FacilityName 2008 GPRA Report).

2008 GPRA Reporting Instructions

Manual Chart Reviews

In an effort to maintain similar standards for all Urban programs, facilities that perform manual chart reviews are strongly encouraged to audit **100%** of their patient population. However, in the event that your facility is unable to audit all charts you will need to follow the subsequent guidance relating to sample size and reporting of population samples.

Mark your calendar: 2008 GPRA report is due on the following dates:

- **3rd Quarter Report: April 30th, 2008 (using CRS 8.0 or Chart Audit methods)**
- **4th Quarter Report: August 15, 2008 (using CRS 8.1 or Chart Audit methods)**

100% Chart Review for GPRA reporting

Data Collection

1. Run a list of your **GPRA user population** (based on definitions provided on page 19) off of your patient registration data to determine all patients that should be included in the review process.
2. Once you have tracked down the records of all GPRA users, sort the records by GPRA denominator group, (i.e. separate out all active diabetic patients).
3. Record the number of patients in that group (denominator). [Column D-Table1]
4. Once the records are separated review each chart for the appropriate numerator logic (e.g. documented A1c, etc). **Manual Chart Review Sheet** (Appendix A-1)
5. After completion of the first group, continue the process for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

Data Entry

6. From each Manual Chart Review Sheet, tabulate the total number of patients in the numerator and denominator of each group and transpose the data onto the Electronic Query Cheat Sheet (Table 1).
7. Once the data collection process is complete (Electronic Query Cheat Sheet), transfer the data to the Excel Template **2008 GPRA reporting template** (Appendix A-2) provided.

Data Submission

8. Once you have entered your data into the 2008 GPRA reporting template, save the file as: FacilityName2008.xls and send file as an attachment to **your Area GPRA coordinator** with subject title (FacilityName 2008 GPRA Report).

Population Sampling for GPRA Reporting

Data Collection

1. **Determine your sample size.** *See Table 2*
2. **Randomly select charts:**

The systematic random sampling technique will provide the best representative sample for audit. This is done in the following fashion: Suppose you need to select 69 charts from a registry list of 1000 patients. First, divide 1000 by 69, which yields the number 14.4. You now know that you must select one chart out of fourteen.

However, don't automatically start with the first person. Use any method of random chance to determine which one of the first 14 people on the list should be selected. Use your imagination! Number 14 pieces of paper with 1 through 14 and have someone draw one, or simply ask someone to pick a number between 1 and 14. Then use that number to select your first name for chart audit.

Proceed through the entire list, selecting every 14th person on the list. Please note that it is important to track down the charts which are missing from Medical Records as these are likely to belong to patients who have been seen recently and have high compliance with the Standards of Care.

3. Once you have tracked down all of the records for that GPRA measure or group of measures, **review each chart** for the appropriate numerator logic (e.g. documented A1c, etc). *Manual Chart Review Sheet* (Appendix A-1)
4. After completion of the first group, **continue the random sampling process** for subsequent groups (active clinical patients 65+, female active clinical patients 15-44, active clinical patients 18+, etc.) until you have reviewed all charts for each measure.

Data Entry

9. From each Manual Chart Review Sheet, **tabulate the total** number of patients in the numerator and denominator of each group and transfer the data onto the Electronic Query Cheat Sheet (Table 1).
10. Once the data collection process is complete (Electronic Query Cheat Sheet), transfer the data to the Excel Template *2008 GPRA reporting template* (Appendix A-2) provided.

Data Submission

11. Once you have entered your data into the 2008 GPRA reporting template, save the file as: FacilityName2008.xls and send file as an attachment to **your Area GPRA coordinator** with subject title (FacilityName 2008 GPRA Report)

**Note: All manual review sheets and subsequent data should be saved so that the information submitted can be validated in the event of an audit review.*

Table 1: Electronic Query Cheat Sheet

FACILITY NAME/ASUFAC: _____ SAMPLING METHOD (circle the appropriate method): 100% RANDOM SAMPLING

	A. GPRA Measure	B. Denominator (logic cross reference)	C. # Patients in Numerator	D. # Patients in Denominator
1	Diabetes Dx Ever	GPRA User Population		
2	Documented HbA1c	Active Diabetic Patients		
3	Poor Glycemic Control	Active Diabetic Patients		
4	Ideal Glycemic Control	Active Diabetic Patients		
5	Controlled BP <130/80	Active Diabetic Patients		
6	LDL Assessed	Active Diabetic Patients		
7	Nephropathy Assessed	Active Diabetic Patients		
8	Influenza 65+	Active Clinical Patients ages 65 or older		
9	Pneumovax 65+	Active Clinical Patients ages 65 or older		
10	Pap Smear Rates	Female Active Clinical Patients ages 21-64 w/out documented history of Hysterectomy		
11	Mammogram Rates	Female Active Clinical Patients ages 52-64 w/out doc hx of bilateral mastectomy or 2 separate unilateral mastectomies		
12	FAS Prevention	Female Active Clinical Patients ages 15-44		
13	DV/IPV Screening	Female Active Clinical Patients ages 15-40		
14	BMI (Childhood Weight Control)	Active Clinical Patients ages 2-5 for whom BMI could be calculated		
15	Tobacco Cessation	Active Clinical Patients identified as current tobacco users		
16	Childhood Immunization	Active Clinical Patients ages 19-35 months		
17	Depression Screening	Active Clinical Patients 18+		

How to determine sample size:

The number of charts you will need to select depends on the number of active patients for **each** specific GPRA measure. Some measures can be grouped together such as: Diabetes Group [Documented A1c, Poor Glycemic Control, Ideal Glycemic Control, Controlled BP, LDL Assessed, and Nephropathy Assessed] and Elder care Group (65+) [Influenza and Pneumovax]. All other measures require the determination of sample sizes separately based on the denominator designation.

Table 2 outlines the minimum number of charts you will need to audit to be reasonably sure (95% Confident) that a 5% difference noted from previous or subsequent audits is a real change and not just due to chance. Please review the following example; [*DV/IPV screening measure*] – If your facility has 200 Active female patients between the ages of 15-40, than you will need to randomly select 132 of those charts and review/document if they have received the appropriate screening within the Report period (see GPRA logic for exact measure definition).

Table 2: Sample Size Calculations

Population (specific to measure)	95% Confidence Level (5% CI) Sample size	Population (specific to measure)	95% Confidence Level (5% CI) Sample size
<30	All	320	175
30	28	340	180
40	36	360	186
50	44	380	191
60	52	400	196
70	59	420	201
80	66	440	205
90	73	460	209
100	79	480	213
110	86	500	217
120	91	525	222
130	97	550	226
140	103	575	230
150	108	600	234
160	113	650	241
170	118	700	248
180	123	750	254
190	127	800	260
200	132	900	269
220	140	1000	278
240	148	2000	322
260	155	3000	341
280	162	4000	350
300	168	5000	357

GPRA Performance Measures and Logic

GPRA DENOMINATOR DEFINITIONS

Report Period: July 1, 2007 – June 30, 2008

Unless noted otherwise in the measure definition, patient age is calculated as of the beginning of the Report Period.

- **Active Clinical Population for National GPRA Reporting (for Urban Programs Providing Direct Services)**

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

The second visit can be to either a core clinic or one of the following:

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

- Must be alive on the last day of the Report Period.
- Must be American Indian/Alaska Native (AI/AN).
- Must reside in a community assigned to the program.

- **Active Clinical Population for National GPRA Reporting (for referral programs only)**

- Must have two referral visits in the 3 years prior to the end of the Report Period
- Must be alive on the last day of the Report period.
- Must be American Indian/Alaska Native (AI/AN).
- Must reside in a community assigned to the program.

- **GPRA User Population (This definition is only used for the Diabetes Ever measure)**

- 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 American Indian/Alaska Native (AI/AN)
- Must reside in a community assigned to the program.

FY08 Performance Measure Logic (CRS 8.0)

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Diabetes Prevalence* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (included in NTL report; not reported to Congress)</i></p>	<p>No logic changes from Version 7.0 Patch 1.</p> <p>Denominator: User Population patients.</p> <p>Numerators: 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period.</p> <p>Definition: 1) Diabetes: At least one diagnosis 250.00-250.93 recorded in the V POV file.</p> <p>Patient List: Diabetic patients with most recent diagnosis.</p>
<p>Diabetes: Glycemic Control* Diabetes Program/ Dr. Charlton Wilson +</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. 2) All User Population patients diagnosed with diabetes prior to the Report Period. 3) 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 2 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 5.</p> <p>Numerators:</p> <ol style="list-style-type: none"> 1) Hemoglobin A1c documented during the Report Period. 2) GPRA: Poor control: A1c greater than (>) 9.5 3) Very poor control: A1c equals or greater than (=>) 12 4) Poor control: A1c greater than (>) 9.5 and less than (<) 12 5) Fair control A1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5 6) Good control: A1c equals or greater than (=>) 7 and less than (<) 8 7) GPRA: Ideal control: A1c less than (<) 7 8) Undetermined A1c (no result) <p>Definitions:</p> <ol style="list-style-type: none"> 1) A1c: 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 any of the following: CPT 83036, <i>83037, 3046F, or 3047F</i>; LOINC taxonomy (<i>added code to taxonomy</i>) or site-populated taxonomy DM AUDIT HGB A1C TAX. 2) Creatinine (for Active Adult Diabetic denominator): LOINC taxonomy (<i>added code to LOINC taxonomy</i>); site-populated taxonomy DM AUDIT CREATININE TAX. (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.) <p>GPRA 2008 Description - Poor Glycemic Control: TBD</p> <p>GPRA 2008 Description - Ideal Glycemic Control: TBD</p> <p>Patient List: Diabetic patients with most recent A1c value, if any.</p>

2008 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Diabetes: Blood Pressure Control* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerators: 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period) 2) GPRA: Controlled BP, < 130/80 3) Not controlled BP</p> <p>Definitions: 1) Blood Pressure: 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. 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 the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. <i>For the BP documented and Not Controlled BP numerators only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.</i> 2) Creatinine (for Active Adult Diabetic denominator): LOINC taxonomy (<i>added code to LOINC taxonomy</i>); site-populated taxonomy DM AUDIT CREATININE TAX. (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Diabetic patients with mean BP, if any.</p>
<p>Diabetes: Lipids Assessment* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerators: 1) GPRA: Patients with LDL completed during the Report Period, regardless of result. 2) LDL <= 100</p> <p>Definitions: 1) LDL: CPT <i>80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F</i>; LOINC taxonomy (<i>added to and removed code from LOINC taxonomy</i>); site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. <i>For numerator LDL <130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL =<100, CPT 3048F will count as meeting the measure.</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options: 1) List of diabetic patients with LDL completed, regardless of result. 2) List of diabetic patients without LDL completed.</p>

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Diabetes: Nephropathy Assessment* Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: Three denominators (see Diabetes: Poor Glycemic Control topic above).</p> <p>Numerator:</p> <p>1) GPRA: 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.</p> <p>Definitions: 1) Estimated GFR: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy (<i>added codes to LOINC taxonomy</i>).</p> <p>2) Quantitative Urine Protein Assessment: CPT 82042, 82043, or 84156; LOINC taxonomy (<i>added codes to LOINC taxonomy</i>); or 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)</p> <p>3) End Stage Renal Disease: A) ANY diagnosis ever of 585.5, 585.6, <i>V42.0</i>, V45.1, or <i>V56.*</i>; B) ANY CPT in the range of <i>36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339, or C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*</i>.</p> <p>4) Creatinine (for Active Adult Diabetic denominator): LOINC taxonomy (<i>added code to LOINC taxonomy</i>); site-populated taxonomy DM AUDIT CREATININE TAX. (NOTE: CPT codes are not included since they do not store the result, which is used in this topic.)</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Diabetic patients with nephropathy assessment, if any.</p>
<p>Adult Immunizations: Influenza* Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) Active Clinical patients ages 50 or older. A) Ages 50-64. B) GPRA: Ages 65 and older.</p> <p>2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: 1) GPRA: Patients with influenza vaccine or refusal documented during the Report Period <i>or with a contraindication documented at any time before the end of the Report Period.</i></p> <p>A) Patients with documented refusal. B) <i>Patients with a contraindication or a documented NMI (not medically indicated) refusal.</i></p> <p>Definitions: 1) Influenza Vaccine: Any of the following during the Report Period: A) Immunization/CVX codes 15, 16, 88, or 111; B) POV V04.8 (old code), V04.81, V06.6; C) CPT 90655-90660, 90724 (<i>old code</i>), <i>G0008, G8108</i>; D) ICD Procedure 99.52.</p> <p>2) <i>Contraindication to Influenza Vaccine: Any of the following documented at any time before the end of the Report Period: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.</i></p> <p>3) Refusal of Influenza Vaccine: A) Refusal of immunization/CVX codes 15, 16, 88, or 111 as documented in PCC Refusal File (i.e. REF) or B) in the Immunization Package as contraindication of "Patient Refusal."</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Patients ages 50 or older OR with diabetes diagnosis with influenza code and date, if any.</p>

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Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Adult Immunizations: Pneumovax* Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition).</p> <p>Numerators: 1) GPRA: Patients with Pneumococcal vaccine <i>or contraindication</i> documented at any time before the end of the Report Period or with a refusal in the past year. A) Documented patient refusals (REF) or not medically indicated (NMI). B) Contraindication or a documented NMI (not medically indicated) refusal. 2) For Active Diabetics denominator only. Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. A) Documented patient refusals (REF) or not medically indicated (NMI). B) Contraindication or a documented NMI (not medically indicated) refusal.</p> <p>Definitions: 1) Pneumovax Vaccine: A) Immunization/CVX codes 33, 100, 109; B) POV V06.6, V03.82, (<i>deleted V03.89-generic code</i>); C) ICD Procedure 99.55; D) CPT 90732, 90669, G0009, G8115. 2) Contraindication to Pneumovax Vaccine: A) <i>Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.</i> 3) Refusal of Pneumovax Vaccine: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package contraindication of "Patient Refusal."</p> <p>GPRA 2008 Description: TBD Patient List: Patients 65 or older OR with diabetes diagnosis, with date of pneumovax, contraindication, or refusal, if any.</p>
<p>Cancer Screening: Pap Smear Rates Carolyn Aoyama</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. 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.</p> <p>Numerators: GPRA: Patients with documented pap smear in past three years or refusal in past year. A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Hysterectomy: Any of the following ever: A) V Procedure: 68.4-68.8 (<i>revised from 68.4-68.9</i>); B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135; <i>or C) V POV 618.5.</i> 2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), 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, (<i>deleted V76.49</i>), or 795.0* (<i>added code 795.09, which expanded the range to 795.0*</i>); C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy (<i>added one code</i>); G) Site populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear.</p> <p>GPRA 2008 Description: TBD Patient List: Women 21-64 with documented test/refusal, if any.</p>

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Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Cancer Screening: Mammogram Rates* Carolyn Aoyama</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies. 2) Female Active Clinical patients ages 42 (changed from 40) and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies. For all denominators, patients must be at least the minimum age as of the beginning of the Report Period. For the 52-64 denominator, the patients must be less than 65 years of age as of the end of the Report Period.</p> <p>Numerators: GPRA: Patients with documented mammogram in past two years or refusal in past year. A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Bilateral Mastectomy: A) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950 or B) ICD Operation codes: 85.42; 85.44; 85.46; 85.48 2) Unilateral Mastectomy: Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. A) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240 or B) V Procedures: 85.41, 85.43, 85.45, 85.47 3) Mammogram: A) V Radiology or V CPT: 77051-77059 (added 77051-77054), 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202; B) POV: V76.11, V76.12, 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; C) V Procedures: 87.36, 87.37; D) Women’s Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat 4) Refusal Mammogram: V Radiology MAMMOGRAM for CPT 77051-77059 (added 77051-77054), 76083 (old code), 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.</p> <p>GPRA 2008 Description: TBD Patient List: Women 42+ (changed from 40+) with mammogram/refusal, if any.</p>
<p>Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) Wilbur Woodis</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerators: 1) GPRA: Patients screened for alcohol use during the Report Period, including refusals in the past year. A) Patients with exam code, Alcohol health factor or screening diagnosis. B) Patients with alcohol-related diagnosis or procedure. C) Patients with alcohol-related patient education or counseling. D) Patients with documented refusal in past year.</p> <p>Definitions: 1) Alcohol Screening: PCC Exam code 35; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1 2) Alcohol-related Diagnosis: POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29 3) Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69 4) Alcohol Education: All Patient Education codes containing “AOD-” or “-AOD”, old codes containing “CD-” or “-CD”, VII.3, V79.1, 303.*, 305.0*, 291.* or 357.5*</p> <p>GPRA 2008 Description: TBD Patient List: Female patients with no documented alcohol screening.</p>

2008 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Intimate Partner (Domestic) Violence Screening* Dr. Theresa Cullen/ Denise Grenier, LCSW</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) Female Active Clinical patients ages 13 and older at beginning of Report Period. A) GPRA: Female Active Clinical patients ages 15-40.</p> <p>Numerators: 1) GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year. A) Patients with documented IPV/DV exam. B) Patients with IPV/DV related diagnosis. C) Patients provided with IPV/DV patient education or counseling. D) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.</p> <p>Definitions: 1) IPV/DV Screening: PCC Exam Code 34 or BHS IPV/DV exam 2) IPV/DV Related Diagnosis: POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.* 3) IPV/DV Patient Education: Patient Education codes containing “DV-” or “-DV”, <i>995.80-83, 995.85, V15.41, V15.42, or V15.49</i> 4) IPV/DV Counseling: POV V61.11 5) Refusals: A) Any PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or “-DV”.</p> <p>GPRA 2008 Description: TBD Patient List: Women not screened and without documented refusal.</p>

2008 GPRA Reporting Instructions

Performance Measure	<p align="center">Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)</p>																																											
<p>Childhood Weight Control Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p>No logic changes from Version 7.0 Patch 1. GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups. Numerators: 1) Patients with BMI 85-94%. 2) GPRA Numerator: Patients with a BMI 95% and up. 3) Patients with a BMI =>85%. Definitions: 1) Age: All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 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 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group. 2) BMI: 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 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. 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 At-risk for Overweight or Overweight.</p> <p align="center">BMI STANDARD REFERENCE DATA</p> <table border="1"> <thead> <tr> <th rowspan="2">Ages</th> <th rowspan="2">Sex</th> <th rowspan="2">(Overwt)</th> <th colspan="2">Data Check Limits</th> </tr> <tr> <th>BMI ></th> <th>BMI <</th> </tr> </thead> <tbody> <tr> <td rowspan="2">2-2</td> <td>Male</td> <td>18.7</td> <td>36.8</td> <td>7.2</td> </tr> <tr> <td>Female</td> <td>18.6</td> <td>37.0</td> <td>7.1</td> </tr> <tr> <td rowspan="2">3-3</td> <td>Male</td> <td>18.0</td> <td>35.6</td> <td>7.1</td> </tr> <tr> <td>Female</td> <td>18.1</td> <td>35.4</td> <td>6.8</td> </tr> <tr> <td rowspan="2">4-4</td> <td>Male</td> <td>17.8</td> <td>36.2</td> <td>7.0</td> </tr> <tr> <td>Female</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td rowspan="2">5-5</td> <td>Male</td> <td>18.1</td> <td>36.0</td> <td>6.9</td> </tr> <tr> <td>Female</td> <td>18.5</td> <td>39.2</td> <td>6.8</td> </tr> </tbody> </table>	Ages	Sex	(Overwt)	Data Check Limits		BMI >	BMI <	2-2	Male	18.7	36.8	7.2	Female	18.6	37.0	7.1	3-3	Male	18.0	35.6	7.1	Female	18.1	35.4	6.8	4-4	Male	17.8	36.2	7.0	Female	18.1	36.0	6.9	5-5	Male	18.1	36.0	6.9	Female	18.5	39.2	6.8
Ages	Sex				(Overwt)	Data Check Limits																																						
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2-2	Male	18.7	36.8	7.2																																								
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2008 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Tobacco Cessation Mary Wachacha/ Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: 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.</p> <p>Numerators: 1) GPRA: Patients who have received or refused tobacco cessation counseling <i>or received a prescription for a smoking cessation aid</i> during the Report Period.</p> <p><i>A) Patients who refused tobacco cessation counseling.</i></p> <p>2) Patients identified during the Report Period as having quit their tobacco use.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors (looks at the last documented): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or 649.00-649.04 (<i>deleted V15.82</i>); C) Dental code 1320; <i>D) CPT 1034F or 1035F.</i></p> <p>2) Tobacco Cessation Counseling: Any of the following during the Report Period: A) Patient Education codes containing "TO-", "-TO", "-SHS", <i>305.1, 305.1* (old codes), or 649.00-649.04</i> B) Clinic Code 94 C) Dental Code 1320 D) CPT code G0375, G0376, <i>or 4000F</i></p> <p><i>E) Prescription for tobacco cessation aid, defined as any of the following: 1. Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy; 2. Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY"; 3. CPT 4001F</i></p> <p>F) Documented refusal of patient education codes 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> <p>3) Quit Tobacco Use: POV or Current Active Problem List 305.13 (<i>old code</i>) <i>or V15.82</i>; Health Factors Previous Smoker, Previous Smokeless (looks at the last documented health factor).</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Tobacco users with tobacco <i>intervention (changed from cessation counseling)</i>, if any, or who have quit tobacco use.</p>

2008 GPRA Reporting Instructions

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Childhood Immunizations Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (reported to Congress)</i></p> <p>*NOTE: RPMS Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.</p> <p>Non-RMS sites must use the denominator definition of: GPRA Active Clinical patients (pg. 15) 19 – 35 months at the end of the Report Period.</p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) Active Clinical patients ages 19-35 months at end of Report Period. 2) GPRA: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.</p> <p>Numerators: 1) GPRA: 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.</p> <p>1) Dosage and types of immunization definitions:</p> <ul style="list-style-type: none"> • 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap ad 3 DT; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and 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 1Measles; or 4) 1 each of Measles, Mumps, and Rubella. • 3 doses of Hep B • 3 doses of HIB • 1 dose of Varicella • If codes for the same immunization are dated within 10 days of each other they are to be considered the same immunization. <p>2) Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below:</p> <ul style="list-style-type: none"> • 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. • Evidence of disease will be checked for at any time in the child’s life prior to the end of the report period.

Performance Measure	Definition (NOTE: <i>Red, bold italic type indicates new or edited definitions</i>)
<p>Depression Screening* Denise Grenier, LCSW/ Dr. David Sprenger</p> <p><i>NATIONAL (reported to Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: <i>1) Active Clinical patients ages 8-17.</i></p> <p>2) GPRA: Active Clinical patients ages 18 and older, broken down by gender. A) Active Clinical patients ages 65 and older, broken down by gender. 3) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever. 4) Active IHD patients, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.</p> <p>Numerators: 1) GPRA: Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year. 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. 2) Patients with depression-related education or refusal of education in past year. NOTE: Depression-related patient education does not count toward the GPRA numerator and is included as a separate numerator only.</p> <p>Definitions: 1) Diabetes: POV 250.00-250.93 2) Ischemic Heart Disease: 410.0-412.*, 414.0-414.9, 428.*, 429.2 recorded in the V POV file. 3) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression). 4) Mood Disorders: At least two visits in PCC or BHS during the Report period with POV 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. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. 5) Screening Refusal: Any PCC refusal in past year with Exam Code 36. 6) Depression-related patient education or refusal: Any of the following during the Report Period: A) Patient education codes containing "DEP-" (depression), <i>296.2* or 296.3*</i>, "BH-" (behavioral and social health), <i>290-319, 995.5*, or 995.80-995.85</i>, "SB-" (suicidal behavior) <i>or 300.9</i>, or "PDEP-" (postpartum depression) <i>or 648.44</i>; or B) refusal of patient education codes containing "DEP-", "BH-", "SB-", or "PDEP-".</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Patients not screened for depression/diagnosed with mood disorder.</p>

APPENDIX

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