RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System (CRS)
For FY 2005 Clinical Indicators
(BGP)

User Manual

Version 5.1
June 2005

Office of Information Technology
Albuquerque, New Mexico

PREFACE

This manual contains the user manual for the CRS Clinical Reporting System version 5.1, which adds FY 2005 clinical performance indicators to existing FY 2002 through FY 2004 indicators.

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

The Government Performance and Results Act (GPRA) requires Federal agencies to report annually on how the agency measured up against the performance targets set in its annual Plan. IHS GPRA indicators include measures for clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions. The CRS Clinical Reporting System 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 (DHHS) 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 indicators 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.

The CRS Clinical Reporting System will produce reports on demand from local RPMS databases for both GPRA and developmental clinical indicator measures that are based on RPMS data. CRS is intended to eliminate the need for manual chart audits for evaluating and reporting clinical indicators. Administrative and clinical users will be able to review individual or all indicators at any time, and can:

- 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 indicator in order to initiate business process or other changes;
- quickly measure impact of process changes on indicators;
- identify areas meeting or exceeding indicators to provide lessons learned.

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

CRS is intended for use by Area and site Quality Improvement staff, Compliance Officers, GPRA Coordinators, clinical staff such as physicians, nurses, nurse practitioners, and other providers, Area Directors, as well as any staff involved with quality assurance initiatives.

TABLE OF CONTENTS

1.0 ABOUT THIS MANUAL 1

1.1 Key Changes for Version 5.1 1

2.0 ORIENTATION 4

3.0 INTRODUCTION 8

3.1 Clinical Performance Assessment and GPRA 8
3.1.1 What Is GPRA? 8
3.1.2 Clinical Performance Indicators 9
3.1.3 Comparing Ourselves to National Guidelines 11
3.2 CRS Overview 12
3.2.1 How Does CRS Work? 12
3.2.2 CRS Key Denominator Definitions 13
3.2.2.1 Active Clinical Population for National GPRA Reporting 14
3.2.2.2 GPRA User Population for National GPRA Reporting 15
3.2.2.3 Active Clinical Population for Local Reports 15
3.2.2.4 GPRA User Population for Local Reports 16
3.2.3 Indicator Logic Example 17
3.2.4 CRS Report Time Periods 18
3.3 FY05 Clinical Indicators Included in CRS 19
3.4 Key Changes in Version 5.0, Patch 1 and Version 5.0 46
3.4.1 Key Changes for Version 5.0, Patch 1 46
3.4.2 Key Changes for Version 5.0 47

4.0 GETTING STARTED: SYSTEM SETUP 49

4.1 Community Taxonomy 49
4.2 Site Parameters 51
4.3 Taxonomy Check and Setup 54
4.3.1 What Is a Taxonomy? 54
4.3.2 Site-Defined Clinical Taxonomies Used by CRS 55
4.3.2.1 Site-Defined Lab Taxonomies 56
4.3.2.2 Site-Defined Drug Taxonomies 58
4.3.3 Check for Taxonomies Needed for CRS (TC) 64
4.3.4 Taxonomy Setup (TS) 67
4.3.5 Using QMan to Populate a Taxonomy 72

5.0 REPORTS AND PATIENT LISTS 73

5.1 Report Types 73
5.1.1 National GPRA Report 74
5.1.2 Selected Indicator Reports for Local Facility Use 75
5.1.3 CMS Performance Report 76
5.1.4 GPRA Performance Report 77
5.1.5 Elder Care Report 77
5.1.6 HEDIS Performance Report 77
5.1.7 Patient Lists 78

5.1.7.1 National GPRA Report Patient Lists 78
5.1.7.2 Selected Indicator Report Patient Lists 79
5.1.7.3 CMS Performance Report Patient Lists 79
5.1.7.4 Elder Care and HEDIS Reports Patient Lists 79
5.2 Report Content 79
5.2.1 National GPRA and GPRA Performance Reports 79
5.2.2 National GPRA and GPRA Performance Reports Patient Lists 82
5.2.3 Selected Indicators: Diabetes-Related 84
5.2.4 Selected Indicators Report: CVD Prevention for At-Risk Patients. 86
5.2.5 Selected Indicators Report: Women's Health Related 86
5.2.6 Selected Indicator Reports Patient Lists 87
5.2.7 CMS Performance Report and Patient Lists 89
5.2.8 Elder Care Report 90
5.2.9 Elder Care Report Patient Lists 92
5.2.10 HEDIS Performance Report 93
5.2.11 HEDIS Report Patient Lists 95
5.3 Report Formats 96
5.3.1 Report Cover Page Format 96
5.3.2 Report Format 97
5.3.3 Summary Page for National GPRA and GPRA Performance Reports 100
5.3.4 Patient List Formats 102

6.0 HOW TO RUN REPORTS AND PATIENT LISTS 105

6.1 Running Reports: Overview 105
6.1.1 National GPRA Report 105
6.1.2 National GPRA Report Patient Lists 105
6.1.3 Selected Indicators Reports with Community Specified 106
6.1.4 Selected Indicators Reports with Patient Panel Population 107
6.1.5 Selected Indicators Reports with All Communities 107
6.1.6 CMS Performance Report 108
6.1.7 GPRA Performance Report 108
6.1.8 Elder Care Report 109
6.1.9 HEDIS Performance Report 110
6.2 Reports Menus 110
6.3 Running the National GPRA Report 113
6.4 Running the National GPRA Report Patient Lists 116
6.5 Running the Selected Indicator Reports with Patient Lists 121
6.5.1 Running the Selected Indicators Community Specified Report ... 122
6.5.2 Running the Selected Indicators with Patient Panel Report 129
6.5.3 Running the Selected Indicators with All Communities Report ... 132
6.5.4 Running the CMS Report 135
6.6 Running the GPRA Performance Report 137
6.7 Running the Elder Care Report with Patient Lists 140
6.8 Running the HEDIS Performance Report with Patient Lists 145

7.0 AREA OFFICE SPECIFIC MENU OPTIONS 150

7.1 Upload Export Data File from Site (UPL) 151
7.2 Run Area Aggregate Reports 153
7.2.1 Run Area National GPRA Report (AGP) 154
7.2.2 Run Area GPRA Performance Report (GPUA) 161
7.2.3 Run Area Elder Care Report (AELD) 164
7.2.4 Run Area HEDIS Report (AHED) 166
7.3 List Files in a Directory (LSTF) 168

8.0 INDICATOR LOGIC 170

8.1 Indicator Logic Basics 170
8.1.1 CRS Denominator Definitions 170
8.1.1.1 Denominator Definitions for National GPRA Reporting 170
8.1.1.2 Denominator Definitions for Selected Indicators Reports 172
8.1.2 Logic Example 173
8.1.3 Age Ranges 174
8.1.4 Standard Health Care Codes 174
8.1.4.1 CPT Codes 174
8.1.4.2 ICD Codes 175
8.1.4.3 LOINC 175
8.2 Diabetes Related Indicator Topics 175
8.2.1 Diabetes Prevalence 175
8.2.2 Diabetes Comprehensive Care 179
8.2.3 Diabetes: Glycemic Control 181
8.2.4 Diabetes: Blood Pressure Control 185
8.2.5 Diabetes: Lipids Assessment 188
8.2.6 Diabetes: Nephropathy Assessment 191
8.2.7 Diabetic Retinopathy 194
8.2.8 Diabetes: Access to Dental Services 197
8.3 Dental Indicator Topics 200
8.3.1 Access to Dental Services 200
8.3.2 Dental Sealants 201
8.3.3 Topical Fluoride (New Topic) 204
8.4 Immunization Indicator Topics 206
8.4.1 Adult Immunizations: Influenza 206
8.4.2 Adult Immunizations: Pneumovax 209
8.4.3 Childhood Immunizations 212
8.5 Cancer Related Indicator Topics 220
8.5.1 Cancer Screening: Pap Smear Rates 220
8.5.2 Cancer Screening: Mammogram Rates 223
8.5.3 Colorectal Cancer Screening 225
8.5.4 Tobacco Use and Exposure Assessment 229
8.5.5 Tobacco Cessation 234
8.6 Behavioral Health Related Indicator Topics 236
8.6.1 Alcohol Screening (FAS Prevention) 236
8.6.2 Intimate Partner (Domestic) Violence Screening 239
8.6.3 Depression/Anxiety Screening 242
8.7 Cardiovascular Disease Related Indicator Topics 245

8.7.1 Obesity Assessment 245
8.7.2 Childhood Weight Control 249
8.7.3 Nutrition and Exercise Education for At Risk Patients 252
8.7.4 Cardiovascular Disease and Cholesterol Screening 255
8.7.5 Cardiovascular Disease and Blood Pressure Control 259
8.7.6 Controlling High Blood Pressure 262
8.7.7 Comprehensive CVD-Related Assessment 265
8.7.8 Beta-Blocker Treatment After a Heart Attack (New Topic) 270
8.7.9 Persistence of Beta-Blocker Treatment After a Heart Attack (New Topic) 272
8.7.10 Cholesterol Management After Acute CVD Event (New Topic) .. 274
8.8 STD-Related Indicator Topics 277
8.8.1 Prenatal HIV Testing and Education 277
8.8.2 HIV Quality of Care 280
8.8.3 Chlamydia Screening 282
8.9 Disease-Specific Related Indicator Topics 284
8.9.1 Osteoporosis Management (New Topic) 284
8.9.2 Asthma 287
8.9.3 Asthma Quality of Care (New Topic) 289
8.9.4 Chronic Kidney Disease Assessment 292
8.10 Other Clinical Indicators 293
8.10.1 Medications Education 293
8.10.2 Public Health Nursing 295

9.0 GLOSSARY 299

10.0 APPENDIX A: FY04 - FY06 GPRA INDICATORS 307

11.0 APPENDIX B: WORKING WITH DELIMITED FILES 319

11.1 Producing a Delimited File 319
11.2 Opening Text Files in Excel 320
11.3 Sorting Patient Lists in Excel 325

12.0 APPENDIX C: CREATING A PATIENT PANEL 329

13.0 APPENDIX D: AI/AN CLINICAL INFORMATION ON MEASURES 332

13.1 Childhood Immunization 332
13.2 Mammography Screening 333
13.3 Colorectal Cancer Screening 336
13.4 Tobacco Use and Assessment 338
13.5 Alcohol Screening (FAS Prevention) 340
13.6 Domestic Violence Screening 341
13.7 Obesity Assessment 342
13.8 Prenatal HIV Testing 344

14.0 APPENDIX E: USING THE CRS GUI 346

14.1 Opening the CRS GUI 346
14.2 Getting Started: System Setup 348
14.2.1 Site Parameters 349

14.2.2 Taxonomy Check and Setup 353
14.2.2.1 Taxonomy Check 353
14.2.2.2 Taxonomy Setup 353
14.3 Reports and Patients Lists 354
14.3.1 National GPRA Report 355
14.3.2 National GPRA Report Patient List 357
14.3.3 Selected Indicators with Community Specified Report 360
14.3.4 Selected Indicators w/Patient Panel Population Report 362
14.3.5 Selected Indicators w/All Communities Report 364
14.3.6 CMS Report 366
14.3.7 GPRA Performance Report 368
14.3.8 Elder Care Report 370
14.3.9 HEDIS Performance Report 372
14.4 Area Options 374
14.4.1 List/Upload Report Files From Site 375
14.4.2 Area National GPRA Report 376
14.4.3 Other Area Reports 378
14.5 Check Report Status and Open GUI Report Files 381
14.6 View Existing Visual CRS Report in Excel 383

15.0 CONTACT INFORMATION 384

1.0 About This Manual

This manual provides user instructions for the CRS Clinical Reporting System version 5.1 (FY 2005 Clinical Indicators).

The chapters included in the manual cover the main components of this system:

- System set up, including taxonomies and site parameters
- Using the report option to produce different reports: National GPRA, selected indicators, CMS, GPRA Performance, HEDIS Performance, and Elder Care.
- Exporting and aggregating Area-level data for National GPRA and HEDIS Performance reports.
- Logic used and sample output for each individual indicator

1.1 Key Changes for Version 5.1

Enhancements for version 5.1 include the addition of the following new indicators:

- Topical Fluoride (new GPRA);
- Beta-Blocker Treatment After a Heart Attack (new);[1]
- Persistence of Beta-Blocker Treatment After a Heart Attack (new);[1]
- Cholesterol Management After Acute Cardiovascular Disease Event (new);[1]
- Osteoporosis Management (new);[1]
- Asthma Quality of Care (new).[1]

Significant changes to existing indicators include:

- Childhood Immunizations: Added CVX code 110 to Hepatitis B definition, including refusals for Hepatitis B. This code was included in DTaP and MMR definitions, but was erroneously excluded from the Hepatitis B definition.
- Mammogram: Checked problem with CPT codes 76090-76092 not being counted for refusals.
- Pap Smear: Added several codes to logic definition for Pap smears.
- Colorectal Cancer Screening: Removed rectal exam from screening numerator (GPRA numerator in FY06) and made separate numerator for rectal exams. Revised age range from 52+ to 51-80 and revised codes included in logic to be consistent with HEDIS definition.
- Renamed Childhood Obesity Reduction to Childhood Weight Control, revised age range from 2-6 to 2-5, and changed denominator to Active Clinical children ages 2-5 for whom a BMI could be calculated;

[1] New indicator based on HEDIS logic. Indicator included in both the CRS Selected Indicator and HEDIS reports.

- Tobacco and Obesity Assessment: Revised method used for calculating percentages for several numerators to use patients screened numerators as denominators vs. the Active Clinical denominator.
- CVD and Cholesterol Screening, CVD and Blood Pressure Control, and Comprehensive CVD-related Assessment: Added new denominator for patients with ischemic heart disease;
- Controlling High Blood Pressure: Revised logic to check for two blood pressure readings in past year (previously checked in past two years);
- Alcohol Screening (FAS Prevention): Added logic to check for new patient education codes containing “AOD-” (Alcohol and Other Drugs) and “-AOD”, which are the new codes that will ultimately replace the “CD” (Chemical Dependency) codes;
- Prenatal HIV Testing: Added logic to check for patient education codes containing "-HIV" (such as PN-HIV);
- Revised definition of Public Health Nursing (PHN) visits and PHN home visits;
- Several indicators, including all Diabetes indicators: Revised several LOINC taxonomies (lists of lab tests identified by LOINC codes).

Additional key enhancements and revisions include the following:

- Addition of new WEB EISS site parameter to enable sites to choose whether or not to export their data for EISS reporting purposes. A file name beginning with “GPRAEX” will be created when the Area Aggregate National GPRA report is run that contains data for those facilities who chose to export their data for EISS-reporting purposes;
- Renamed the delimited file that is used for National GPRA reporting purposes from “GPRAEX” files to “GPRANT” files;
- New CMS Performance report for use by IHS hospitals to report CMS hospital quality data for 10 required performance measures for heart attack, heart failure, and pneumonia;
- New Elder Care report containing quality of care indicators for patients 55 and older. This report may be exported to the Area Office to produce an Area Aggregate report;
- Addition of site-defined taxonomies for drugs, which are used in several new indicators and in the CMS Performance report;
- Split the taxonomy check into separate taxonomy checks by report type (e.g. National GPRA and CMS Performance);
- Split the taxonomy setup into separate setup screens for National GPRA/GPRA Performance, CMS, and All CRS reports;
- Addition of taxonomy setup option that enables users to view all taxonomies used by the CRS application, including both site-defined and hard-coded taxonomies;

- Revised all Area Aggregate reports to allow users to select which facilities to include in the Area Aggregate report and added column that indicates the date the facility report was run;
- Revised Summary Pages for National GPRA, GPRA Performance, and associated Area Aggregate reports to include column for GPRA05 Goal, which will display the FY05 GPRA goal for each of the GPRA indicators. GPRA Goal will also be included on the Summary Detail Page of the Area Aggregate report;
- Corrected problem with Area Aggregate HEDIS report when user chose to queue it;
- Addition of age distribution by gender for Obesity Assessment to the National GPRA report;
- Revised all denominator logic to exclude automatically all patients with name "DEMO,PATIENT"; and
- New optional graphical user interface (GUI) version of CRS that can be used for running CRS in a Windows-based environment instead of the current "roll and scroll" version. Instructions for using the GUI are included in Appendix E: Using the CRS GUI.

2.0 Orientation

The following are some common terms and abbreviations used in this manual.

Active Clinical Patients: the basic denominator definition used by CRS. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard GPRA User Population definition. See section 3.2.2.1 for detailed description of the denominator.

AI/AN: Abbreviation for American Indian and Alaska Natives.

ASUFAC Code: The six-digit code representing the **A**rea, **S**ervice **U**nit and **Fac**ility location for any individual direct, tribal or urban healthcare location. The ASUFAC is used by CRS to identify the site creating the reports.

Baseline Year: CRS calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year (defined by the user). For GPRA Performance and Area Director Performance Reports, baseline information will be determined by the Office of Planning and Evaluation and provided to sites prior to Report deadlines.

BGP: The technical name of the CRS software, otherwise referred to as the "namespace" for the RPMS component. (A namespace is a unique set of two to four alpha characters assigned by the database administrator to a software application.)

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.

CRS: CRS (Clinical Reporting System) is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.

Denominator: The denominator for an indicator is the total patient population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Indicators: For IHS, these are clinical performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured.

FY: Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.

GPRA: Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Indicator: Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each indicator has one denominator and one numerator. For FY 2005, the IHS has 36 GPRA indicators in four main categories: Treatment (20), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (2). These indicators address the most significant health problems facing the AI/AN population.

GPRA Report to Congress: IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year. Aggregated data from GPRA+ version 3.1 (FY04) was used to report most clinical indicators in the FY 2004 Performance Report.

GPRA User Population: The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. CRS uses a slightly different definition, referred to as the GPRA User Population, which is defined as any AI/AN patient who is alive during the entire report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. Most indicators included on the National GPRA Report use the Active Clinical population definition. See section 3.2.2 for detailed description of the two denominators.

GUI: Abbreviation for graphical user interface, which is a Windows-based version of the CRS application. The GUI is available in addition to the character-based user interface (CHUI, also known as roll-and-scroll).

Healthy People 2010 (HP 2010): HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HEDIS: Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

I/T/U: Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to, not just IHS direct sites.

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.

Indicator: A specific performance measure with one defined denominator and numerator. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.

Indicator Topic: An overarching clinical topic, e.g., Diabetes: Blood Pressure Control. Each indicator topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes: Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA indicator is Controlled Blood Pressure.

Logic: The detailed definition, including specific RPMS fields and codes, of how the CRS software defines a denominator or numerator.

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

National GPRA Report: In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical indicator topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) indicators. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.

Numerator: The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.

Patient List: CRS will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.

PIT (Performance Improvement Team): Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.

QI: Abbreviation for quality improvement.

Report Period: CRS reports analyze and report on a minimum of one year's data for all indicators. In all reports except the National GPRA report, users define the Report period by selecting one of the pre-defined date ranges and entering the fiscal year of the end of the reporting period. For example, selecting July 1 – June 30 with a fiscal year of 2005 will define July 1, 2004 – June 30, 2005 as the Report Period. All CRS reports also display the Previous and Baseline periods for comparison.

Selected Indicators Report (CRS): This type of report displays results for all denominators and numerators related to the one or more indicator topics (GPRA and/or developmental) selected by the user. CRS documents the number of patients in the denominators and numerators as well as the percentage of patients meeting the definition. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Selected Indicator reports can also produce patient lists at user request.

Taxonomy: Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

3.0 Introduction

The CRS Clinical Reporting System is an RPMS (Resource and Patient Management System) software application designed for local and Area monitoring of clinical performance indicators in a timely manner.

Because definitions of clinical indicators can change every year, CRS will be updated and released annually. The current version BGP 5.1 adds FY 2005 clinical performance indicators to existing FY 2004 through FY 2002 indicators.

3.1 Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization, such as the Indian Health Service, this means measuring how well we deliver healthcare services to our population, measured by documentable improvement in various standard health indicators. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current Administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters staff.

3.1.1 What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of the American Indian and Alaska Native people by focusing on preventive and primary care services. The IHS, like all Federal agencies, is under increasing pressure to demonstrate progress in a measurable way towards its mission and goals. The current Administration is actively promoting agency accountability and is tying agency budgets to performance as one of five key initiatives within the President's Management Agenda (PMA).

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 both 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 Plan.

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. The performance indicators address the most significant health problems facing the American Indian and Alaska Native (AI/AN) population as identified by representatives of the local I/T/U programs as

well as management areas of the President's Management Agenda. For FY 2005, the IHS has 36 GPRA indicators in four main categories: Treatment (20), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (2).

Indicators are further characterized by type.

Process Indicators	Activities and health services that contribute to reducing mortality and morbidity Examples – construction of clinics, identification of prevalence of disease, patient satisfaction surveys
Impact Indicators	Scientific evidenced-based link to improved health outcomes by reducing risk factor of mortality or morbidity Examples – immunizations, dental sealants, safe drinking water, cancer screenings
Outcome Indicators	Directly relate to reducing mortality or morbidity relative to a disease or condition that program(s) addresses Examples – reducing prevalence of obesity, diabetic complications, unintentional injury

All GPRA indicators are determined annually by the GPRA Coordinating committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss and edit or add indicators. The Office of Management and Budget (OMB) has requested that IHS reduce process indicators and increase outcome indicators. Potential (developmental) indicators for emerging areas of clinical concern to IHS, such as HIV or colorectal cancer, are proposed, discussed and refined over several months and may change definition several times before being included as a formal GPRA indicator. One of the criteria for adding new indicators is that they are measurable; for clinical indicators, this means that performance data can be gathered by using RPMS data.

See Appendix A: FY04 - FY06 GPRA Indicators for a complete list of FY 2005 GPRA indicators. Further information about GPRA performance reporting, including results for FY 2001 through FY 2004 can be found at the following Web site:

http://www.ihs.gov/NonMedicalPrograms/PlanningEvaluation/pe-gpra.asp.

3.1.2 Clinical Performance Indicators

Most of the 36 IHS GPRA indicators are clinical. Each GPRA performance indicator has a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the indicator.

The Treatment indicator category includes indicators covering: diabetes, cancer, behavioral health, oral health, accreditation, and medications. An example of a treatment indicator is Diabetes: Blood Pressure Control – during FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level. (Blood pressure control is defined as the mean of at least 2 non-ER blood pressure values less than 130/80). The IHS FY 2004 national rate was 35.0%; the Healthy People 2010 goal is 40% (see section 3.1.3 Comparing Ourselves to National Guidelines).

The Prevention category includes indicators covering: public health nursing, immunization, injury prevention, behavioral health, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention indicator is Adult Immunizations: Influenza – in FY 2005, maintain FY 2004 influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. The IHS FY 2004 rate was 54%; the Healthy People 2010 goal is 90%.

Indicator example: GPRA Indicator Women's Health: Pap Smear Rates: During FY 2005, maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2004 levels (58.0%).

The denominator is the total population that is being reviewed for a specific indicator. For the Pap Smear indicator, the denominator is all female patients ages 21 through 64 at the beginning of the Report period. The numerator is the number of patients in the denominator who meet specific criteria. For Pap Smear, the numerator is the number of patients in the denominator who had either a pap smear, defined by certain codes, documented in RPMS any time in the three years prior to the end of the report period or a refusal of a Pap smear in the past year. (See section 3.2.3 Indicator Logic Example for detailed description of indicator logic.)

In addition to the formal denominator and numerator for a GPRA indicator, there may be other denominators and numerators clinically related to the topic. For the Treatment indicator cited above, Diabetes: Blood Pressure Control, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators that are reviewed for any Diabetes indicator are User Population and Active Adult Diabetic patients. (See section 8.0 for detailed logic definitions of the denominators.) In addition to the GPRA numerator, patients with controlled BP, two related numerators are tracked: 1) patients with documented blood pressure in past year (mean of either two or three non-ER visit blood pressure values); and 2) patients with blood pressure that is not controlled. Reviewing all the denominators and numerators for the Diabetes Blood Pressure Control indicator topic gives a site's clinical staff a more comprehensive picture of the status of blood pressure control among diabetic patients.

Because the number of formal GPRA indicators for the Indian Health Service is limited by direction from the Office of Management and Budget (OMB), not all healthcare issues relevant to the American Indian and Alaska Native patient population are defined. Developmental indicators that address emerging healthcare

issues within the IHS have been defined for the agency. Some of these developmental indicators will become formal GPRA indicators in future years. For FY05, developmental indicators have been defined for colorectal cancer screening (GPRA for 2006), childhood weight control (proposed GPRA for 2006), depression/anxiety screening, CVD prevention, asthma, Chlamydia screening, chronic kidney disease assessment, and medical nutrition education.

Required performance reporting provides the agency with a rationale and timeline to establish and maintain an ongoing process to identify, measure, and evaluate indicator results. By establishing a feedback loop of results evaluation and indicator refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical indicators mirror our key areas of concern for the AI/AN population and contribute to improving health of individuals as well as populations.

3.1.3 Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA indicators describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome indicators that are used by others, such as HEDIS® or Healthy People 2010, will help in this endeavor.

Healthy People 2010. HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 467 objectives in 28 focus areas, HP 2010 represents the ideas and expertise of individuals and organizations concerned about the Nation's health. Each objective, or indicator, was developed with a target to be achieved by the year 2010. HP 2010 objectives have certain attributes, including: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. Additional information about Healthy People 2010 can be found at http://www.healthypeople.gov/.

The Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures, originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS did not start out being about prevention, per se, but it has evolved to be a de facto tool for measuring the quality of prevention services provided by a healthcare organization. The performance measures in HEDIS are related to many significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims possessing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance (NCQA), a not-for-profit organization dedicated to improving health care quality everywhere. Additional information about NCQA and HEDIS can be found at http://www.ncqa.org/index.htm.

IHS uses both Healthy People 2010 and HEDIS, in addition to other clinical guidelines, to define clinical performance indicators and set levels for performance. CRS provides HP 2010 target information on the report for as many of the indicators included in CRS as are available. CRS 2005 (BGP v5.1) includes a specific HEDIS report that can be produced.

3.2 CRS Overview

Collecting and reporting comparable data across all direct IHS, tribal and urban sites (I/T/Us), as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The CRS Clinical Indicator Reporting system is a software tool that provides reports for local site and Area use specifically on clinical performance indicators that are based on data from the IHS Resource and Patient Management System (RPMS). For FY05, CRS reports on 21 GPRA and 20 developmental/other clinical indicator topics. Each indicator topic has one or more denominators and numerators defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each indicator is described in section 8.0 Indicator Logic.

3.2.1 How Does CRS Work?

CRS produces on demand from local RPMS databases a printed or electronic report for any or all of over 200 GPRA and developmental clinical indicators, representing 41 clinical topics that are based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and the numerator (patients who meet the indicator criteria) as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY03 to the same indicator from GPRA+ FY04. The three time periods allow truly comparable data.

The National GPRA report provides a summary of the local GPRA indicator results compared to national performance and agency goals. Users can also request patient lists for each of the measures, displaying patients who do or do not meet the indicator criteria.

A facility also can produce a data file for the National GPRA report for transmission to the Area office where an Area-wide aggregate report can be generated. (See Section 5.0 Reports and Patient Lists for detailed descriptions of the different report types.)

Because GPRA indicators can change annually, CRS is updated and released annually to reflect any changes. The current version 5.0 adds FY 2005 indicators to the existing FY 2004 through FY 2002 clinical performance indicators.

The Clinical Reporting System is intended to eliminate the need for manual chart audits for evaluating and reporting the IHS clinical GPRA and developmental indicators that are based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA indicator definition must be *translated* into programming code. This means that an English text expression must be defined specifically in terms of what RPMS fields to look at and what values to look for to fit the definition.

The logic that was provided to the CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of indicators, i.e., the Diabetes Program reviewed and approved the logic for diabetes indicators.

CRS has been described as a *scavenger hunt* for data, looking at as many RPMS applications and at as many fields as may be applicable to meet the indicator. To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC, and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. (See section 4.3 Taxonomy Check and Setup for detailed information about taxonomies.) Facilities that develop and use their own codes for IHS-specific functions such as Health Factors and patient education will find that these entries will not count toward meeting the indicator.

3.2.2 CRS Key Denominator Definitions

Each indicator topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator.

The Active Clinical population is the denominator definition used for <u>most</u> GPRA indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. Prior to FY 2003, the GPRA User Population denominator definition was used. The GPRA User Population definition is similar to the agency IHS User Population definition, but not identical, to the definition used by IHS HQ for annual

user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ. The GPRA User Population is used as a secondary denominator in the local reports, as it represents a broader public health definition of a site's population.

For national GPRA reporting, only one denominator for each topic is reported. For Selected Indicator reports for local use (see section 5.1.2), 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.

3.2.2.1 Active Clinical Population for National GPRA Reporting

NOTE: Effective with Version 5.1, all patients with name "DEMO,PATIENT" will automatically be 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 listed above 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.

3.2.2.2 GPRA User Population for National GPRA Reporting

NOTE: Effective with Version 5.1, all patients with name "DEMO,PATIENT" will automatically be 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 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.

3.2.2.3 Active Clinical Population for Local Reports

NOTE: Effective with Version 5.1, all patients with name "DEMO,PATIENT" will automatically be 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 listed above 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.

3.2.2.4 GPRA User Population for Local Reports

NOTE: Effective with Version 5.1, all patients with name “DEMO,PATIENT” will automatically be 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.
- 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.

3.2.3 Indicator Logic Example

The GPRA indicator example used in section 3.1.2 above was Women's Health: Pap Smear Rates: maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2004 levels.

For CRS, the GPRA indicator definition becomes:

- 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 indicator 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 indicator): patients with documented Pap smear in past three years or refusal in past year.

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

1. Begin with the Active Clinical population definition (see section 3.2.2.1 above).

   - 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 "2 medical clinics" definition.

2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back three (3) years for a test when a patient who is currently 21 would have been 18).

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, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525 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:

- V Lab is checked for a lab test called PAP SMEAR and for any site-defined pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, OR
- Purpose of Visit file (V POV) is checked for: a diagnosis of: V76.2-Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix, OR
- V Procedures is checked for a procedure of 91.46, OR
- V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR
- The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR
- V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR
- Refusals file is checked for Lab Test Pap Smear in the past year.

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

For a detailed description of the logic for each indicator included in CRS, see section 8.0 Indicator Logic.

3.2.4 CRS Report Time Periods

Three time periods are displayed for each indicator.

- **Current** or **Report** period: a time period entered by the user. For a typical National GPRA report, the time period would be July 1 through June 30, which has been defined by the Office of Planning and Evaluation as the "performance year."
- **Previous Year** period: same time period as Report period for the previous year.
- **Baseline** period: same time period as Report period, for any year specified by the user. For a typical National GPRA report, the baseline year is July 1, 1999 through June 30, 2000.

The data for the Report period is compared to the Previous Year and the Baseline periods. The percentage of change between Report and Previous Year and Report and Baseline periods is calculated.

The purpose of having three time periods for comparison is always to be able to compare exactly the same logic across time periods. Since the details of indicator logic may change somewhat each year, it is not accurate to compare an indicator from GPRA+ FY03 to the same indicator from GPRA+ FY04. The three time periods allow truly comparable data.

The 41 indicator topics included in CRS 2005 (BGP v5.1) are shown in the table in the following section.

3.3 FY05 Clinical Indicators Included in CRS

The indicators reported by CRS include formal IHS GPRA indicators that the agency is currently reporting to Congress, other GPRA-related indicator topics, and developmental indicator topics that are being evaluated as possible future GPRA measures.

NOTE: CRS only includes clinical performance indicators that can be derived from RPMS data.

See section 8.0 Indicator Logic for detailed descriptions of the indicator logic, including specific codes and taxonomies used, and formats for each report and patient list.

CRS 2005 (BGP Version 5.1)
Indicator Topic List and Definitions

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
DIABETES GROUP	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson	**No changes from Version 5.0 Patch 1** **Denominator:** User Population patients. **Numerators:** 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. **Patient List:** List of diabetic patients with most recent diagnosis

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Diabetes Comprehensive Care Diabetes Program/ Dr. Charlton Wilson	**See related Diabetes topics below for identification of changes for this topic.** **Denominator:** 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. **Numerators:** 1) Patients with Hemoglobin A1c documented during the Report Period, regardless of result. 2) Patients with Blood Pressure documented during the Report Period. 3) Patients with LDL completed during the Report Period, regardless of result. 4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period. 5) Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam. 6) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam. **Definitions:** For specific definitions, refer to the following topics below: Diabetes: Poor and Ideal Control; Diabetes: Blood Pressure Control; Diabetes: Dyslipidemia Assessment; Diabetes: Nephropathy Assessment; Diabetic Retinopathy. **Patient List:** List of diabetic patients with documented tests, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Diabetes: Poor Glycemic Control Diabetes: Ideal Glycemic Control Diabetes Program/ Dr. Charlton Wilson	**Changes for Version 5.1, as noted below.** **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 GPRA 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. **Numerators:** 1) HgA1c documented during the Report Period. 2) **GPRA:** Poor control greater than (>) 9.5 3) Very poor control HgA1c equals or greater than (=>) 12 4) Poor control HgA1c greater than (>) 9.5 or less than (<) 12 5) Fair control HgA1c equals or greater than (=>) 8 and less than or equal to (<=) 9.5 6) Good control HgA1c equals or greater than (=>) 7 and less than (<) 8 7) **GPRA:** Ideal control HgA1c less than (<) 7 8) Undetermined HgA1c (no result) **Definitions:** 1) **HgA1c:** CPT 83036, ***LOINC taxonomy (changes to codes included in LOINC taxonomy)*** or site-defined taxonomy DM AUDIT HGB A1C TAX 2) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX. **GPRA Description - Poor Glycemic Control:** During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as HbA1c > 9.5) does not increase above the FY 2004 level (17.0%). **GPRA Description - Improved Glycemic Control:** During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as HbA1c < 7) at the FY 2004 level (27.0%). **Patient List:** All patients diagnosed with Diabetes, with date and value of HgA1c, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson	**Changes for Version 5.1, as noted below.** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **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 **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. 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. 2) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level (35.0%). **Patient List:** All patients diagnosed with Diabetes, with mean BP value if any.
Diabetes: Lipids Assessment Diabetes Program/ Dr. Charlton Wilson	**Changes for Version 5.1, as noted below.** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) Documented Lipid Profile OR LDL, HDL and TG (all three), regardless of result 2) **GPRA:** Patients with LDL completed, regardless of result 3) LDL < 130; 3A) LDL <= 100; 3B) LDL 101-129 **Definitions:** 1) **Lipid Profile:** CPT 80061; LOINC taxonomy; site-defined taxonomy DM AUDIT LIPID PROFILE TAX. 2) **LDL:** CPT 83721; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX 3) **HDL:** CPT 83718; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT HDL TAX 4) **Triglyceride (TG):** CPT 84478; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT TRIGLYCERIDE TAX 5) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX **GPRA Description:** During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level (53.0%). **Patient List:** All patients diagnosed with Diabetes, with date of tests and LDL value, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson	**Changes for Version 5.1, as noted below.** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerators:** 1) **GPRA:** Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report Period. 2) Patients with Estimated GFR with result during the Report Period. 3) Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result during the Report Period. **Definitions:** 1) **Urine Protein:** ***LOINC taxonomy (changes to codes included in LOINC taxonomy)***; site-defined taxonomy DM AUDIT URINE PROTEIN TAX 2) **Microalbuminuria:** CPT codes 82043, 82044; ***LOINC taxonomy (changes to codes included in LOINC taxonomy)***; site-defined taxonomy DM AUDIT MICROALBUMUNURIA TAX 3) **Estimated GFR:** Taxonomy BGP ESTIMATED GFR TAX, LOINC 33914-3 4) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level (42.0%). **Patient List:** All patients diagnosed with Diabetes, with date of tests and value, if any.
Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton	**Changes for Version 5.1, as noted below.** **Denominators:** Three denominators (see Diabetes: Poor Glycemic Control topic above). **Numerator: GPRA:** Patients receiving any retinal screening during the Report Period or refusal of a diabetic eye exam. Retinal screening is defined as a diabetic retinal exam or other eye exam. 1A) Patients receiving or refusing a diabetic retinal exam. 1B) Patients receiving other eye exams. **Definitions:** 1) **Diabetic Eye Exam:** Clinic Code A2 (Diabetic Retinopathy) or Exam Code 03 (Diabetic Eye Exam) 2) **Other Eye Exam:** Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics, and non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes 17, 18, 64; Provider Code 24, 79, 08; CPT 92250, 92002, 92004, 92012, 92014, 92015 3) **Refusal of Diabetic Eye Exam:** Exam Code 03 4) **Creatinine (for Active Adult Diabetic denominator):** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX. **GPRA Description:** During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate (National Rate: 47.0%, Designated Sites Rate: 55.0%). NOTE: The GPRA indicator reported at the national level only applies to pilot sites for FY05. This indicator is included here because all sites are expected to report on this indicator. The numerator is currently defined very broadly for retinal screening. **Patient List:** All patients diagnosed with Diabetes, with date of screening and code, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Oral Health – Diabetic Access to Dental Services Dental Program/ Dr. Patrick Blahut	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** 1) **GPRA:** Patients with a documented dental visit during the Report Period, including refusals. 1A) Patients with documented refusal during the Report Period. **Definitions:** 1) **Dental Visit:** ***For non-CHS visits, searches for V Dental*** ADA Code 0000 or 0190 or Exam Code 30. ***For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.*** 2) **Refusal of Dental Exam:** ***For non-CHS visits, searches for*** Exam Code 30 **GPRA Description:** During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level (37.0%). **Patient List:** All diabetic patients with date of dental visit or refusal and code, if any.
DENTAL GROUP	
Oral Health – Access to Dental Services Dental Program/ Dr. Patrick Blahut	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** GPRA User Population patients. **Numerators:** 1) **GPRA:** Patients with documented dental visit during the Report Period, including refusals. 1A) Patients with documented refusal. **Definitions:** 1) **Dental Visit:** ***For non-CHS visits, searches for V Dental*** ADA Code 0000 or 0190, Exam Code 30. ***For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.*** 2) Refusal of Dental Exam: ***For non-CHS visits, searches for*** Exam Code 30 **GPRA Description:** During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level (24.0%). **Patient List:** Patients with documented dental visit or refusal, with date and code.
Oral Health – Dental Sealants Dental Program/ Dr. Patrick Blahut	**No changes from Version 5.0 Patch 1** **GPRA Numerator:** Count only (no percentage comparison to denominator). Total number of dental sealants during the Report Period. Age breakouts (HP 2010): <12; 12-18; >18. **Definitions: Dental Sealant:** ADA Code 1351 **GPRA Description:** During FY 2005, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level (287,158 sealants, reported from NPIRS). **Patient List:** Patients who had sealants and the number of sealants received.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Oral Health – Topical Fluoride ***Dental Program/Dr. Patrick Blahut***	***New CRS indicator for Version 5.1 and new GPRA indicator for 2005*** ***Numerators:*** ***1) GPRA: The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.*** ***2) GPRA: The total number of patients with at least one topical fluoride treatment during the Report Period.*** ***Definitions: Topical Fluoride Application: V Dental ADA codes 1201, 1203, 1204, 1205; or V POV V07.31. 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 indicator.*** ***GPRA Description: During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum of four applications per patient per year AND (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.*** ***Patient List: Patients who received at least one topical fluoride application during Report Period.***
IMMUNIZATION GROUP	
Adult Immunizations: Influenza Epi Program/ Amy Groom, MPH	**No changes from Version 5.0 Patch 1** **Denominators:** 1) Active Clinical patients ages 50 or older. 1A) Ages 50-64. 1B) **GPRA:** Ages 65 and older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** 1) Patients with influenza vaccine documented during the Report Period or with documented refusal. 2) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Influenza Vaccine:** Immunization/CVX codes 15, 16, 88, or 111; POV V04.8, V04.81, V06.6; CPT 90655, 90656, 90657-90660, 90724; ICD Procedure 99.52 2) **Refusal of Influenza Vaccine:** Immunization/CVX codes: 15, 16, 88, or 111 **GPRA Description:** In FY 2005, maintain FY 2004 influenza vaccination rates (54.0%) among non-institutionalized adults aged 65 years and older. **Patient List:** Patients ages 50 or older OR with diabetes diagnosis, with date of vaccine and code, if any.
Adult Immunizations: Pneumococcal Epi Program/ Amy Groom, MPH	**No changes from Version 5.0 Patch 1** **Denominators:** 1) **GPRA:** Active Clinical patients ages 65 or older. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** 1) Patients with pneumovax documented ever or who have refused a pneumovax vaccine in the past year. 1A) **For Active Diabetics denominator only.** Patients with pneumovax documented in past five years or who have refused a pneumovax vaccine in the past year. 2) Documented patient refusals (REF) or not medically indicated (NMI). **Definitions:** 1) **Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109; POV V06.6, V03.82, V03.89; ICD Procedure 99.55; CPT 90732, 90669 2) **Refusal of Pneumovax Vaccine:** Immunization/CVX codes 33, 100, 109 **GPRA Description:** In FY 2005, maintain the FY 2004 rate (69.0%) for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older. **Patient List:** Patients 65 or older OR with diabetes diagnosis, with date and code of vaccine, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Childhood Immunizations Epi Program/ Amy Groom, MPH	**Changes for Version 5.1, as noted below.** **Denominators: GPRA:** Active Clinical patients ages 19-35 months at end of Report Period. **Numerators:** 1) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal. 2) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal. 3) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal. 4) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal. 5) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal. 6) Patients with 1 dose of Varicella, or who have evidence of the disease, a contraindication, or a documented refusal. Also included for numerators 1-6 are sub-numerators: A) Patients with a documented refusal. B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. 7) Patients who have received all of their childhood immunizations (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, including refusals, contraindications, and evidence of disease). 8) Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR), including refusals, contraindications, and evidence of disease. 9) **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. 9A) Patients with a documented refusal. 9B) Patients with either (1) evidence of the disease, (2) a contraindication, or (3) a documented not medically indicated (NMI) refusal. 10) **Immunization Program Numerator:** Patients who have received all of their childhood immunizations, defined as 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease. 11) **Immunization Program Numerator:** Patients who have received the 4:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR) NOT including refusals, contraindications, and patients with evidence of disease. 12) **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. **Definitions:** ***Added CVX code 110 to Hepatitis B definition, including refusals for Hepatitis B.*** Detailed descriptions of all codes for these immunizations are listed in the CRS 2005 User Manual, due to length. **GPRA Description:** During FY 2005, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2004 (72.0%, reported by Immunization Program). **Patient List:** 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.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
CANCER SCREENING GROUP	
Cancer Screening: Pap Smear Rates Epi Program/ Dr. Nathaniel Cobb	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** Female Active Clinical patients ages ***21 (previously 18)***[2] through 64 without a documented history of hysterectomy. **Numerators:** 1) Patients with documented pap smear in past three years or refusal in past year. 1A) Patients with documented refusal in past year. **Definitions:** 1) **Hysterectomy:** V Procedure: 68.4-68.8; CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525. 2) **Pap Smear:** A) V Lab: PAP SMEAR; B) POV: V76.2 ***, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, V76.49 Pap Smear for Women w/o a Cervix;*** C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, ***Q0091 Screening Pap Smear;*** E) Women's Health: Procedure called Pap Smear; F) ***LOINC taxonomy (changes to codes included in LOINC taxonomy)***; G) Site-defined taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear **GPRA Description:** During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels (58.0%). **Patient List:** All patients in the denominator, with date and code of test, if any.
Cancer Screening: Mammogram Rates Epi Program/ Dr. Nathaniel Cobb	**No changes from Version 5.0 Patch 1** **Denominator: GPRA:** Female Active Clinical patients ages ***(previously 50) 52***[3] through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies. **Numerators:** 1) **GPRA:** Patients with documented mammogram in past two years or refusal in ***past year***. 1A) Patients with documented refusal in past year. **Definitions:** 1) **Bilateral Mastectomy**: V CPT: 19180.50 or 19180 w/modifier 09950 (modifier codes .50 and 09950 indicate bilateral); 19200.50 or 19200 w/modifier 09950; 19220.50 or 19220 w/modifier 09950; 19240.50 or 19240 w/modifier 09950; 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. V CPT: 19180, 19200, 19220, 19240; V Procedures: 85.41, 85.43, 85.45, 85.47 3) **Mammogram**: A) V Radiology or V CPT: 76090, 76091, 76092**,** G0206 (Diagnostic Mammography, Unilateral), G0204 (Diagnostic Mammography, Bilateral), G0202 (Screening Mammography, Bilateral); B) POV: V76.11, V76.12; C) V Procedures: 87.36, 87.37 (removed 87.35); D) Women's Health: Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat 4) **Refusal Mammogram:** V Radiology MAMMOGRAM for CPT 76090, 76091, 76092, G0206, G0204, G0202. **GPRA Description:** During FY 2005, maintain the proportion of eligible Female patients who have had mammography screening within the last 2 years at the FY 2004 rate (40.0%). **Patient List:** Patients in the denominator, with date and code of procedure, if any.

[2] There is no change to the program logic. The actual logic always checked for age range 21-64.
[3] There is no change to the program logic. The actual logic always checked for age range 52-64.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Colorectal Cancer Screening	**Changes for Version 5.1, as noted below.** **Denominator:** Active Clinical patients ages 51-80 ***(to match HEDIS logic, changed from 52 and older)*** without a documented history of colorectal cancer, broken out by gender. **Numerators:** 1) Patients who have had colorectal screening or a documented refusal, defined as any of the following: a Fecal Occult Blood test (FOBT) ***(removed "or rectal exam")*** in the past two years; flexible sigmoidoscopy or double contrast barium enema in the past five years; or colonoscopy in the past 10 years. A) Patients with documented refusal in the past year. B) Patients with Fecal Occult Blood test in the past two years. ***2) Patients with Rectal Exam in past two years. (Revised from sub-numerator of numerator 1)*** **Definitions:** 1) Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, ***V10.05***. 2) **Fecal Occult Blood lab test (FOBT):** CPT 82270, 82274, G0107, 89205 (old); LOINC taxonomy, or site-defined taxonomy BGP GPRA FOB TESTS 3) **Rectal Exam:** V76.41; V Procedure 48.24-29, 89.34; V Exam 14 ***or refusal in past year for Exam 14.*** 4) **Flexible Sigmoidoscopy:** V Procedure ***45.24, 45.42 (changed from 45.22-45.25)***, 45.42; CPT 45330-45345, G0104 5) **Double Contrast Barium Enema:** CPT or VRad: 74270-74280***,*** G0106, G0120 6) **Colonoscopy:** ***V Procedure 45.22, 45.23, 45.25 (additions),*** V POV 76.51; CPT 44388-44394, 44397, 45355***, 45378-45387 (added 45386)***, 45325 (old), G0105, G0121 7) **Screening Refusals:** ***(Clarified the exact tests program looks for.)*** A. **FOBT:** V Lab Fecal Occult Blood test, V Radiology CPT 82270, 82274, G0107, 89205; B. **Flexible Sigmoidoscopy:** V Radiology CPT 45330-45345, G0104; C. **Double contrast barium enema:** V Radiology CPT: 74270-74280, G0106, G0120; D. **Colonoscopy:** V Radiology CPT 44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121. ***Proposed GPRA 2006 Description: For FY 2006, establish the baseline screening rate for Colorectal Cancer.*** **Patient List:** Patients ages ***51-80***, with date and code of any related test or procedure, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Tobacco Use Assessment	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** Active Clinical patients ages 5 and older, broken down by gender and age groups: 5-13, 14-17, 18-24, 25-44, 45-64, 65 and older (HP 2010). 2) Pregnant female patients with no documented miscarriage or abortion during the past 20 months. **Numerators:** 1) **GPRA:** Patients screened for tobacco use during the Report Period (during the past 20 months for pregnant female patients denominator). 2) Patients identified during the Report Period (during the past 20 months for pregnant female patients denominator) as current tobacco users. 2A) Current smokers. 2B) Current smokeless tobacco users 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period (during the past 20 months for pregnant female patients denominator). ***Revised method for calculating percentage for numerators 2 & 3 to use numerator 1 (vs. Active Clinical denominator) as the denominator.*** ***Revised method for calculating percentages for numerators 2A & 2B to use numerator 2 (vs. Active Clinical denominator) as the denominator.*** **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) **Miscarriage:** Occurring after the second pregnancy POV. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) **Abortion:** Occurring after the second pregnancy POV. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **Tobacco Screening:** A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List ***305.1 (revised from 305.1*),*** V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing "TO-", "-TO", or "-SHS***".*** 5) **Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) POV ***305.1 (removed 305.10, 305.11, 305.12)*** or V15.82. C) Dental 1320 6) **Current Smokers:** A) Health Factors: Current Smoker, Current Smoker and Smokeless. B) ***305.1 (removed 305.10, 305.11, 305.12)*** or V15.82. C) Dental code 1320 7) **Current Smokeless:** A) Health Factors: Current Smokeless, Current Smoker and Smokeless 8) **Environmental Tobacco Smoke (ETS):** Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke **GPRA Description:** During FY 2005, rates of screening for tobacco use will be maintained at FY 2004 rates (27.0%). **Patient List:** Patients with no screening identified.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Tobacco Cessation	**Changes for Version 5.1, as shown below** **Denominator:** Active Clinical patients identified as current tobacco users prior to the Report Period. **Numerators:** 1) Patients who have received tobacco cessation counseling during the Report Period. 2) Patients counseled during the Report Period on smoking cessation medications. 3) Patients identified during the Report Period as having quit tobacco use. **Definitions:** 1) **Current Tobacco Users:** A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless. B) Tobacco-related Diagnoses (POV or active Problem List): ***305.1 (removed 305.10, 305.11, 305.12)*** or V15.82. C) Dental code 1320 2) **Tobacco Cessation Counseling:** Patient Education codes containing "TO-Q", code TO-LA; Clinic Code 94, or Dental Code 1320 3) **Smoking Cessation Medications:** Patient Education code TO-M 4) **Quit Smoking:** POV or Current Active Problem List 305.13, Health Factors Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless. **Patient List:** Patients with counseling, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
BEHAVIORAL HEALTH GROUP	
Alcohol Screening (FAS Prevention) Indicator	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** Female Active Clinical patients ages 15 to 44 (child-bearing age). **Numerators: GPRA:** Patients screened for alcohol use, who have alcohol-related diagnoses, or who have received alcohol-related education or counseling during the Report Period. A) Patients with any Alcohol Health Factor or other screening. B) Patients with alcohol-related diagnoses. C) Patients with alcohol-related patient education or counseling. **Definitions:** 1) **Alcohol Screening:** Any Alcohol Health Factor; Other Screening: V11.3; V79.1, ***or BHS problem code 29.1*** 2) **Alcohol-related Diagnoses:** POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS ***POV*** 10, 27, 29 3) **Alcohol Education:** All Patient Education codes containing ***"AOD-" or "-AOD" or old codes containing*** "CD-" or "-CD" **GPRA Description:** During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate (7.0%). **Patient List:** Women not screened.
Intimate Partner (Domestic) Violence Screening Dr. Theresa Cullen/ Denise Grenier, MSW	**Changes for Version 5.1, as noted below.** **Denominators:** 1) Female Active Clinical patients ages 13 and older at beginning of Report Period. 1A) **GPRA:** Female Active Clinical patients ages 15-40. **Numerators: 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 diagnoses. 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. **Definitions:** 1) **IPV/DV Screening:** PCC Exam Code 34 or BHS IPV/DV exam 2) **IPV/DV Related Diagnoses:** POV, Current PCC or BHS Problem List ***(removed child maltreatment codes 995.50, 995.51, 995.53, 995.54, 995.59)*** 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" 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". **GPRA Description:** During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate (4.0%). **Patient List:** Women not screened and without documented refusal.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Depression/Anxiety Screening ***Dr. Theresa Cullen/ Denise Grenier, MSW***	**Changes for Version 5.1, as noted below.** **Denominators:** 1) Active Clinical patients ages 40 and older. 2) 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. 3) All patients diagnosed with ischemic heart disease prior to the Report Period and with at least two CVD-related visits during the Report Period. **Numerators:** Patients screened for or counseled about depression OR diagnosed with depressive/anxiety/adjustment disorders during the Report Period. A) Patients screened for or counseled about depression. B) Patients with a diagnosis of depressive/anxiety/ adjustment**.** **Definitions: 1) Diabetes:** POV 250.00-250.93 2) **Ischemic Heart Disease:** POV 410.0-412.*, 414.0-414.9, 428.*, 429.2. 3) **Depression Screening or Counseling:** POV V79.0 ***or BHS problem code 14.1 (screening for depression),*** Patient Education codes containing “DEP-” (depression), “SB-” (suicidal behavior), “GAD-” (generalized anxiety disorder), “BH-” (behavioral and social health), or "PDEP-" (postpartum depression). 4) **Depressive/Anxiety/Adjustment Disorders:** At least 2 visits ***in PCC or BHS*** with POV 296.*, 300.*, 301.13, 308.3, 309.*, 311.* or BHS ***POV*** 14, 15, 18, 24 **Patient List:** Patients who have not been screened for depressive/anxiety disorders.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
CARDIOVASCULAR DISEASE RELATED GROUP	
Obesity Assessment Nutrition Program/ Jean Charles-Azure	**Changes for Version 5.1, as noted below.** **Denominators:** Active Clinical patients ages 2 through 74, broken down into gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74. **Numerators:** 1) **GPRA:** All patients for whom BMI can be calculated. A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables. B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables. C) Of Numerator 1, total overweight and obese. ***Revised method for calculating percentages for numerators 1A-1C to use numerator 1 (vs. Active Clinical denominator) as the denominator.*** **Definitions:** 1) **BMI:** Calculated 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 within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day. **GPRA Description:** During FY 2005, each Area will increase the number of patients for whom BMI data can be measured by 5% (>60.0%). **Patient List:** Patients for whom a BMI could NOT be calculated.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Childhood Weight Control ***(renamed from Childhood Obesity Reduction)***	**Changes for Version 5.1, as noted below.** **Denominator:** Active Clinical Patients ***2-5 (revised from 2-6) for whom a BMI could be calculated***, broken out by age groups. **Numerators:** 1) Patients with BMI 85-94%. 2) Patients with a BMI 95% and up. 3) Patients with a BMI =>85%. ***(Removed numerator for patients with calculated BMI.)*** **Definitions:** 1) **Age:** All patients who are between the ages of ***2 and 5 (previously 2 and 6)*** at the beginning of the Report Period and who do not turn age ***6 (previously 7)*** during the Report Period are included in this indicator. 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. ***(Removed logic for patients for whom no BMI could be calculated.)*** 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 indicator 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. **BMI Standard Reference Data**

Low-High Ages	Sex	BMI >= ***(Risk-Overwt.)***	BMI >= ***(Overwt)***	Data Check Limits BMI >	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

Proposed GPRA 2006 Description: During FY 2006, establish the obesity rates in children, ages 2-5 years.

Patient List: Patients ages ***2-5 (previously 2-6)***, with current BMI.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Nutrition and Exercise Education for At Risk Patients Patient Education Program/ Mary Wachacha Nutrition Program/ Jean Charles-Azure	**Changes for Version 5.1, as noted below.** **Denominators:** 1) Active Clinical patients ages 6 and older considered overweight (including obese), defined as adults with BMI =>25, ages 18 and under based on standard tables. 1A) Patients considered obese, defined as adults with BMI =>30, ages 18 and under based on standard tables. Broken out by gender and age groups: 6-11, 12-19, 20-39, 40-59, =>60 (HP 2010). 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition). **Numerators:** During the Report Period: 1) Patients provided with medical nutrition counseling. 2) Patients provided with nutrition education. 3) Patients provided with exercise education. 4) Patients provided with other related education. **Definitions:** 1) **Medical Nutrition Counseling:** CPT 97802-97804, G0270, G0271; or provider codes 07, 29, 97 or 99; or clinic codes 67 or 36 2) **Nutrition Education:** Patient Education codes ending "-N" ***or "-MNT"*** or old codes containing "-DT" (diet); POV V65.3 3) **Exercise Education:** Patient Education codes ending "-EX"; POV V65.41 4) **Other Related Education:** Patient Education codes ending "-LA" or containing "OBS-" **Patient List:** Patients defined as at risk, with date and codes, if any.
Cardiovascular Disease and Cholesterol Screening Dr. James Galloway/ Mary Wachacha	**Changes for Version 5.1, as noted below.** **Denominators:** 1) **GPRA:** Active Clinical patients ages 23 and older; broken out by gender. ***2) Active Clinical patients diagnosed with ischemic heart disease prior to the Report Period and with at least two IHD-related visits any time during the Report Period. Broken down by gender.*** **Numerators:** 1) **GPRA:** Patients with documented cholesterol screening any time during past five years, regardless of result. 2) With high cholesterol, defined as => 240. 3) With LDL completed, regardless of result. 4) LDL <= 100. 5) LDL 101-130. 6) LDL 131-160. 7) LDL >160. **Definitions:** 1) **Total Cholesterol Panel:** CPT 82465; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CHOLESTEROL TAX. 2) **LDL:** CPT 83721; ***LOINC taxonomy (changes to codes included in LOINC taxonomy)***; site-defined taxonomy DM AUDIT LDL CHOLESTEROL TAX ***3) Ischemic Heart Disease (IHD): One visit prior to the Report Period AND 2 or more visits any time during the Report Period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).*** **GPRA Description:** During FY 2005, establish the baseline cholesterol screening rate for adult patients. **Patient List:** Patients in the denominator, with date and test, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Cardiovascular Disease and Blood Pressure Control Dr. James Galloway/ Mary Wachacha	**Changes for Version 5.1, as noted below.** **Denominators:** 1) All Active Clinical patients ages 20 and over, broken down by gender (removed exclusion for patients with any diabetes diagnosis). 2) All User Population patients ages 20 and older, broken down by gender (removed exclusion for patients with any diabetes diagnosis). ***3) Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.*** **Numerators:** 1) Patients with BP values documented. 2) Patients with normal BP, <120/80. 3) Pre-hypertension I, => 120/80 and < 130/80. 4) Pre-hypertension II, =>130/80 and < 140/90. 5) Stage 1 hypertension, => 140/90 and <160/100. 6) Stage 2 hypertension, => 160/100. **Definitions:** 1) **BP Values (all numerators):** Uses the last 2 blood pressures documented on non-ER visits for the patient in the past two years. If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category. ***2) Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).*** **Patient List:** Patients => 20 w/ denominator identified & mean BP, if any.
Controlling High Blood Pressure Dr. James Galloway/ Mary Wachacha	**Changes for Version 5.1, as noted below.** **Denominator:** Active Clinical patients ages 46 through 85 diagnosed with hypertension ***and no documented history of ESRD***, broken down by gender. **Numerators:** 1) Patients with BP values documented. 2) Patients with normal BP, <120/80. 3) Pre-hypertension I, => 120/80 and < 130/80. 4) Pre-hypertension II, =>130/80 and < 140/90. 5) Stage 1 hypertension, => 140/90 and <160/100. 6) Stage 2 hypertension, => 160/100. **Definitions:** 1) **Hypertension:** Diagnosis (POV or problem list) 401.* prior to the Report Period, and at least one hypertension POV during the Report Period. 2) **BP Values (all numerators):** Uses the last 2 blood pressures documented on non-ER visits for the patient ***during the Report period (previously past two years).*** If the systolic and diastolic values do not BOTH meet one of the five categories listed above, then the value that is <u>least</u> controlled determines the category. ***3) ESRD: CPT 90921, 90925 or POV 585.*** **Patient List:** Patients in the denominator, with BP value, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Comprehensive CVD-Related Assessment Dr. James Galloway/ Mary Wachacha	**Changes for Version 5.1, as noted below.** **See related CVD topics for identification of further changes for this topic.** **Denominators:** 1) Patients ages 46 and older who are not diabetic. 2) Active Diabetic patients (see Diabetes Comprehensive Care above for definition) ages 46 and older. ***3) Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period.*** **Numerators:** 1) Patients with Blood Pressure value documented at least twice in prior two years. 2) With LDL completed in past five years, regardless of result. 3) Screened for tobacco use during the Report Period. 4) For whom a BMI could be calculated. 5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period. 6) Screened/counseled/diagnosed with depression or anxiety disorders at any time during the Report Period. 7) Patients with ALL assessments above. **Definitions:** ***1) Ischemic Heart Disease (IHD): One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file).*** 2) Patients without diabetes are defined as no diabetes diagnosis ever (POV 250.00-250.93). **NOTE:** For specific definitions and changes to those definitions, refer to the following topics above: Controlling High Blood Pressure; Diabetes and Lipids Assessment; Tobacco Use Assessment; Obesity Assessment; Nutrition and Exercise Education for At Risk Patients; and Depression/Anxiety Screening. **Patient List:** List of patients with assessments received, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Beta-Blocker Treatment After a Heart Attack ***Dr. James Galloway/ Mary Wachacha***	***New indicator topic for Version 5.1.*** ***Denominator: Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy.*** ***Numerator: Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).*** ***Definitions: 1) Acute Myocardial Infarction (AMI): 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.*** ***2) Beta-blockers: To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either 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). Beta blockers defined with Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.*** ***Denominator Exclusions:*** ***1) Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."*** ***2) Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 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; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.*** ***3) Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.*** ***4) Patients readmitted for any diagnosis within seven days of discharge.*** ***Patient List: Patients with AMI, with beta-blocker prescription, if any.***

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Persistence of Beta-Blocker Treatment After a Heart Attack ***Dr. James Galloway/ Mary Wachacha***	***New indicator topic for Version 5.1.*** ***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 and do not have a contraindication/previous adverse reaction to beta-blocker therapy.*** ***Numerator: Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.*** ***Definitions: 1) Acute Myocardial Infarction (AMI): POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit.*** ***2) Inpatient visit: Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. If patient has more than one episode of AMI during the timeframe, CRS will include only the first hospital discharge or ambulatory visit.*** ***3) Beta-blocker Treatment: To be included in the numerator, patients must have a beta-blocker days' supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker 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.*** ***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=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.*** ***4) Beta-blockers: Medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.*** ***Example of patient included in the numerator who has prior active prescription:*** ***- Admission Date: 2/1/2004, Discharge Date: 2/15/2004*** ***- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)*** ***- Prior Beta-Blocker Rx Date: 1/15/2004*** ***- # Days Prescribed: 60 (treats patient through 3/15/2004)*** ***- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31,*** ***60 is >= 31, prescription is considered Prior Active Rx*** ***- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period*** ***- # Remaining Days Prescribed from Prior Active Rx:*** ***(60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-*** ***1/15/2004) = 60-31 = 29*** ***- Rx #2: 4/1/2004, # Days Prescribed: 90*** ***- Rx #3: 7/10/2004, #Days Prescribed: 90*** ***- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209*** ***Denominator Exclusions: 1) If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."*** ***2) Patients with contraindications to beta-blockers occurring anytime through discharge/ visit date: A) Asthma - 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension - 1 diagnosis of 458*; C) Heart block >1 degree - 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; D) Sinus bradycardia - 1 diagnosis of 427.81; or E) COPD - 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496.*** ***3) Documented beta blocker allergy/ADR occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.*** ***Patient List: Patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.***

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Cholesterol Management After Acute CVD Event Attack ***Dr. James Galloway/ Mary Wachacha***	***New indicator topic for Version 5.1.*** ***Denominator: Active Clinical patients ages 18 to 75 diagnosed within the year prior to beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.*** ***Numerators: 1) Patients with LDL completed 60-365 days after diagnosis, regardless of result.*** ***2) Patients with LDL <=100, completed 60-365 days after diagnosis.*** ***3) Patients with LDL 101-130, completed 60-365 days after diagnosis.*** ***Definitions: 1) AMI: POV 410.*0 or 410.*1.*** ***2) PTCA: A) V Procedure 36.01, 36.02, 36.05, 36.09 or B) CPT 33140, 92980-92982, 92984, 92995, 92996.*** ***3) CABG: 1) V Procedure 36.1*, 36.2 or 2) CPT 33510-33514, 33516-33519, 33521-33523, 33533-33536. If diagnosis occurred at an inpatient visit, discharge date will be used instead of visit date.*** ***4) LDL: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. For each of the numerators, finds the most recent LDL test from the Report period end date that is between 60 and 365 days after diagnosis.*** ***Patient List: Patients with AMI, CABG, or PTCA w/LDL value, if any.***

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
STD-RELATED GROUP	
Prenatal HIV Testing and Education Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	**Changes for Version 5.1, as noted below.** **Denominator: GPRA:** All pregnant patients with no documented *miscarriage or abortion during the past 20 months* and NO recorded HIV diagnosis ever. **Numerators:** 1) Patients who received counseling and/or patient education about HIV and testing during the past 20 months. 2) **GPRA:** Patients who received HIV test during the past 20 months, including refusals. 2A) Number of documented refusals. **Definitions:** 1) **Pregnancy:** At least 2 visits with POV: V22.0-V23.9, 640.*-648.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period. 2) Miscarriage: Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830 3) Abortion: Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857 4) **HIV:** V POV or Problem List: 042.0-044.9, V08, 795.71 5) **HIV Counseling/Patient Education:** POV: V65.44, Patient Education codes containing "HIV-" ***or "-HIV"*** or HIV diagnosis 042.0-044.9, V08, 795.71 6) **HIV Test:** CPT: 86689, 86701-86703, 87390, 87391; LOINC taxonomy; site-defined taxonomy BGP GPRA HIV TESTS 7) **Refusal of HIV Test:** Lab Test HIV **GPRA Description:** In FY 2005, establish baseline screening rates for HIV in pregnancy. **Patient List:** Patients not screened.
HIV Quality of Care Dr. Theresa Cullen/ Dr. Charlton Wilson/ Jeanne Bertolli, PhD	**No changes from Version 5.0 Patch 1** **Denominator:** Patients 13 and older with at least 2 direct care visits (i.e. not contract/CHS) during the Report Period with HIV diagnosis AND 1 HIV visit in last 6 months. Broken out by gender. **Numerators:** 1) Patients who received CD4 test only (without PCR viral load) during the Report Period. 2) Patients who received HIV Viral load only (without CD4), as measured by PCR or a comparable test, during the Report Period. 3) Patients who received both CD4 and HIV viral load tests during the Report Period. 4) Total patients receiving tests. **Definitions:** 1) **HIV:** POV or Problem List 042.0-044.9, V08, or 795.71 2) **CD4:** CPT 86361; LOINC taxonomy; site-defined taxonomy BGP CD4 TAX 3) **HIV Viral Load:** CPT 87536, 87539; LOINC taxonomy; site-defined taxonomy BGP HIV VIRAL TAX **Patient List:** None
Chlamydia Screening	**Changes for Version 5.1, as noted below.** **Denominators:** 1) Female Active Clinical patients ages 16 through 25, ***broken down into age groups 16-20 and 21-25.*** **Numerator:** Patients tested for Chlamydia trachomatis during the Report Period. **Definitions: Chlamydia:** V73.88, V73.98; CPT: 87110, 87270, 87320, (removed 87485-87487; not for genital Chlamydia infection)**,** 87490-87492, 87810; site-defined taxonomy BGP GPRA CHLAMYDIA TESTS; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** **Patient List:** Patients with no documented screening.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
DISEASE-SPECIFIC	
Osteoporosis Management	***New indicator topic for Version 5.1.*** ***Denominator: 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.*** ***Numerator: Patients treated or tested for osteoporosis after the fracture.*** ***Definitions: 1) Fracture: Does 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.*** ***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.*** ***Fracture codes: A) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485; B) POVs: 733.1, 805*-806*, 807.0-807.3, 808*-815*, 818*-825*, 827*, 828*; C) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.*** ***2) Osteoporosis Treatment and Testing: A) For fractures diagnosed at an outpatient visit: I) A non-discontinued prescription within six months (180 days) of the Index Episode Start Date (i.e. visit date) or II) a BMD test within six months of the Index Episode Start Date. B) For fractures diagnosed at an inpatient visit, a BMD test performed during the inpatient stay.*** ***3) BMD Test: A) CPT: 76070, 76071, 76075, 76076, 76078, 76499, 76977, 76999, 78350, 78351; B) V Procedure 88.98.*** ***4) Osteoporosis Treatment Medication: Medication taxonomy BGP OSTEOPOROSIS MEDS. (Medications are Alendronate, Risedronate, Calcitonin, Raloxifene, Estrogen, and Teriparatide.)*** ***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 who ALSO had a fracture within 60 days prior to the Index Episode Start Date.*** ***3) Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.*** ***Patient List: Female patients with new fracture who have had osteoporosis treatment or testing, if any.***

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Asthma	**No changes from Version 5.0 Patch 1** **Denominators:** 1) Active Clinical patients, broken out by age groups: <5, 5-64; 65 and older (HP 2010) **Numerators:** 1) Patients who have had 2 asthma-related visits during the Report Period OR who are Active patients in the Asthma Register System (ARS) and categorized as persistent (i.e. Severity 2, 3 or 4). 2) Patients from the first numerator who have hospital visits for asthma during the Report Period. **Definitions:** 1) **Asthma**: POV 493.* 2) **Hospital Visit:** Service Category H with primary POV 493.* **Patient List:** Patients in the numerator.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Asthma Quality of Care	***New indicator topic for Version 5.1.*** ***Denominator: Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups.*** ***Numerator: Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.*** ***Definitions: 1) Emphysema: Any visit at any time on or before the end of the Report period with POV codes: 492.*, 506.4, 518.1, 518.2.*** ***2) Chronic obstructive pulmonary disease (COPD): Any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 496, 506.*.*** ***3) Persistent asthma defined as any of the following with in the year prior to the beginning of the Report period:*** ***A) At least one visit to Clinic Code 30 (Emergency Medicine) with primary diagnosis 493* (asthma),*** ***B) At least one acute inpatient discharge with primary diagnosis 493.*. Acute inpatient discharge defined as Service Category of H,*** ***C) 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), or*** ***D) At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* within the year prior to the beginning of the Report period.*** ***Dispensing Event: 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=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.*** ***4) Primary Asthma Therapy: To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.*** ***Primary asthma therapy medication codes defined with medication taxonomies: BGP ASTHMA CONTROLLERS, BGP ASTHMA INHALED STEROIDS, AND BGP ASTHMA LEUKOTRIENE. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)*** ***Patient List: Asthmatic patients with primary asthma therapy medications, if any.***

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Chronic Kidney Disease Assessment Kidney Disease Program/ Dr. Andrew Narva	**Changes for Version 5.1, as noted below.** **Denominator:** All patients ***18 (previously incorrectly entered as 17 but program logic was correct)*** and older with serum creatinine test in past year. **Numerators:** 1) Patients with Estimated GFR result (lab test Estimated GFR). 1A) with GFR <60 **Definitions:** 1) **Creatinine:** CPT 82540, 82565-75; ***LOINC taxonomy (changes to codes included in LOINC taxonomy);*** site-defined taxonomy DM AUDIT CREATININE TAX. 2) **Estimated GFR:** site-defined taxonomy BGP GPRA ESTIMATED GFR TAX, LOINC code 33914-3. **Patient List:** Patients with Creatinine test, with GFR and value, if any.
OTHER CLINICAL INDICATORS	
Medications Education Patient Education Program/ Mary Wachacha	**No changes from Version 5.0 Patch 1** **Denominator:** 1) Active Clinical patients with medications dispensed <u>at their facility</u> during the Report Period. **Numerator:** 1) Patients who were provided patient education about their medications in ANY location. **Definitions:** 1) **Dispensed Medications:** Any entry in the VMed file for your facility. 2) **Medication Education:** Patient Education codes M-I, M-DI, M-FU, M-L, DMC-IN, or any Patient Education containing "-M". **Patient List:** Patients in the denominator, with date and Patient Education codes, if any.

Indicator Topic Name and Owner/Contact	General Definition (NOTE: ***Bold italic type*** indicates new or edited definitions)
Public Health Nursing Barbara Fine, RN	**Changes for Version 5.1, as noted below.** **Denominators:** 1) User Population patients. 2) **GPRA:** Number of visits by PHNs in any setting, including Home, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). ***A) Number of PHN driver/interpreter (provider code 91) visits.*** 3) Number of visits by PHNs in Home setting, broken down into age groups: 0-28 days (neonate), 29 days-12 months (infants), 1-64 years, 65 and older (elders). ***(No longer a GPRA indicator.)*** ***A) Number of PHN driver/interpreter (provider code 91) visits.*** **Numerators:** 1) For User Population denominator only, the number of patients in the denominator served by PHNs in any setting. ***2) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in any setting.*** 3) For User Population denominator only, the number of patients in the denominator served by PHNs in a Home setting. ***4) For User Population only, the number of patients in the denominator served by a PHN driver/interpreter in a HOME setting.*** **Definitions:** 1) **PHN Visit-Any Setting:** Any visit with primary or secondary provider codes 13 or ***91 (removed provider 32 and clinic code 45).*** 2) **PHN Visit-Home:** Any visit with A) clinic code 11 ***and a primary or secondary provider code of 13 or 91*** or B) Location Home (as defined in Site Parameters) and a primary or secondary provider code 13 or ***91 (removed provider code 32).*** **GPRA Description:** During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels (423,379 visits). **Patient List:** Any patient who received any PHN visit.

3.4 Key Changes in Version 5.0, Patch 1 and Version 5.0

3.4.1 Key Changes for Version 5.0, Patch 1

- Added separate report option (OTH, GPU (GPRA Performance Report)) that enables users to run the National GPRA report for any report end date or ending on a pre-defined quarter (e.g. September 30, December 31). Users can choose the baseline year and patient population and export the report to the Area Office for aggregation.
- Added separate Area Office report option (AO, GPUA (Run AREA GPRA Performance Report)) that enables Area Office users to run an Area Aggregate GPRA Performance report.
- Added “Area Current” column to the Area Aggregate National GPRA report, Clinical Detail Section. This column displays the Area Aggregate indicator rates for the Current Report Period, so a comparison can easily be made between individual site and Area performance.

- Revised National GPRA patient lists to enable user to select any report end date or ending on a pre-defined quarter.
- Added functionality requiring users to have a security key to run patient lists for any report, edit site-defined taxonomies, and have access to the System Setup menu to edit the site parameters.
- Revised GPRA indicator for Diabetes: Nephropathy Assessment to patients with positive urine protein/any microalbuminuria OR estimated GFR (previously required both tests).
- Fixed the lookup of rectal procedures in the Colorectal Cancer Screening indicator.

3.4.2 Key Changes for Version 5.0

Enhancements for version 5.0 included the addition of the following new and substantially revised indicators:

- Childhood Immunizations (new);
- Childhood Obesity Reduction (new);
- Chronic Kidney Disease Assessment (new);
- Comprehensive CVD-Related Assessment (new);
- Diabetes Comprehensive Care (new);
- Expanded behavioral health indicator topic for Depression/Anxiety Screening for various at-risk populations;
- Renamed CVD Prevention: Cholesterol Screening to CVD and Cholesterol Screening, added numerators for LDL screening, and removed Lipid Profile.

Significant changes to existing indicators included:

- Per the Diabetes Program, revised the GPRA numerator for Diabetes: Nephropathy Assessment to require patients to have <u>both</u> positive urine protein/any microalbuminuria <u>and</u> an estimated GFR;
- Revised Prenatal HIV Testing and Intimate Partner Violence/Domestic Violence from developmental to GPRA indicators;
- Changed age range for Intimate Partner Violence/Domestic Violence GPRA indicator from 16-24 to 15-40.
- Removed CVD Prevention: Lipids Assessment;
- To mirror HEDIS indicators, added numerators and/or redefined logic for Pap smear, Mammogram and Colorectal Cancer Screening;
- Renamed CVD Prevention: Blood Pressure Control to CVD and Blood Pressure Control and revised denominators to remove the exclusion for patients with diabetes, so all Active Clinical and User Population patients 20 and older will now be included in this report;

- Revised logic for Prenatal HIV and Tobacco Assessment to require pregnant patients not to have subsequent miscarriage or abortion and expanded time frame to check for screening from past 12 months to past 20 months;
- Added refusals to count as meeting the following indicators:
    - Diabetes: Access to Dental Services
    - Access to Dental Services
    - Adult Immunizations: Influenza
    - Adult Immunizations: Pneumovax
    - Colorectal Cancer Screening
    - Intimate Partner Violence/Domestic Violence
- Removed CPT codes 87485-87487 for Chlamydia screening as they are not for genital Chlamydia infection.

Additional key enhancements included the following.

- Removed the GPRA Performance report;
- Renamed the Area Director Performance report to the National GPRA report and revised content to include both GPRA indicators and selected clinical indicators. Pre-defined (i.e., hard-coded) all report parameters except for Community Taxonomy;
- Revised the Reports Menu to include a Reports Main Menu and sub-menus. The Reports Main Menu includes three basic types of reports:
    - National Reports (National GPRA and Patient Lists)
    - Local Reports (three types of Selected Indicator reports)
    - Other National Reports (only HEDIS for version 5.0, will include CMS for version 5.1)
- Added separate Patients Lists report for indicators included in the National GPRA report. Users may select patients meeting the indicator, not meeting the indicator or both;
- Added Summary Detail on the Area Aggregate National GPRA report that lists indicator rates by site;
- Revised the indicators included in the Diabetes, CVD, and Women's Health selected indicator reports;
- Incorporated CRS-specific interface to Taxonomy Setup, limiting access only to site-defined taxonomies required by CRS.

4.0 Getting Started: System Setup

This section will describe the steps that need to be followed to set up and use all site parameters and taxonomies needed for the CRS 2005 program.

Sites need to perform the activities listed below before running any reports. **NOTE:** As of CRS 2005 Version 5.0 Patch 1, users must have special security access to perform step #2 below and to edit lab and medication taxonomies used by CRS (i.e. step #3).

1. Create in QMan the "official" community taxonomy for national GPRA reporting. This step may not be performed in the CRS application.

> **NOTE:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

2. Set up various system parameters.
3. Run the taxonomy check for all reports.
4. Setup the lab and medication taxonomies used by the CRS software.

4.1 Community Taxonomy

The Community taxonomy is used to define the range of community names where your facility's patients reside to be included in your reports. Your facility most likely already has one or more Community taxonomies set up for use with other RPMS applications. For local reports, individuals may want to run reports for selected indicators for a specific subset of the population.

For the National GPRA report (see section 5.2 Report Content for report definitions), a Community taxonomy should be used that includes all communities served by the facility.

> NOTE: The GPRA Area Coordinators decided in January 2004 at their national meeting that all Areas except Oklahoma City would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report. Oklahoma City Area was the exception, since all of OK is in the CHSDA.

The community taxonomy may be set up using QMan and is no longer available for editing in CRS.

Below is a sample of creating a community taxonomy using QMan. If you do not have access to QMan, see your RPMS Site manager.

1. Choose the QMan menu option from the main menu.
2. Type Living Patients at the "What is the subject of your search?" prompt.
3. Type Community at the "Attribute of Living Patients:" prompt.
4. Type the name(s) of the community/communities of interest at the "Enter Community:" and "Enter Another Community:" prompts. When you are finished, press the Enter key at a blank "Enter Another Community:" prompt.
5. Type Y at the "Want to save this community group for future use?" prompt.
6. Type a name for the taxonomy at the "Group Name:" prompt.
7. Verify your group name and type Y or N at the "Are you adding [group name]' as a new Taxonomy (the ###TH)? No//" prompt.
8. Type a short description of the taxonomy (if desired) at the "Taxonomy Brief Description:" prompt.
9. Type Y or N at the "Edit?" prompt. Type Y if you wish to edit the extended description for the taxonomy.
10. You will be returned to the QMan main menu. To exit that menu, type 0 (zero) at the prompt.

```
What is the subject of your search?  LIVING PATIENTS //  LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]

Attribute of LIVING PATIENTS: COMMUNITY [ENT]

Enter COMMUNITY: TUCSON           PIMA     ARIZONA     077     0410077
Enter ANOTHER COMMUNITY: SELLS         PIMA     ARIZONA     067     0410067
Enter ANOTHER COMMUNITY: SAN XAVIER       PIMA    ARIZONA    065     0410065
Enter ANOTHER COMMUNITY:  [ENT]

The following have been selected =>

     SAN XAVIER
     SELLS
     TUCSON

Want to save this COMMUNITY group for future use? No// Y  (Yes)
Group name: CMI GPRA REPORT COMMUNITIES
  Are you adding 'CMI GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 718TH)? No// Y  (Yes)

   TAXONOMY BRIEF DESCRIPTION: [ENT]
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// No [ENT]
Computing Search Efficiency Rating.............................................
.........

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .06]
      CURRENT COMMUNITY (SAN XAVIER/SELLS...)   [SER = 3.55]
```

Figure 4-1: Setting Up Community Taxonomy in QMan

4.2 Site Parameters

NOTE: As of CRS 2005 Version 5.0 Patch 1, users must have special security access to access/edit the Site Parameters. See your Site Manager if you do not have access and need access.

The Site Parameters menu option allows you to set certain values that are used often by CRS so users don't have to enter them each time they run a report. The available parameter options are:

- **BGP Site Parameters Location (i.e., Facility location):** defines your facility location.
- **Default Community taxonomy:** defines the Community taxonomy name your site is most likely to use in identifying the population for reports

NOTE: If your RPMS server has multiple databases representing multiple facilities, you may not want to set a default Community taxonomy. This will ensure that your users will define a specific Community Taxonomy each time a report is run.

- **Definition of Home:** this is used by Public Health Nursing indicator to identify PHN visits in a Home location, in addition to looking for clinic code 11. Generally, but not always, a site's home location is called HOME.
- **Export Data to Web EISS:** used to determine whether or not your facility's National GPRA report data is exported to the Office of Information Technology's (OIT) Executive Information Support System (EISS), an IHS intranet-based graphical reporting application.

To edit the Site Parameters, follow the instructions below.

1. Type CI05 at the "Select IHS Clinical Reporting System (CRS) Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
            ******************************************************
            **        IHS/RPMS CLINICAL REPORTING SYSTEM        **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE


   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Option: CI05  CRS 2005
```

Figure 4-2: Accessing the System Setup menu (step 1)

2. The CRS 2005 main menu displays (Figure 4-3). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2005 Option:" prompt to display menu options to perform setup activities.

```
            ******************************************************
            **                 IHS/RPMS CRS 2005                **
            **             Clinical Reporting System            **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE


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

Select CRS 2005 Option: SET  System Setup
```

Figure 4-3: Accessing the System Setup menu (step 2)

3. The Setup menu displays (Figure 4-4). **NOTE:** As of CRS 2005 Version 5.0 Patch 1, the SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```
                              **************************
                              **   IHS/RPMS CRS 2005  **
                              **       Setup Menu     **
                              **************************
                                     Version 5.1

                                      DEMO SITE


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: SP  Site Parameters
```

Figure 4-4: Accessing the System Setup menu (step 4)

4. Type SP at the "Select System Setup Option:" prompt at the Setup menu.

5. At the "Select BGP Site Parameters Location" prompt, type the name of your site location.

6. At the "Please enter your site's Default Community Taxonomy" prompt, type the name of the Community taxonomy your site is most likely to use for performance reporting.

> **NOTE*:*** The Community taxonomy default can be overridden at the time an individual report is run. Setting a default taxonomy ensures that any user running a report is using the same population definition.

7. At the "Enter Your Site's Home location:" prompt, type the name of your Home location, or press the Enter key to accept the default response. If you type HOME at this prompt, a list of all Home locations will display. Follow the prompts to select the appropriate location. Remember, this is for reporting of PHN home visits only and should not be confused with your facility/site location.

8. At the "Do you wish to send data to the Web EISS?" prompt, type Y if you want your facility's National GPRA report data exported to the Executive Information Support System (EISS) on the IHS intranet or type N if you do not want your data exported to the EISS.

9. The "Select BGP Site Parameters Location:" prompt displays again. Press the Enter key to return to the System Setup menu.

```
                            **************************
                            **   IHS/RPMS CRS 2005  **
                            **       Setup Menu     **
                            **************************
                                   Version 5.1

                                  DEMO HOSPITAL


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO HOS  PITAL       NAVAJO       TUBA CIT
Y       01                      AZ            808701
         ...OK? Yes//   (Yes)

Please enter your site's DEFAULT COMMUNITY taxonomy: BETA TEST COMMUNITIES
         //
Please enter your site's HOME location: UNDESIG LOCS
         // home
     1   HOME       NAVAJO       TUBA CITY       89    AZ
     2   HOME       CALIFORNIA TRIBE/638       UIHS-TSURAI       89
     3   HOME       BILLINGS TRIBE/638       ROCKY BOY'S       95
     4   HOME       BILLINGS TRIBE/638       FLATHEAD       95
     5   HOME       CALIFORNIA URBAN       AMERICAN IND FREE CLINIC       89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  HOME     NAVAJO       TUBA CITY       89    AZ
Do you wish to send data to the WEB EISS?: YES// y  YES

Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters

4.3 Taxonomy Check and Setup

Taxonomies are used to find data items in PCC in order to determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much indicator logic as possible is based on standard national codes. These codes include ICD-9, CPT, LOINC and national IHS standard codesets (e.g., Health Factors, patient education codes, etc.).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

4.3.1 What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. There are two different

types of taxonomies distributed with the Clinical Reporting System: software-defined ("hard-coded") and site-defined.

For data elements like diagnoses, procedures or lab tests identified by LOINC codes, the taxonomy simply identifies the standard codes that a software program should look for. These codes are hard-coded by the programmer into several ***software-defined taxonomies*** that are distributed with the CRS software. These taxonomies can only be updated by the CRS programmer. See the CRS Technical Manual for a complete list of software-defined taxonomies.

Site-defined taxonomies are used to mitigate the variations in terminology for other types of data elements that vary from one facility to another, including medications and lab tests. This means, for example, that one site's Pap smear data can be compared to another site, even though the same term is not used for the Pap smear lab test. Or, one site's beta-blocker data can be compared to another site, even though the same names are not used for beta-blocker drugs.

For example, one site's Lab table might contain the term *Glucose Test* while another site's table may contain the term *Glucose* for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a pre-defined taxonomy name that is installed at every facility. The *contents* of the taxonomy are determined by the facility. In this example, the application would use the "DM AUDIT GLUCOSE TESTS TAXONOMY." The individual facility will enter all varieties of spelling and punctuation for Glucose Tests used at that particular facility.

Codes and terms contained in a taxonomy are referred to as members of the taxonomy.

4.3.2 Site-Defined Clinical Taxonomies Used by CRS

The site's CRS Implementation team will need to review the taxonomies that need to be defined by the site and make sure that all appropriate entries exist or are entered. The table below can be used as a checklist. Beginning with CRS Version 5.1, the site-defined taxonomies will include both lab tests and drugs.

CRS also uses "hard coded" pre-defined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, ADA, NDC, and VA Drug Class codes as identified in the indicator logic. These taxonomies cannot be altered by the site. Beginning with CRS Version 5.1, a list of all pre-defined taxonomies can be viewed by selecting the VT option from the Taxonomy Setup menu. The CRS Technical Guide also includes a list of all pre-defined taxonomies.

Detailed instructions on how to set up and check these taxonomies are included in sections 4.3.3 and 4.3.4.

4.3.2.1 Site-Defined Lab Taxonomies

NOTE: To provide accurate counts, you must include ALL test names that have been used by your facility at least since 1995, even if these codes are currently inactive. Some indicators search for tests as far back as 10 years.

Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file and include these tests in your site-defined taxonomies because these tests may have been the ones in use at the time.

Taxonomy Name	Description	Examples of Members	Indicators Used In	Reports Used In
BGP CMS ABG	All Arterial Blood Gas (ABG) or Pulse Oximetry Lab Tests	Arterial Blood Gas Pulse Oximetry	Pneumonia	CMS
BGP GPRA CHLAMYDIA TESTS	All lab tests for Chlamydia trachomatis	Chlamydia Culture Chlamydia IgG Chlamydia IgM Chlamydia Screen Chlamydia, DNA Probe Chl/Gc Combo	Chlamydia Screening	Selected Indicators HEDIS
BGP GPRA FOB TESTS	All Fecal Occult Blood Lab Tests	Occult Blood Fecal Occult Blood	Colorectal Cancer Screening	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care
BGP GPRA ESTIMATED GFR	All Estimated GFR Lab Tests	Estimated GFR Est GFR	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care
BGP CD4 TESTS	All CD4 Lab Tests, used to evaluate immune system status (Also known as: T4 count, T-helper cells)	CD4	HIV Quality of Care	Selected Indicators
BGP HIV VIRAL LOAD TESTS	All HIV viral load tests (as measured by PCR or comparable test)	HIV Viral Load	HIV Quality of Care	Selected Indicators
BGP HIV TESTS	All HIV tests	HIV Tests	Prenatal HIV Testing	Selected Indicators
BGP GPRA PAP SMEAR	All Pap Smear tests	Pap Smear	Cancer Screening: Pap Smear Cervical Cancer Screening (Pap Smear) (HEDIS)	National GPRA/ GPRA Performance Selected Indicators HEDIS

Taxonomy Name	Description	Examples of Members	Indicators Used In	Reports Used In
DM AUDIT CHOLESTEROL TAX	All Total Cholesterol Tests	Cholesterol, Total Cholesterol	CVD and Cholesterol Screening	National GPRA/ GPRA Performance Elder Care
DM AUDIT CREATININE TAX	All Creatinine Tests – **NOTE:** do NOT include names of panels that creatinine test may be part of, e.g., basic metabolic panel	Creatinine	All Diabetes Indicators for Active Adult Diabetic denominator Chronic Kidney Disease Assessment	National GPRA/ GPRA Performance Selected Indicators
DM AUDIT HDL TAX	All HDL Cholesterol Lab Tests – **NOTE:** do NOT include Lipid Panels in this taxonomy	HDL	Diabetes: Lipids Assessment	National GPRA/ GPRA Performance Selected Indicators Elder Care
DM AUDIT HGB A1C TAX	All HGB A1C lab tests	HgbA1C, A1C, HbA1c, Hemoglobin A1C, Glycosylated hemoglobin, Glycohemoglobin A1c	Diabetes: Glycemic Control Diabetes Comprehensive care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care
DM AUDIT LDL CHOLESTEROL TAX	All LDL Cholesterol Lab Tests – **NOTE:** do NOT include Lipid Panels	LDL, LDL-C	Diabetes: Lipids Assessment Diabetes Comprehensive Care CVD and Cholesterol Screening Comprehensive CVD-Related Assessment Cholesterol Management After Acute Cardiovascular Event (HEDIS) Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care
DM AUDIT LIPID PROFILE TAX	All Lipid Profile (Panel) Lab Tests	Lipid Profile, Lipid Panel	Diabetes: Lipids Assessment CVD and Cholesterol Screening	National GPRA/ GPRA Performance Selected Indicators Elder Care
DM AUDIT MICROALBUMINURIA TAX	All Microalbuminuria Lab Tests	Microalbumunia Micral Microalbumunia, Urine A/C Ratio AC Ratio ACR Microalbumin/Creatinine Ratio Microalbumin Random	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care
DM AUDIT TRIGLYCERIDE TAX	All Triglyceride Lab Tests – **NOTE:** do not include Lipid Panels	Triglyceride	Diabetes: Lipids Assessment	National GPRA/ GPRA Performance Selected Indicators Elder Care
DM AUDIT URINE PROTEIN TAX	All Urine Protein Lab Tests	Urine Protein, Urine Protein Screen	Diabetes: Nephropathy Assessment Diabetes Comprehensive Care Comprehensive Diabetes Care (HEDIS)	National GPRA/ GPRA Performance Selected Indicators HEDIS Elder Care

4.3.2.2 Site-Defined Drug Taxonomies

All of the taxonomies below that begin with "BGP" will be pre-populated by the CRS software, as indicated in the "Drugs" column below. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site's drug file and pre-populated since there may be drugs that CRS could not locate and which should be included in your site-defined taxonomy. In which case, you can add them by editing your site-defined drug taxonomy.

Taxonomy Name	Description	Drugs	Indicators Used In	Reports Used In
BGP ASTHMA CONTROLLERS	All asthma controller medications used in CRS	**Pre-populated by NDC** Cromolyn Sodium, Intal, Necdocromil (Tilade), Zafirlukast (Accolate), Montelukast (Singulair), Theophylline	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Indicators HEDIS
BGP ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS	**Pre-populated by NDC** Beclovent, Qvar, Vancenase, Vanceril, Vanceril DS, Bitolerol (Tornalate), Pulmicort, Pulmicort Respules, Pulmicort Turbohaler, Salmeterol/fluticasone (Advair), Triamcinolone (Azmacort), Fluticasone (Flovent)	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Indicators HEDIS
BGP ASTHMA LEUKOTRIENE	All leukotriene medications used in CRS	**Pre-populated by NDC** Zafirlukast (Accolate), Montelukast (Singulair)	Asthma Quality of Care Use of Appropriate Medications for People with Asthma (HEDIS)	Selected Indicators HEDIS
BGP CMS ACEI MEDS	All angiotensin converting enzyme (ACE) inhibitor medications used in CRS CMS indicators	**Pre-populated by VA Drug Class code CV800.** See list of drugs listed after this table below.	Heart Attack (AMI) Treatment Heart Failure	CMS

Taxonomy Name	Description	Drugs	Indicators Used In	Reports Used In
BGP CMS ANTIBIOTIC MEDS	All antibiotic medications used in CRS CMS indicators	**Pre-populated by VA Drug Class codes:** **- AM050 - AM054** **- AM100 - AM104** **- AM111 – AM112** **- AM130,** **- AM150** **- AM200** **- AM250** **- AM300** **- AM350** **- AM500** **- AM650** **- AM900** See list of drugs listed after this table below.	Pneumonia	CMS
BGP CMS BETA BLOCKER MEDS	All beta-blocker medications used in CRS CMS indicators	**Pre-populated by VA Drug Class CV100 and NDC.** See list of drugs listed after this table below.	Beta-Blocker Treatment After a Heart Attack (CRS and HEDIS) Persistence of Beta-Blocker Treatment After a Heart Attack (CRS and HEDIS) Heart Attack (AMI) Treatment (CMS)	Selected Indicators CMS HEDIS
BGP CMS WARFARIN MEDS	All Warfarin (blood thinner) medications used in CRS CMS indicators	**Pre-populated with all drug names containing "Warfarin".** Anisindione, Barr Warfarin Sodium, Coumadin, Dicumarol, Jantoven, Liquamar, Marevam, Miradon, Panwarfin, Warfarin	Heart Attack (AMI) Treatment (CMS)	CMS
BGP OSTEOPOROSIS MEDS	All osteoporosis medications used in CRS	**Pre-populated by NDC** Alendronate, Calcitonin, Cenestin, Estradiol, Estratest, Estropipate, Menest, Premphase, Premarin, Prempro, Raloxifene, Risendronate, Teriperatide,	Osteoporosis Management	Selected Indicators HEDIS
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any Aspirin / ASA product used for antiplatelet therapy, Aspirin & Dipyridamone (Aggrenox)	Heart Attack (AMI) Treatment (CMS)	CMS
DM ANTI-PLATELET DRUGS	All anti-platelet medications used in CRS CMS indicators	Aspirin & Dipyridamole (Aggrenox), Cilostazol (Pletal), Clopidogrel (Plavix), Dipyridamole (Persantine), Heparin, Ticlopidine (Ticlid), Warfarin (Coumadin)	Heart Attack (AMI) Treatment (CMS)	CMS

BGP CMS ACEI MEDS			
Accupril	Captopril/ hydrochlorothiazide	Mavik	Quinapril/hydrochlorothiazide
Accuretic	Enalapril	Moexipril	Ramipril
Aceon	Enalapril Maleate/diltiazem	Moexipril Hydrochloride	Tarka
Altace	Enalapril Maleate/ hydrochlorothiazide	Moexipril Hydrochloride/ hydrochlorothiazide	Teczem
Benazepril	Enalapril/diltiazem	Moexipril/ hydrochlorothiazide	Trandolapril
Benazepril Hydrochloride	Enalapril/felodipine	Monopril	Trandolapril/verapamil
Benazepril/amlodipine	Enalapril/ hydrochlorothiazide	Monopril HCT	Trandolapril/verapamil hydrochloride
Benazepril/ hydrochlorothiazide	Enalaprilat	Monopril HCT 10/12.5	Uniretic
Capoten	Fosinopril	Perindopril	Univasc
Capozide	Fosinopril Sodium/ hydrochlorothiazide	Perindopril erbumine	Vaseretic
Capozide 25/15	Lexxel	Prinivil	Vasotec
Capozide 25/25	Lisinopril	Prinzide	Zestoretic
Capozide 50/15	Lisinopril/hydrochlorothiazide	Quinapril	Zestril
Capozide 50/25	Lotensin	Quinapril HC1	
Captopril	Lotensin HCT	Quinapril HC1/HCT	
Captopril HCT	Lotrel	Quinapril Hydrochloride/hydrochlorothiazide	

BGP CMS ANTIBIOTIC MEDS			
Abacavir	Azactam	Cefobid	Cleocin HCL
Abacavir Sulfate	Azithromax	Cefonicid	Cleocin Phosphate
Achromycin	Azithromycin	Cefonicid Sodium	Clindamycin
Achromycin V	Aztreonam	Cefoperazone	Clindamycin Hydrochloride
Acyclovir	Bacampicillin	Cefoperazone Sodium	Clindamycin Phosphate
Acyclovir Sodium	Bacampicillin Hydrochloride	Cefotan	Cloxacillin
Adoxa	Bacitracin	Cefotaxime	Cloxacillin Sodium
Agenerase	Baci-IM	Cefotaxime Sodium	Cloxapen
Alatrofloxacin	Bactocill	Cefotetan	Combivir
Alatrofloxacin Mesylate	Bactrim	Cefotetan Disodium	Co-Trimoxazone
Amantadine	Bactrim DS	Cefoxitin	Cotrim
Amantadine Hydrochloride	Beepen-VK	Cefoxitin Sodium	Cotrim DS
Ambisome	Benzylpenicillin	Cefpodoxime	Crystapen
Amficot	Biaxin	Cefpodoxime Proxetil	Cytovene
Amikacin	Biaxin XL	Cefprozil	Dapsone
Amikacin Sulfate	Bicillin-C-R	Ceftazidime	Declomycin
Amikin	Bicillin L-A	Ceftazidime Sodium	Demeclocycline
Amoxicillin	Biocef	Ceftibuten	Dicloxacillin
Amoxicillin/Clavulanate Potassium	Biomox	Ceftin	Dicloxacillin Sodium
Amoxicillin Trihydrate	C-Lexin	Ceftizoxime	Diflucan
Amoxil	Carbenicillin	Ceftizoxime Sodium	Dirithromycin
Amoxillin	Carbenicillin Indanyl Sodium	Ceftriaxone	Doryx
Amphocin	Ceclor	Ceftriaxone Sodium	DoxyCaps
Amphotec	Ceclor CD	Cefuroxime	Doxycycline
Amphotericin-B	Ceclor Pulvules	Cefuroxime Axetil	Doxycycline Calcium
Ampicillin	Cedax	Cefuroxime Sodium	Doxycycline Hyclate
Ampicillin (Anhydrous)	Cefaclor	Cefzil	Doxycycline Hydrochloride
Ampicillin-Probenecid	Cefaclor ER	Cephalexin	Doxycycline Monohydrate
Ampicillin Sodium	Cefadroxil	Cephalexin Hydrochloride	Duricef
Ampicillin-Sulbactam	Cefadroxil Monohydrate	Cephalexin Monohydrate	Dycill
Ampicillin Trihydrate	Cefadyl	Cephalothin	Dynabac
Ampicin	Cefamandole	Cephalothin Sodium	Dynacin
Amprenavir	Cefamandole Nafate	Cephapirin	Dynapen
Ancef	Cefanex	Cephapirin Sodium	E-Mycin
Anspor	Cefazolin	Cephradine	Ed A-Ceph
Antibiotic Not Otherwise Specified (NOS)	Cefazolin Sodium	Cephradine Sodium	EES
Apo-Ampi	Cefdinir	Ceptaz	E.E.S.
Apo-Sulfatrim	Cefditoren	Chloroquine	Ertapenem
Aralen HCL	Cefditoren Pivoxil	Ciloxan	Ertapenem Sodium
Aralen Phosphate	Cefepime	Cipro	ERYC
Atovaquone	Cefepime Hydrochloride	Ciprofloxacin	EryPed
Augmentin	Cefixime	Ciprofloxacin Hydrochloride	Erytab
Augmentin XR	Cefizox	Claforan	Erythrocin
Avelox	Cefmetazole	Clarithromycin	Erythromycin
Avlosulfon	Cefmetazole Sodium	Cleocin	Erythromycin Base

BGP CMS ANTIBIOTIC MEDS (CONT'D)			
Erythromycin Estolate	Ketoconazole	Nalidixic Acid	Permapen
Erythromycin Ethylsuccinate	Lariam	Nallpen	Pfizerpen
Erythromycin Lactobionate	Ledercillin VK	Nebcin	Piperacillin
Erythromycin Stearate	Levaquin	Neggram	Piperacillin Sodium
Erythromycin/Sulfisoxazole	Levofloxacin	Neo-fradin	Piperacillin-Tazobactam
Factive	Lincocin	Neomycin	Pipracil
Famciclovir	Lincomycin	Neomycin Sulfate	Plaquenil
Famvir	Linezolid	Neo-Tabs	Plaquenil Sulfate
Flagyl	Lomefloxacin	Nilstat	Polycillin
Floxin	Lomefloxacin Hydrochloride	Nitrofurantoin	Polycillin-PRB
Fluconazole	Lorabid	Nizoral	Polymox
Fortaz	Lorabid Pulvules	Norfloxacin	Polymyxin
Furadantin	Loracarbef	Noroxin	Primaxin
Furalan	Lyphocin	Novo Ampicillin	Principen
Furatoin	Macrobid	Novodoxylin	Proloprim
G-Mycin	Macrodantin	Nu-Ampi	Prostaphlin
Ganciclovir	Mandol	Nystatin	Protostat
Ganciclovir Sodium	Marcillin	Ofloxacin	Quinupristin/Dalfopristin
Gantanol	Maxaquin	Omnicef	Raxar
Gantrisin	Maxipime	Omnipen	Relenza
Garamycin	Mefloquine	Omnipen-N	Retrovir
Gatifloxacin	Mefloquine Hydrochloride	Oseltamivir	Rifadin
Gemifloxacin	Mefoxin	Oseltamivir Phosphate	Rifampin
Gentamicin	Meropenem	Oxacillin	Rimactane
Gentamicin Sulfate	Mepron	Oxacillin Sodium	Robicillin VK
Gentamicin Sulfate Sodium Chloride	Merrem	Oxytetracycline	Robimycin
Genticin	Methicillin	Panmycin	Rocephin
Geocillin	Methicillin Sodium	Pathocil	Septra
Grepafloxacin	Metizol	PC Pen VK	Septra DS
HIVID	Metronidazole	PCE	SMZ-TMP
Hydroxychloroquine	Mezlin	Pediamycin	Sparfloxacin
Ilosone	Mezlocillin	Pediazole	Spectrobid
Ilotycin	Mezlocillin Sodium	Pefloxacin	Spectracef
Imipenem	Minocin	Pen Vee K	Staphcillin
Imipenem-Cilastatin	Minocycline	Pen-V	Stavudine
Invanz	Minocycline HCL	Penbritin	Streptograminis
Kanamycin	Monocid	Penicillin	Streptomycin
Kantrex	Monodox	Penicillin G	Streptomycin Sulfate
Keflet	Moxifloxacin	Penicillin G Benzathine	Sulfamethoxazole
Keflex	Moxifloxacin Hydrochloride	Penicillin G Potassium	Sulfamethoxazole Trimethoprim
Keflin	Mycifradin	Penicillin G Procaine	Sulfatrim
Keftab	Mycostatin	Penicillin G Sodium	Sulfisoxazole
Kefurox	Nafcil	Penicillin V	Sulfisoxazole/Erythromycin Ethylsuccinate
Kefzol	Nafcillin	Penicillin V Potassium	Sumycin
Ketek	Nafcillin Sodium	Periostat	Suprax

BGP CMS ANTIBIOTIC MEDS (CONT'D)			
Symmetrel	Vantin		
Synercid	Vectrin		
TAO	Veetids		
Tamiflu	Velosef		
Tamivir	VFEND		
Tazicef	Vibramycin		
Tazidime	Vibra-Tabs		
TCN	Voriconazole		
TEC-PAQ	Wycillin		
Tegopen	Wymox		
Telithromycin	ZDV+3TC		
Tequin	Z-pak		
Terramycin	Zagam		
Tetracycline	Zalcitabine		
Tetracycline Hydrochloride	Zanamivir		
Ticar	Zefazone		
Ticarcillin	Zerit		
Ticarcillin-Clavulanate	Ziagen		
Ticarcillin Disodium	Zidovudine		
Timentin	Zinacef		
Tobi	Zithromax		
Tobra	Zithromax TRI-PAK		
Tobramycin	Zolicef		
Tobramycin Sulfate	Zosyn		
Totacillin	Zosyn Add-Vantage		
Totacillin-N	Zovirax		
Trimethoprim	Zyvox		
Trimox			
Trimpex			
Troleandomycin			
Trovafloxacin			
Trovafloxacin/Alatrofloxacin			
Trovafloxacin Mesylate			
Trovan			
Ultracef			
Unasyn			
Unipen			
Uroplus DS			
Uroplus SS			
V-Cillin K			
Vancocin			
Vancocin HCL			
Vancoled			
Vancomycin			
Vancomycin Hydrochloride			

BGP CMS BETA BLOCKER MEDS			
Acebutolol	Coreg	Metoprolol	Sotalol HC1
Atenolol	Corgard	Metoprolol/ hydrochlorothiazide	Tenoretic
Atenolol	Corzide 40/5	Metoprolol Tartrate/ hydrochlorothiazide	Tenormin
Atenolol/ chlorthalidone	Corzide 80/5	Nadolol	Tenormin I.V.
Betapace	Esmolol	Nadolol/bendroflumethiazide	Timolide
Betapace AF	Inderal	Normodyne	Timolol
Betaxolol	Inderal LA	Penbutolol	Timolol Maleate/ hydrochlorothiazide
Bisoprolol	Inderide	Pindolol	Timolol/ hydrochlorothiazide
Bisoprolol/fumarate	Inderide LA	Propranolol	Toprol
Bisopropol/ hydrochlorothiazide	Kerlone	Propranolol HC1	Toprol-XL
Blocadren	Labetolol	Propranolol Hydrochloride	Trandate
Brevibloc	Levatol	Propranolol/ hydrochlorothiazide	Trandate HCl
Carteolol	Lopressor	Sectral	Visken
Cartrol	Lopressor HCT	Sorine	Zebeta
Carvedilol	Lopressor/ hydrochlorothiazide	Sotalol	Ziac

4.3.3 Check for Taxonomies Needed for CRS (TC)

This menu option scans for missing taxonomies or those that have no entries. The instructions below explain how to check for taxonomies.

1. Type CI05 at the "Select IHS Clinical Reporting System (CRS) Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
            ******************************************************
            **        IHS/RPMS CLINICAL REPORTING SYSTEM        **
            ******************************************************
                                Version 5.1

                                  DEMO SITE


   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Option: CI05  CRS 2005
```

Figure 4-6: Accessing the Taxonomy Check menu (step 1)

2. The CRS 2005 main menu displays (Figure 4-7). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2005 Option:" prompt to display menu options to perform setup activities.

```
            ******************************************************
            **                 IHS/RPMS CRS 2005                **
            **             Clinical Reporting System            **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE


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

Select CRS 2005 Option: SET  System Setup
```

Figure 4-7: Accessing the Taxonomy Check menu (step 2)

3. The Setup menu displays (Figure 4-8). **NOTE:** As of CRS 2005 Version 5.0 Patch 1, the SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```
                            **************************
                            **   IHS/RPMS CRS 2005  **
                            **       Setup Menu     **
                            **************************
                                   Version 5.1

                                    DEMO SITE


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: TC  Taxonomy Check ...
```

Figure 4-8: Accessing the Taxonomy Check menu (step 4)

4. Type TC at the "Select System Setup Option:" prompt at the Setup menu.

5. The Taxonomy Check menu is displayed. Beginning with Version 5.1, the taxonomy checks have been segregated by report option, as shown in Figure 4-9. You should run the taxonomy check for each report your facility will run. If there are reports your facility will not run, then you do not need to run the taxonomy check for that report. For example, if your facility does not run the CMS or HEDIS reports, you could skip those taxonomy checks.

   The steps for running the taxonomy check for all reports are the same and are described below.

```
                            ***************************
                            **   IHS/RPMS CRS 2005   **
                            **  Taxonomy Check Menu  **
                            ***************************
                                    Version 5.1

                                   DEMO HOSPITAL


   NGTC   Taxonomy Check-National GPRA/GPRA Performance Rpts
   LRTC   Taxonomy Check-Local CRS Reports
   CMTC   Taxonomy Check-CMS Report
   ELTC   Taxonomy Check-Elder Care Report
   HETC   Taxonomy Check-HEDIS Report

Select Taxonomy Check Option:
```

Figure 4-9: Taxonomy Check menu

6. At the "Select Taxonomy Check Option:" prompt, type the menu option of the taxonomy check you want to run, for example, NGTC.

7. A message will be displayed that gives the name of the report for which the taxonomies are being checked. At the "DEVICE:" and "Right Margin:" prompts, press the Enter key to display the information to the screen.

8. The system then checks to see if all taxonomies used in the report are present (Figure 4-10). The name of any taxonomy that is either missing or that has no members is displayed. The first time CRS 2005 Version 5.1 is used, expect to see a list of those taxonomies that are new to the 2005 software, because they will have no members.

   You will need to run this option again when taxonomy setup has been completed to ensure that all taxonomies have entries.

9. Review the list of taxonomies that either need to be setup or populated. Section 4.3.4 lists the steps for setting up these taxonomies.

```
Checking for Taxonomies to support the National GPRA Report.
Please enter the device for printing.

DEVICE: HOME//   VT    Right Margin: 80//

Checking for Taxonomies to support the National GPRA Report...

In order for the National GPRA Report to find all necessary data, several
taxonomies must be established.  The following taxonomies are missing or have
no entries:
Estimated GFR Lab Tests [BGP GPRA ESTIMATED GFR TAX] has no entries
End of taxonomy check.  PRESS ENTER:
```

Figure 4-10: Running a Taxonomy Check, step 8

> **NOTE**: Many of the taxonomies used by CRS have already been established and populated, either by other RPMS applications (e.g., Diabetes Management) or by CRS 2005. However, these taxonomies should **all be reviewed** for completeness.

10. If your taxonomies have all been setup and populated, the message `All taxonomies are present` will appear on the screen. Press the Enter key at the "End of taxonomy check. Press Enter:" prompt to return to the Taxonomy Check menu.

4.3.4 Taxonomy Setup (TS)

NOTE: As of CRS 2005 Version 5.0 Patch 1, users must have special security access to edit the site-defined taxonomies. Users without access may view a list of site-defined taxonomies and view tests and drugs contained within taxonomies; however, they may not edit the taxonomies.

Taxonomy Setup (TS) allows you to review, add to or edit members in the required taxonomies used in CRS. All taxonomies should be present after CRS 2005 is loaded, even if the taxonomy has no members yet.

> **NOTE**: ALL taxonomies should be reviewed for completeness before running the first CRS report. Add new test names, but do not delete the old ones.

1. Type CI05 at the "Select IHS Clinical Reporting System (CRS) Option:" prompt located in the main IHS/RPMS Clinical Reporting System menu.

```
            ******************************************************
            **        IHS/RPMS CLINICAL REPORTING SYSTEM         **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE


   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Option: CI05  CRS 2005
```

Figure 4-11: Accessing the Taxonomy Setup menu (step 1)

2. The CRS 2005 main menu displays (Figure 4-12). The AO Area Options menu option only displays for Area Office sites. Type SET at the "Select CRS 2005 Option:" prompt to display menu options to perform setup activities.

```
            ******************************************************
            **                 IHS/RPMS CRS 2005                **
            **             Clinical Reporting System            **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE


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

Select CRS 2005 Option: SET  System Setup
```

Figure 4-12: Accessing the Taxonomy Setup menu (step 2)

3. The Setup menu displays (Figure 4-13). **NOTE:** As of CRS 2005 Version 5.0 Patch 1, the SP Site Parameters menu option will only be displayed for users with security access for this functionality.

```
                            **************************
                            **   IHS/RPMS CRS 2005  **
                            **       Setup Menu     **
                            **************************
                                   Version 5.1

                                    DEMO SITE


   SP     Site Parameters
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option: TS  Taxonomy Setup ...
```

Figure 4-13: Accessing the Taxonomy Setup menu (step 4)

4. Type TS at the "Select System Setup Option:" prompt at the Setup menu.

5. The Taxonomy Setup menu is displayed (Figure 4-14). Beginning with Version 5.1, taxonomy setup has been segregated into four options, as shown in Figure 4-14. You should setup the taxonomies for each report your facility will run. If there are reports your facility will not run, then you do not need to setup taxonomies for that report. For example, if your facility does not run the CMS report, you could skip that setup option.

   The steps for setting up taxonomies for each menu option are the same and are described below.

```
                            ***************************
                            **   IHS/RPMS CRS 2005   **
                            **  Taxonomy Setup Menu  **
                            ***************************
                                    Version 5.1

                                     DEMO SITE


   NGTS   Taxonomy Setup-National GPRA/GPRA Performance Rpts
   CMTS   Taxonomy Setup-CMS Report
   CRTS   Taxonomy Setup-All CRS Reports
   VT     View All CRS Taxonomies (Site-Defined&Hard Coded)

Select Taxonomy Setup Option:
```

Figure 4-14: Taxonomy Setup menu

6. At the "Select Taxonomy Setup Option:" prompt, type the menu option of the taxonomy setup option you want to run, for example, NGTS.

7. A list of the site-defined taxonomies is displayed for the report is displayed. In the figure below, the CRTS menu option was chosen, which displays taxonomies included in all CRS reports, and both lab and drug taxonomies is displayed, as shown in Figure 4-15 below.

```
2005 CRS TAXONOMY UPDATE      Apr 30, 2005 12:16:17          Page:    1 of    2
TAXONOMIES TO SUPPORT 2005 ALL CRS REPORTS REPORTING


1)  BGP ASTHMA CONTROLLERS           DRUGS       Asthma Controller Drugs
2)  BGP ASTHMA INHALED STEROIDS      DRUGS       Inhaled Corticosterods Drugs
3)  BGP ASTHMA LEUKOTRIENE           DRUGS       Asthma Leukotriene Drugs
4)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
5)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
6)  BGP CMS ABG TESTS                LAB         ABG Lab tests
7)  BGP CMS ACEI MEDS                DRUGS       Ace Inhibitor Drugs
8)  BGP CMS ANTIBIOTIC MEDS          DRUGS       Antibiotic Drugs
9)  BGP CMS ARB MEDS                 DRUGS       Contains ARB drugs.
10)  BGP CMS BETA BLOCKER MEDS       DRUGS       Contains all Beta Blocker Drugs
11)  BGP CMS WARFARIN MEDS           DRUGS       Contains Warfarin Drugs.
12)  BGP GPRA ESTIMATED GFR TAX      LAB         Estimated GFR Lab Tests
13)  BGP GPRA FOB TESTS              LAB         Fecal Occult Blood Lab Tests
14)  BGP HIV TEST TAX                LAB         HIV Screening Lab Tests
15)  BGP HIV VIRAL LOAD TAX          LAB         Viral Load Lab Tests
16)  BGP OSTEOPOROSIS DRUGS          DRUGS       Osteoporosis Drugs
+         Enter ?? for more actions                                        >>>
S    Select Taxonomy to Edit            Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-15: Site-defined Taxonomies List for All CRS Reports

In the second example below, the taxonomies for the National GPRA report are displayed, and you can see that only lab taxonomies are included for this report.

The steps for editing both lab and drug taxonomies are the same, as described below.

```
2005 CRS TAXONOMY UPDATE      Apr 30, 2005 11:58:14          Page:    1 of    1
TAXONOMIES TO SUPPORT 2005 NATIONAL GPRA REPORT REPORTING


1)  BGP GPRA ESTIMATED GFR TAX       LAB         Estimated GFR Lab Tests
2)  BGP GPRA FOB TESTS               LAB         Fecal Occult Blood Lab Tests
3)  BGP HIV TEST TAX                 LAB         HIV Screening Lab Tests
4)  BGP PAP SMEAR TAX                LAB         Pap Smear Lab Tests
5)  DM AUDIT CHOLESTEROL TAX         LAB         Cholesterol Lab Tests (Total Ch
6)  DM AUDIT CREATININE TAX          LAB         Creatinine Lab Tests
7)  DM AUDIT HDL TAX                 LAB         HDL Lab Tests
8)  DM AUDIT HGB A1C TAX             LAB         Hemoglobin A1C Lab Tests
9)  DM AUDIT LDL CHOLESTEROL TAX     LAB         LDL Cholesterol Lab Tests
10)  DM AUDIT LIPID PROFILE TAX      LAB         Lipid Profile Lab Test Panel
11)  DM AUDIT MICROALBUMINURIA TAX   LAB         Microalbuminuria Lab Tests
12)  DM AUDIT TRIGLYCERIDE TAX       LAB         Triglyceride Lab Tests
13)  DM AUDIT URINE PROTEIN TAX      LAB         Urine Protein Lab Tests



          Enter ?? for more actions                                          >>>
S    Select Taxonomy to Edit            Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-16: Site-defined Taxonomies List for National GPRA Report

8. **To display a taxonomy but not edit the taxonomy,** type D (Display a Taxonomy) at the “Select Action:” prompt.

9. Type the number of the taxonomy you want to display. In the exampleFigure 4-16, item 13 (DM AUDIT URINE PROTEIN TAX) was entered.

10. The taxonomy and its associated members are displayed, as shown in Figure 4-17. To return to the taxonomy list, type Q.

```
TAXONOMY VIEW                 Apr 30, 2005 12:00:52          Page:    1 of    1
Display of the DM AUDIT URINE PROTEIN TAX taxonomy
* View Taxonomies

1)  PROTEIN (URINE)
2)  PROTEIN URINE (SO)


          Enter ?? for more actions
+    Next Screen          -    Previous Screen      Q    Quit
Select Action:+// Q  Quit
```

Figure 4-17: Displaying Taxonomies (step 10)

11. **To edit the members included in a taxonomy,** type S (Select Taxonomy to Edit) at the “Select Action:” prompt.

12. Type the number of the taxonomy you want to edit. In Figure 4-18, number 10 (DM AUDIT LIPID PROFILE TAX) was entered. There are no lab tests currently included in the taxonomy.

13. Type A (Add Taxonomy Item) at the “Select Action:” prompt.

```
CMS TAXONOMY UPDATE           Apr 30, 2005 12:06:40          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy




          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+// A  Add Taxonomy Item
```

Figure 4-18: Editing Taxonomies (step 13)

14. Type LIP at the "Which Lab Test:" prompt. Several types of lab tests specific to your site display (Figure 4-19).

```
CMS TAXONOMY UPDATE           Apr 30, 2005 12:06:40          Page:    0 of    0
Updating the DM AUDIT LIPID PROFILE TAX taxonomy




          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+// A   Add Taxonomy Item

Which LAB Test: LIP
     1   LIPASE
     2   LIPID PANEL  V.LIPID PANEL
     3   LIPID PANEL (SO)
     4   LIPID PANEL + GLUCOSE  LP + 1AC
     5   LIPID PANEL W/ LDL-D
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5:
```

Figure 4-19: Adding Items to a Lab Test Taxonomy (step 14)

15. Type the number of the test you want to add at the "Which Lab Test:" prompt. The test you added is now displayed as part of the taxonomy.

16. Repeat steps 13 – 15 to add more lab tests. When all tests have been added to the taxonomy, press the Enter key when prompted for another lab test. You will be returned to the display screen.

17. If all tests are displayed correctly, type Q to quit and save that Taxonomy at the "Select Action:" prompt.

```
CMS TAXONOMY UPDATE           Apr 30, 2005 12:11:35          Page:    1 of    1
Updating the DM AUDIT LIPID PROFILE TAX taxonomy


1)  LIPID PANEL (SO)
2)  LP + 1AC
3)  LIPID PANEL W/ LDL-D



          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+// Q  Quit
```

Figure 4-20: Editing Taxonomies (steps 17-18)

18. At the screen displaying all taxonomies, press Q to quit at the "Select Action:" prompt.

19. Once you are finished adding, editing, or removing taxonomy members from ALL taxonomies, select the application taxonomy check to perform the final check for taxonomies needed for CRS for this report.

> **NOTE:** You must include ALL test names that have been used by your facility since 1999, even if these codes are currently inactive. Some indicators search for tests as far back as 10 years.
>
> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file.

4.3.5 Using QMan to Populate a Taxonomy

QMan is the RPMS query utility. QMan builds queries through a series of elements. The QMan User Manual provides detailed and easy-to-follow instructions for constructing queries. The Manual can be downloaded from the RPMS Web site: http://www.ihs.gov/Cio/RPMS/index.cfm?module=home&option=documents.

> **Note**: You will need to work with your Site Manager or other information systems staff to use QMan to set up your taxonomies, because only the taxonomy "creator" (i.e., the person that installed the CRS 2005 software) can modify the taxonomy in QMan.

5.0 Reports and Patient Lists

The CRS Clinical Reporting System is a reporting tool that provides local facilities and Areas with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the report end date selected by the user. A few indicators review data for more than one year, such as Cancer Screening: Pap Smear looks for a Pap smear in past three years.

The National GPRA, GPRA Performance, Elder Care, and HEDIS Performance report data files can be exported to the Area and aggregated for an Area report.

5.1 Report Types

Several report options are included in CRS 2005. In addition to the pre-defined national GPRA report, users have many choices for "customizing" reports for local facility use by selecting different populations and/or specific indicator topics. New for Version 5.1 are the CMS and Elder Care reports.

Report options include:

National GPRA Reports

- National GPRA Report (GP) without patient lists
- National GPRA Report Patient List (LST)

Reports for Local Use

- Selected Indicators w/Community Specified (COM)
- Selected Indicators w/Patient Panel Population (PP)
- Selected Indicators with All Communities (ALL)
- CMS Performance Report (CMS)

Other National Reports

- GPRA Performance Report (GPU) (National GPRA report with user-defined report parameters)
- Elder Care Report (ELD)
- HEDIS Performance Report (HED)

The following table demonstrates the population options available with each report type.

Population Options	**National GPRA Reports**		**Local Reports**				**Other National Reports**		
	GP	**LST**	**COM**	**PP**	**ALL**	**CMS**	**GPU**	**ELD**	**HED**
GPRA Community Taxonomy	X	X	X				X	X	X
Other Site-Defined Community Taxonomy			X				X	X	X
AI/AN Patients only	X	X	X		X		X	X	X
Non-AI/AN Patients			X		X		X	X	X
Both AI/AN and Non-AI/AN Patients			X		X		X	X	X
All RPMS patients (any community of residence)					X	X			
Patient panel (user specified list of patients)				X					
Patient List		X	X	X	X	X		X	X

5.1.1 National GPRA Report

The National GPRA report is the report sites will run when they are ready to submit their annual GPRA data to their respective Area Offices for 2005 GPRA reporting. It is also the report option used for quarterly GPRA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA report. The National GPRA Report (GP) includes both indicators (specific denominators and numerators) described in the current IHS Performance Plan to Congress, e.g., diabetic patients with controlled blood pressure (see section 5.2.1 for specific content) as well as other indicators representing potential new GPRA indicators and/or other strategic agency clinical focus, e.g., Colorectal Cancer Screening.

The population for the National GPRA report includes only patients with a community of residence that is listed in the site's "official" GPRA Community taxonomy. The Area GPRA Coordinators have defined the existing CHS catchment areas[4] as the GPRA Community.[5] The default Community Taxonomy should be defined in the Site Parameters file (see section 4.2).

The National GPRA report is pre-defined to include *only* the American Indian and Alaska Native (AI/AN) patient-type population, defined as Beneficiary 01 in the patient registration file.

The National GPRA report should be run *at least quarterly* to review progress toward meeting critical agency goals.

The National GPRA report can be exported to the Area Office by the site for aggregation into an Area-wide report. The National GPRA report will also create a delimited electronic file (.txt) with GPRA indicator results designed to be used in Excel to set up graphs (see section 11.0 Working with Delimited Files).

Patient Lists can be run with this report (see section 5.1.7.1 for additional information).

5.1.2 Selected Indicator Reports for Local Facility Use

The following reports are intended for local use by a facility for specific public health and/or performance improvement initiatives. Each report allows the user to select one or more indicator topics and different populations. All Selected Indicator reports include the option to run Patient Lists (see section 5.1.7.2).

- **Selected Indicators with Community Specified (COM):** includes **all** denominators and numerators for any indicator topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other indicator-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

  This report uses a Community Taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the user should select the site's "official" GPRA Community taxonomy (see discussion in National GPRA report above). Other Community taxonomies can also be specified for other local uses, such as comparing one community to another.

[4] A catchment area includes patients registered within a particular service unit AND who reside in one of the communities assigned to the service unit.

[5] The exception to this definition is Oklahoma City Area, which will inform its sites directly as to which communities to include.

This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both. For comparison to national reporting, American Indian and Alaska Native *only* must be selected.

- **Selected Indicators with Patient Panel Population (PP):** includes **all** numerators, including any breakdowns by gender and age where defined, for any indicator topics selected by the user. The report will display *only* one denominator, the number of patients in the user-defined patient panel.

  The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. See Appendix C: Creating a Patient Panel for detailed instructions.

- **Selected Indicators with All Communities (ALL):** includes **all** denominators and numerators for any indicator topics selected by the user. The report will display *both* Active Clinical and GPRA User Population denominators, in addition to any other indicator-specific denominators, e.g., Active Adult Diabetic patients. For any selected topic, this report will display *all* numerators, including any breakdowns by gender and age where defined.

  The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both.

5.1.3 CMS Performance Report

The CMS (Centers for Medicare & Medicaid Services) Performance report provides IHS hospitals with lists of patients and related RPMS data as a basis for chart review and further data abstraction to report CMS Hospital Quality Data for 10 required performance measures.

In January 2004, CMS began requiring hospitals to provide clinical performance data on 10 quality measures related to three serious medical conditions that result in hospitalization: heart attack (acute myocardial infarction), heart failure and pneumonia. Section 501(b) of the Medicare Drug Prescription and Modernization Act of 2003 (MMA) stipulates that eligible hospitals that do not submit their data to CMS using the 10 measure "starter" set will be subject to reduction in their FY2005 payment by 0.4%. For additional information on the CMS measures, visit:

http://www.cms.hhs.gov/quality/hospital/

The CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and indicator rates. It does contain lists of patients and all of the relevant information available in RPMS; however, it still requires the users to: (1) review the patients' charts to search for information that may be available only from the chart and which is not documented in RPMS, (2) to

compile the information for CMS reporting, and (3) to transmit the report data to CMS. CRS does not provide an option for transmitting the data to CMS.

The CMS Performance report includes all patients who meet the measure criteria and does not provide the option to run the report for American Indian/Alaska Native patients only, nor does it provide the option to export the data to the Area Office.

5.1.4 GPRA Performance Report

The GPRA Performance report (GPU) includes the same indicators included in the National GPRA report (see section 5.1.1). However, unlike the National GPRA report, users select ALL report parameters (i.e. report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from pre-defined quarters, such as September 30, December 31, or users may enter any end date, such as November 14.

The GPRA Performance report can be exported to the Area Office by the site for aggregation into an Area-wide report.

Patient Lists for this report are run in the same manner as they are for the National GPRA report, as described in section 5.1.7.1.

5.1.5 Elder Care Report

This is a new report for CRS Version 5.1 that contains quality of care indicators for patients 55 and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. A new indicator, rate of functional status assessment, is unique to this report. Indicators are also reported by age ranges 55-64, 65-74, 75-84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both, and can be exported to the Area Office by the site for aggregation into an Area-wide Elder Care report.

Patient Lists for this report may be run (see section 5.1.7.4).

5.1.6 HEDIS Performance Report

As discussed in Section 3.1.3 Comparing Ourselves to National Guidelines, IHS uses HEDIS® as a source for defining clinical performance measures. The HEDIS report contains only HEDIS indicators and is intended for use by sites interested in seeking NCQA certification. CRS v5.1 includes 17 HEDIS indicators from the

"Effectiveness of Care" performance section; the remaining indicators that can be derived from RPMS will be included in the future versions of the CRS software.

The population for the HEDIS report is based on the specific Community Taxonomy specified by the user. For formal HEDIS reporting, it is recommended that the site's "official" GPRA Community taxonomy be used (see discussion in National GPRA report above) as most closely matching the HEDIS definition of "continuously enrolled members." Sites may also want to use the HEDIS report for local purposes with other Community taxonomies; for example, a site could run separate reports for individual communities to compare performance.

Some HEDIS indicators may be defined slightly differently than for GPRA, e.g., female patients ages 52 through 69 (not 64) with mammograms documented in past two years.

The HEDIS report provides an option for selecting different patient-type populations: American Indian and Alaska Native (AI/AN), non-AI/AN or both and can be exported to the Area Office by the site for aggregation into an Area-wide HEDIS report.

Patient Lists for this report may be run (see section 5.1.7.4).

5.1.7 Patient Lists

5.1.7.1 National GPRA Report Patient Lists

Patient Lists are available for indicators included in the National GPRA report (GP menu option) and the GPRA Performance report (GPU menu option), and users may choose whether to display patients meeting or not meeting an indicator, such as a list of patients with or without mammograms. For some indicators, more patient lists options are available such as those for the Diabetes: Glycemic Control indicator topic:

- List of diabetic patients with a documented HbA1c.
- List of diabetic patients without a documented HbA1c.
- List of diabetic patients with poor glycemic control (HbA1c > 9.5).
- List of diabetic patients with ideal glycemic control (HbA1c < 7).

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list that meets the indicator.

See section 5.2.2 for the patient list content. See section 6.4 for a detailed description of how to produce patient lists for indicators included in the National GPRA and GPRA Performance reports.

5.1.7.2 Selected Indicator Report Patient Lists

Patient Lists for individual indicators are available with any Selected Indicators report (COM, PP or ALL menu options) and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. See section 5.2.6 for a detailed list of the patient list content for each indicator.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the indicators to report on. See section 6.5 for a detailed description of how to produce the selected indicator reports with patient lists.

5.1.7.3 CMS Performance Report Patient Lists

The CMS Performance report automatically provides lists of patients and related RPMS data as a basis for chart review and further data abstraction to report to CMS for 10 CMS quality measures. Because of the nature of this report, these patient lists are formatted differently than the other CRS patient lists and users are not given the option to run a random list or list by designated provider.

See section 6.5.4 for a description of how to run the CMS Performance report.

5.1.7.4 Elder Care and HEDIS Reports Patient Lists

Patient Lists are available for individual indicators included in the Elder Care and HEDIS reports and display patients who meet the numerator(s), denominator(s) or both, depending on the indicator. See sections 5.2.9 and 5.2.11 for a detailed list of the patient list content for each indicator in these reports.

Patient list options include a random list (10% of the total list), a list by designated primary care provider, and the entire patient list that meets the indicator. Users select which indicators they want to run patient lists for after they have selected the indicators to report on. See sections 6.7 and 6.8 for a detailed description of how to produce the Elder Care and HEDIS reports with patient lists.

5.2 Report Content

5.2.1 National GPRA and GPRA Performance Reports

Content of the National GPRA and GPRA Performance reports is defined in the following table. Indicators included in the current GPRA Performance Plan to Congress (i.e., GPRA indicators) are shown in bold.

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups.	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	**Active Diabetic patients**	1) With Hemoglobin A1c, any value **2) With Poor control** **3) With Ideal control**
DM: Blood Pressure Control	**Active Diabetic patients**	1) With BP assessed **2) With Controlled BP**
DM: Lipids Assessment	**Active Diabetic patients**	**1) With LDL, any value** 2) With LDL <= 100.
DM: Nephropathy Assessment	**Active Diabetic patients**	**1) With positive urine/any micro-albuminuria** 2) With Estimated GFR 3) With both positive urine/any microalbuminuria AND Estimated GFR
DM: Retinopathy	**Active Diabetic patients**	**1) With diabetic retinopathy exam (broadly defined)**
Diabetic Access to Dental Services	**Active Diabetic patients**	**1) With documented dental exam or refusal**
Access to Dental Services	**User population**	**1) With documented dental exam or refusal**
Dental Sealants	**No denominator. This indicator is a total count only, not a percentage.**	**Total number of dental sealants provided**
Topical Fluoride	**No denominator. This indicator is a total count only, not a percentage.**	**1) Total number of topical fluoride applications** **2) Total number of patients with at least one topical fluoride application**
Adult IZ: Influenza	**1) Active Clinical patients 65 and older** 2) Active Diabetic patients	**1) With influenza vaccination or refusal** 2) With refusal in past year
Adult IZ: Pneumovax	**1) Active Clinical patients 65 and older** 2) Active Diabetic patients	**1) With pneumovax ever or refusal in past year** 2) With refusal in past year
Childhood IZ	**Active Clinical patients 19 – 35 months**	**1) With 4:3:1:3:3 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B)** 2) With 4 doses of DTaP 3) With 3 doses of Polio 4) With 1 doses of MMR 5) With 3 doses of HiB 6) With 3 doses of Hepatitis B
Cancer Screening: Pap Smear Rates	**Female Active Clinical patients ages 21 through 64**	**1) With documented pap smear in past 3 years or refusal in past year** 2) With refusal in past year

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Mammogram Rates	**Female Active Clinical patients ages 50 through 64**	**1) With documented mammogram in past 2 years or refusal in past year**
Colorectal Cancer	Active Clinical patients 51-80	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year A) With refusal in past year
Tobacco Use Assessment	**Active Clinical patients ages 5 and older**	**1) Screened for tobacco use** 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
FAS Prevention	**Female Active Clinical patients ages 15 through 44**	**1) With documented alcohol screening**
IPV/DV Screening	**Female Active Clinical patients ages 15 through 40**	**1) With documented IPV/DV screen or refusal**
Depression/Anxiety Screening	Active Diabetic patients	1) With depression screening or diagnosed with depression A) With depression screening B) With depression/anxiety diagnosis
Obesity Assessment (BMI)	**Active Clinical patients ages 2 through 74, broken down by age groups**	**1) With BMI calculated** 2) With BMI and assessed as overweight 3) With BMI and assessed as obese 4) Total of overweight and obese
Cardiovascular Disease and Cholesterol Screening	**Active Clinical patients ages 23+**	**1) With documented cholesterol screening in past 5 years**
Prenatal HIV Testing	**Pregnant female patients with no documented miscarriage or abortion or HIV diagnosis**	**1) With HIV test in past 20 months** A) With refusal in past year
Public Health Nursing		**1) Number of visits by PHNs in any setting** A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter visits **2) Number of visits by PHNs in Home setting** A) Ages 0-28 days B) Ages 29 days to 12 months C) Ages 1-64 years D) Ages 65+ E) PHN driver/interpreter visits

5.2.2 National GPRA and GPRA Performance Reports Patient Lists

The table below shows the National GPRA and GPRA Performance reports' indicator topics, their associated met/not met indicators, and the content of the patient lists.

> **Note**: Not every indicator topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, users may only print a patient list containing patients meeting the indicator since it is not meaningful to print a list of patients who are not obese.

National GPRA Report Indicator Topic	Indicator	Patient List (Time frame for meeting the indicator is during the Report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes.
Diabetes (DM): Glycemic Control	Documented HbA1c	List of diabetic patients with a documented HbA1c.
	No Documented HbA1c	List of diabetic patients without a documented HbA1c.
	Poor Glycemic Control	List of diabetic patients with poor glycemic control (HbA1c than (>) 9.5).
	Ideal Glycemic Control	List of diabetic patients with ideal glycemic control (HbA1c less than (<) 7).
DM: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed.
	BP Not Assessed	List of diabetic patients who did not have their BP assessed.
	Controlled BP	List of diabetic patients with controlled BP, defined as <130/80.
	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as >130/80.
DM: LDL Assessment	LDL Assessed	List of diabetic patients with LDL completed, regardless of result.
	LDL Not Assessed	List of diabetic patients without LDL completed.
DM: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
	Nephropathy Not Assessed	List of diabetic patients without positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result.
DM: Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening or a documented refusal of a diabetic eye exam.
	Retinopathy Not Assessed	List of diabetic patients who did not receive any retinal screening or a documented refusal of a diabetic eye exam.
DM: Access to Dental Services	Documented Dental Visit	List of diabetic patients with documented dental visit or refusal.

National GPRA Report Indicator Topic	Indicator	Patient List (Time frame for meeting the indicator is during the Report period, unless defined otherwise.)
	No Documented Dental Visit	List of diabetic patients without documented dental visit or refusal.
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit or refusal.
	No Documented Dental Visit	List of patients without documented dental visit or refusal.
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report period.
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	Documented Influenza Immunization	List of patients >= 65 yrs or diabetic patients who received or refused an Influenza immunization.
	No Documented Influenza Immunization	List of patients >= 65 yrs or diabetic patients who did not receive or refuse an Influenza immunization.
Adult Immunizations: Pneumovax	Documented Pneumovax Ever	List of patients =>65 yrs or diabetic patients with pneumovax immunization ever or refusal in past year.
	No Documented Pneumovax Ever	List of patients =>65 yrs or diabetic patients without pneumovax immunization ever or refusal in past year.
Childhood Immunizations	All Documented Childhood Immunizations	List of patients 19-35 months who received the 4:3:1:3:3 combination.
	Without All Documented Childhood Immunizations	List of patients 19-35 months who have not received the 4:3:1:3:3 combination.
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Refusal	List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.
	No Documented Pap Smear or Refusal	List of female patients without a Pap Smear documented in the past 3 years or refusal in past year.
Cancer Screening: Mammogram Rates	Documented Mammogram or Refusal	List of female patients with a Mammogram documented in the past 2 years or refusal in past year.
	No Documented Mammogram or Refusal	List of female patients without a Mammogram documented in the past 2 years or refusal in past year.
Colorectal Cancer Screening	Documented CRC Screening or Refusal	List of patients 51-80 with CRC screening or refusal.
	No Documented CRC Screening or Refusal	List of patients 51-80 without CRC screening or refusal.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening.
	No Documented Tobacco Screening	List of patients without documented tobacco screening.
	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users.
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	List of female patients with documented screening.

National GPRA Report Indicator Topic	Indicator	Patient List (Time frame for meeting the indicator is during the Report period, unless defined otherwise.)
	No Documented Alcohol Screening	List of female patients without documented screening.
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	List of patients with documented IPV/DV screening or refusal.
	No Documented IPV/DV Screening	List of patients without documented IPV/DV screening or refusal.
Depression/Anxiety Screening	Documented Depression/Anxiety Screening (Diabetic Patients Only)	List of diabetic patients with documented screening.
	No Documented Depression Anxiety Screening (Diabetic Patients Only)	List of diabetic patients without documented screening.
Obesity Assessment	Documented Obesity Screening	List of patients with documented obesity screening.
	No Documented Obesity Screening	List of patients without documented obesity screening.
	Assessed as Obese	List of patients assessed as obese using BMI and standard tables.
CVD and Cholesterol Screening	Documented Cholesterol Screening	List of patients screened in past 5 years.
	No Documented Cholesterol Screening	List of patients not screened in past 5 years.
Prenatal HIV Testing	Documented HIV Test or Refusal	List of pregnant patients with documented HIV test or refusal in past 20 months.
	No Documented HIV Test or Refusal	List of pregnant patients without documented HIV test or refusal in past 20 months.
Public Health Nursing	Documented PHN Visit(s) in Any Setting, including Home	List of patients with a PHN visit(s) in any setting, including Home.
	Documented PHN Visit(s) in Home Setting	List of patients with a PHN visit(s) in Home setting.

5.2.3 Selected Indicators: Diabetes-Related

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	All 3 Diabetes denominators.	All numerators

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with HbA1c, regardless of result 2) Patients with BP documented in past two years 3) Patients with LDL, regardless of result 4) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result 5) Patients receiving any retinal screening or a documented refusal of a diabetic eye exam 6) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam
Diabetes (DM): Glycemic Control	All 3 Diabetes denominators.	All numerators
DM: Blood Pressure Control	All 3 Diabetes denominators.	All numerators
DM: Lipids Assessment	All 3 Diabetes denominators.	All numerators
DM: Nephropathy Assessment	All 3 Diabetes denominators.	All numerators
DM: Retinopathy	All 3 Diabetes denominators.	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Adult Immunizations: Influenza	Active Diabetic patients	All numerators
Adult Immunizations: Pneumococcal	Active Diabetic patients	All numerators
Depression/Anxiety Screening	Active Diabetic patients	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender and age groups	All numerators
Comprehensive CVD-Related Assessment	Active Diabetic patients ages 46 and older	All numerators

5.2.4 Selected Indicators Report: CVD Prevention for At-Risk Patients

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Tobacco Assessment	1) Active Clinical patients ages 45 and older, broken down by gender	1) Patients who have been screened for tobacco use 2) Patients identified as current smokers
Depression/Anxiety Screening	Patients with ischemic heart disease and at least two CVD-related visits during the Report period	All numerators
Obesity Assessment	1) Active Clinical patients ages 20-74 with BMI calculated, broken down by gender	Patients considered obese using BMI and standard tables
CVD and Cholesterol Screening	All denominators	All numerators
CVD and Blood Pressure Control	All denominators	All numerators
Controlling High Blood Pressure	1) Active Clinical patients ages 46-85 diagnosed with hypertension, broken down by gender.	All numerators
Comprehensive CVD-Related Assessment	All denominators	All numerators
Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Persistence of Beta-Blocker Treatment After a Heart Attack	All denominators	All numerators
Cholesterol Management After Acute Cardiovascular Event	All denominators	All numerators

5.2.5 Selected Indicators Report: Women's Health Related

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Pap Smear Rates	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Female Active Clinical patients age 51-80 without a documented history of colorectal cancer	All numerators
Tobacco Use	1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant patients 3) Female User Population patients ages 5 and older	All numerators
Alcohol Screening (FAS Prevention)	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators
Obesity	1) Female Active Clinical patients ages 2-74, broken down by age 2) Female User Population patients ages 2-74	All numerators
CVD and Cholesterol Screening	Female Active Clinical patients ages 23+	All numerators
Controlling High Blood Pressure	1) Female Active Clinical patients ages 46 through 85 diagnosed with hypertension.	All numerators
Prenatal HIV Testing	All denominators	All numerators
Chlamydia Testing	All denominators	All numerators
Osteoporosis Management	All denominators	All numerators

5.2.6 Selected Indicator Reports Patient Lists

Indicator Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis.
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any.
Diabetes: Glycemic Control	List of diabetic patients with most recent HbA1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients with mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients with documented LDL values.

Indicator Topic	Patient List
Diabetes: Nephropathy Assessment	List of patients with tests & values if any.
Diabetic Retinopathy	List of diabetic patients with eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit or refusal, if any.
Access to Dental Services	List of patients with documented dental visit or refusal and date.
Dental Sealants	List of patients receiving sealants during Report period.
Topical Fluoride	List of patients who received at least one topical fluoride application during Report period.
Adult Immunizations: Influenza	List of patients >= 50 yrs or DM DX with influenza code or refusal and date, if any.
Adult Immunizations: Pneumovax	List of patients =>65 yrs or DM DX with pneumovax code or refusal and date, if any.
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.
Cancer Screening: Pap Smear Rates	List of women 21-64 with documented test/refusal, if any.
Cancer Screening: Mammogram Rates	List of women 52-64 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date or refusal, if any.
Tobacco Use and Exposure Assessment	List of patients with no documented tobacco screening.
Tobacco Cessation	List of tobacco users with counseling, if any.
Alcohol Screening (FAS Prevention)	List of female patients with no documented screening.
Intimate Partner (Domestic) Violence Screening	List of patients not screened and without documented refusal.
Depression/Anxiety Screening	List of at-risk patients not screened for depressive/anxiety disorders.
Obesity Assessment	List of patients for whom BMI could NOT be calculated.
Childhood Weight Control	List of patients ages 2-5, with current BMI.
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any.
Cardiovascular Disease and Cholesterol Screening	List of patients screened with cholesterol values displayed.
Cardiovascular Disease and Blood Pressure Control	List of Patients => 20 w/ denominator identified & mean BP, if any
Controlling High Blood Pressure (renamed from Hypertension Control)	List of patients with hypertension and BP value.

Indicator Topic	Patient List
Comprehensive CVD-Related Assessment	List of patients with assessments received, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management After Acute Cardiovascular Event	List of patients with AMI, CABG, or PTCA w/LDL value, if any.
Prenatal HIV Testing	List of pregnant patients without documented test.
Chlamydia Testing	List of patients with no documented screening.
Osteoporosis Management	List of female patients with new fracture who have had osteoporosis treatment or testing, if any.
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations.
Asthma Quality of Care	List of asthmatic patients with primary asthma therapy medications, if any.
Chronic Kidney Disease Assessment	List of patients with Creatinine test, with GFR and value, if any.
Medications Education	List of patients receiving medications with med education, if any.
Public Health Nursing	List of patients with PHN visits documented.

5.2.7 CMS Performance Report and Patient Lists

As mentioned in section 5.1.3, the CMS Performance report is unlike any other report in CRS in that it does not include denominators and numerators and indicator rates. It does contain patient lists; however, they are formatted differently than all other CRS patient lists. The content of this report and the patient lists are shown below.

CMS Quality Measure	Patient List
Heart Attack (AMI) (5 measures: AMI-1, AMI-2, AMI-3, AMI-6, AMI-5)	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis.
	List of all patients discharged with Acute Myocardial Infarction (AMI) diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Heart Failure (HF) (2 measures: HF-2 & HF-3)	List of all patients discharged with Heart Failure diagnosis.
	List of all patients discharged with Heart Failure diagnosis who were not excluded based on RPMS logic, w/related RPMS data.
Pneumonia (PN) (3 measures: PN-1, PN-2, PN-5b)	List of all patients discharged with Pneumonia diagnosis.
	List of all patients discharged with Pneumonia diagnosis who were not excluded based on RPMS logic, w/related RPMS data.

5.2.8 Elder Care Report

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population 55+, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55+, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (>9.5) 3) With Very Poor control (>=12) 4) With Poor control (>9.5 and <12) 5) With Fair control (=>8 and =>9.5) 6) With Good control (=>7 and <8) 7) With GPRA-defined Ideal control (<7) 8) With Hemoglobin A1c without result
DM: Blood Pressure Control	Active Diabetic patients 55+, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
DM: Lipids Assessment	Active Diabetic patients 55+, broken down by age groups	1) With Lipid Profile OR LDL+HDL+TG 2) With LDL, any value 3) With LDL <130 4) With LDL <=100 5) With LDL 101-129
DM: Nephropathy Assessment	Active Diabetic patients 55+, broken down by age groups	1) Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result. 2) Patients with Estimated GFR with result. 3) Patients who have had 1) positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result AND 2) an Estimated GFR with result.
DM: Retinopathy	Active Diabetic patients 55+, broken down by age groups	1) With any retinal screening A) With diabetic retinal exam B) With other eye exam
Diabetic Access to Dental Services	Active Diabetic patients 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Access to Dental Services	User Population 55+, broken down by age groups	1) With documented dental exam or refusal A) With refusal in past year
Adult IZ: Influenza	Active Clinical patients 55+, broken down by age groups	1) With influenza vaccination or refusal 2) With refusal in past year
Adult IZ: Pneumovax	Active Clinical patients 55+, broken down by age groups	1) With pneumovax ever or refusal in past year 2) With refusal in past year
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55+, broken down by age groups	1) With documented mammogram in past 2 years or refusal in past year A) With refusal in past year

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Active Clinical patients 55+, broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) or refusal in past year 2) With refusal in past year 3) With FOBT in past 2 years 4) With rectal in past 2 years
Tobacco Use Assessment	Active Clinical patients 55+, broken down by gender and age groups	1) Screened for tobacco use 2) Tobacco users A) Smokers B) Smokeless 3) Exposed to environmental tobacco smoke (ETS)
IPV/DV Screening	Female Active Clinical patients 55+, broken down by age groups	1) With documented IPV/DV screen or refusal A) With IPV/DV exam B) With IPV/DV DX C) With IPV/DV education or counseling D) With refusal in past year
Depression/Anxiety Screening	Active Clinical patients 55+, broken down by age groups	1) With depression screening or diagnosed with depression A) With depression screening B) With depression/anxiety diagnosis
Obesity Assessment (BMI)	Active Clinical patients 55+, broken down by age and gender groups	1) With BMI calculated 2) With BMI and assessed as overweight 3) With BMI and assessed as obese 4) Total of overweight and obese
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55+, broken down by age and gender groups	1) With BP documented in past 2 years 2) With Normal BP 3) With Pre-hypertension I BP 4) With Pre-hypertension II BP 5) With Stage 1 BP 6) With Stage 2 BP 7) With Systolic HTN
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients 55+, broken down by age and gender groups	1) With blood cholesterol screening in past 5 years 2) With cholesterol >=240 3) With LDL in past 5 years, regardless of result 4) With LDL <=100 5) With LDL 101-130 6) With LDL 131-160 7) With LDL >160
Osteoporosis Management	Female Active Clinical patients 55+ with fracture, broken down by age groups	1) Treated or tested for osteoporosis

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Functional Status	Active Clinical patients 55+, broken down by age and gender groups	1) With functional status screening
Asthma	1) Active Clinical patients 55+, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma
Public Health Nursing		1) Number of visits by PHNs in any setting, patients ages 55+ A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55-64 B) Ages 65-74 C) Ages 75-84 D) Ages 85+ E) PHN driver/interpreter

5.2.9 Elder Care Report Patient Lists

Indicator Topic	Patient List
Diabetes Prevalence	List of diabetic patients =>55 with most recent diagnosis
Diabetes: Glycemic Control	List of diabetic patients =>55 with denominator identified & most recent HbA1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients =>55 with denominator identified & mean BP, if any.
Diabetes: Lipids Assessment	List of diabetic patients =>55 with denominator identified & documented LDL values.
Diabetes: Nephropathy Assessment	List of patients =>55 with denominator identified, tests & values if any.
Diabetic Retinopathy	List of diabetic patients =>55 with denominator identified & eye exam status, if any.
Diabetes: Access to Dental Services	List of diabetic patients =>55 and documented dental visit or refusal, if any.
Access to Dental Service	List of patients =>55 with documented dental visit or refusal and date.
Adult Immunizations: Influenza	List of patients =>55 with Influenza code and date, if any.
Adult Immunizations: Pneumovax	List of patients =>55 with Pneumovax code and date, if any.

Indicator Topic	Patient List
Cancer Screening: Mammogram Rates	List of female patients =>55 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients =>55 with CRC screening/refusal, or rectal exam/refusal, if any.
Tobacco Use and Exposure Assessment	List of patients =>55 with no documented tobacco screening.
Intimate Partner (Domestic) Violence Screening	List of patients =>55 not screened and without documented refusal.
Depression/Anxiety Screening	List of at-risk patients =>55 not screened for depressive/anxiety disorders.
Obesity Assessment	List of patients 55-74 for whom BMI could NOT be calculated.
Cardiovascular Disease and Blood Pressure Control	List of patients =>55 with denominator identified & mean BP, if any.
Cardiovascular Disease and Cholesterol Screening	List of patients =>55 with cholesterol or LDL value if any.
Osteoporosis Management	List of female patients =>55 with new fracture who had osteoporosis treatment or testing, if any.
Functional Status	List of patients =>55 with functional status codes, if any.
Asthma	List of patients =>55 diagnosed with asthma and any asthma-related hospitalizations.
Public Health Nursing	List of patients =>55 with PHN visits documented

5.2.10 HEDIS Performance Report

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunizations	Active Clinical patients ages 19-35 months	1) With 4 DTaP 2) With 3 Polio (OPV/IPV) 3) With 1 MMR 4) With 3 HiB 5) With 3 Hepatitis B 6) With 1 Varicella 7) With 4:3:1:3:3 combo 8) Patients who have received all of their childhood immunizations (4:3:1:3:3:1 combo)
Colorectal Cancer Screening	Active Clinical patients ages 51-80 without a documented history of colorectal cancer	Patients who have had ANY CRC screening (time period dependent upon type of CRC screening) or a refusal in the past year.

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Breast Cancer Screening	Female Active Clinical patients ages 52 through 69 without a documented history of bilateral mastectomy or two separate unilateral mastectomies	Patients with a Mammogram documented in the past 2 years, including documented refusals in past year.
Cervical Cancer Screening	Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy	Patients with a Pap Smear documented in the past 3 years, including refusals in past year.
Chlamydia Screening in Women	Female Active Clinical patients ages 16 through 25, broken down by age groups	Patients with documented Chlamydia test in past year.
Osteoporosis Management in Women Who Had a Fracture	Female Active Clinical patients ages 67 and older who had a new fracture	Patients treated or tested for osteoporosis after the fracture.
Controlling High Blood Pressure	Active Clinical patients ages 46 through 85 diagnosed with hypertension	1) With BP value 2) With controlled blood pressure, defined as <= 140/90
Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older discharged for an AMI	Patients with active prescription for beta-blockers
Persistence of Beta-Blocker Treatment After a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI	Patients with a 180-day course of treatment with beta-blockers
Cholesterol Management After Acute Cardiovascular Events	Active Clinical patients ages 18 to 75 diagnosed in the year prior to the Report period with AMI, CABG, or PTCA, broken down by gender	1) With LDL regardless of value 2) With LDL =<100 3) With LDL 101-130
Comprehensive Diabetes Care	Active Diabetic patients	1) With Hemoglobin A1c, any value 2) With HbA1c defined as Poor control (Poor and Very Poor) 3) With LDL, any value 4) With controlled LDL, <130 5) With retinal eye exam 6) Monitored for kidney disease 7) Patients who have had all of the above (1-6)
Use of Appropriate Medications for People with Asthma	Active Clinical patients ages 5-56 with persistent asthma, broken down by age groups	With Rx for primary asthma therapy medication
Medical Assistance with Smoking Cessation	Active Clinical patients identified as tobacco users	1) Advised to quit smoking 2) Received information on smoking cessation medications
Flu Shots for Adults Ages 50-64	Active Clinical patients ages 50 through 64	1) With documented influenza vaccine or Refusal in past year

Indicator Topic	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Flu Shots for Older Adults	Active Clinical patients ages 65 and older	1) With documented influenza vaccine or Refusal in past year
Pneumonia Vaccination Status for Older Adults	Active Clinical patients ages 65 and older	1) With documented Pneumovax ever or Refusal in past year
Annual Dental Visit	1) User Population patients ages 3 through 21, broken down by age group 2) Active diabetic patients	1) With documented dental visit or Refusal in past year

5.2.11 HEDIS Report Patient Lists

Indicator Topic	Patient List
Childhood Immunization Status	List of patients without ALL childhood immunizations, indicating which immunizations not received.
Colorectal Cancer Screening	List of patients 51-80 and CRC screening test/date, if any.
Breast Cancer Screening (Mammogram)	List of women 52-69 with mammogram/refusal, if any.
Cervical Cancer Screening (Pap Smear)	List of women 21-64 with documented test/refusal, if any.
Chlamydia Screening in Women	List of patients with no documented screening.
Osteoporosis Management in Women Who Had a Fracture	List of female patients with osteoporosis treatment or testing, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with beta-blocker prescription, if any.
Persistence of Beta-Blocker Treatment After a Heart Attack	List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.
Cholesterol Management After Acute Cardiovascular Event	List of patients with AMI, CABG, or PTCA w/LDL value, if any.
Comprehensive Diabetes Care	List of diabetic patients w/documented tests, if any.
Use of Appropriate Medications for People with Asthma	List of asthmatic patients with primary asthma therapy medications, if any.
Medical Assistance with Smoking Cessation	List of tobacco users with counseling, if any.
Flu Shots for Adults Ages 50-64	List of patients ages 50-64 w/ IZ code/date, if any.
Flu Shots for Older Adults	List of patients => 65 yrs w/ IZ code/date, if any.
Pneumonia Vaccination Status for Older Adults	List of patients =>65 yrs w/ IZ code/date, if any.
Annual Dental Visit	List of patients with documented dental visit only.

5.3 Report Formats

5.3.1 Report Cover Page Format

The Cover Page for each report appears in the following basic format (Figure 5-1 below with key elements described).

❶ **Report Type:** the top line of the cover page describes the report type, e.g., National GPRA, HEDIS Performance, etc.

❷ **Report Time Periods:** describes the dates included in the Current Report time period, as well as the Previous and Baseline periods. All report periods encompass one year.

❸ **Indicators:** describes the indicators included in the Report.

❹ **Population:** describes the patient-type population specified by the user for this Report: American Indian and Alaska Native (AI/AN), non-AI/AN or both. **NOTE:** This section is not included on the National GPRA report since the population will always be AI/AN only.

❺ **Run Time:** displays how long this Report took to run, in hours, minutes and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of indicators you are running.

❻ **Denominator Definitions:** describes the definition of the two key denominators for the specific report. Definitions are provided on each Cover Page so that any user who runs the report will understand the logic. **NOTE:** The definition of the Active Clinical denominator varies for each of the reports.

❼ **Output File information:** if a user has designated that a delimited file or an Area export file be created, the file name will appear here.

❽ **Community Taxonomy Name**: displays the name of the specific Community Taxonomy specified by the user, and provides the list of all communities and facilities included in the Community taxonomy (see sections 4.1 and 5.1 for discussion about how Community taxonomies are used) selected for this Report will be displayed.

```
❶                                Cover Page
                   *** IHS 2005 Clinical Performance Report ***
                              CRS 2005, Version 5.1
                           Date Report Run: Apr 22, 2005
                           Site where Run: DEMO FACILITY
                      Report Generated by: LASTNAME,FIRST
                  Report Period: Jan 01, 2004 to Dec 31, 2004
❷       Previous Year Period:  Jan 01, 2003 to Dec 31, 2003
          Baseline Period:  Jan 01, 2000 to Dec 31,, 2000

Indicators: Selected Indicators (User Defined) ❸
Population: AI/AN Only (Classification 01)  ❹

RUN TIME (H.M.S): 2.15.33        ❺

Denominator Definitions used in this Report:  ❻

ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for
this report.
2. Must be alive on the last day of the Report period.
3. User defines population: a) Indian/Alaska Natives Only - based on Classification
of 01; b) Non AI/AN (not 01); or c) Both.
4. Must have 2 visits to medical clinics in the 3 years prior to the end
of the Report period. At least one visit must include: 01 General,
06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20
Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's
Health, 80 Urgent, 89 Evening.  See User Manual for complete description
of medical clinics.

USER POLPULATION:
1. Definitions 1-3 above.
2. Must have been seen at least once in the 3 years prior to the end of
the Report period, regardless of the clinic type.

A delimited output file called testlocd                                ❼
has been placed in the public directory for your use in Excel or some
other software package.
See your site manager to access this file.

          Community Taxonomy Name: GPRA COMMUNITIES DEMO FACILITY
          The following communities are included in this report:
      ❽   COMMUNITY #1              COMMUNITY #2            COMMUNITY #3
           COMMUNITY #4              SITE,RURAL              SITE,URBAN
```

Figure 5-1: Report Cover Page Sample

5.3.2 Report Format

Except for the CMS report, the CRS reports display the following information for each of the three time periods:

- the count of the number of patients in the denominator;
- the count of the number of patients within that denominator who meet the numerator definition;

- the percentage of the total patients in the denominator who meet the numerator, i.e., [Numerator Count] / [Denominator Count] * 100; and
- the change from the Current Report period from either of the past time periods, calculated as an absolute value (see ❾ below).

The following example of a report page from a Selected Indicators report (section 6.5) shows the key elements.

❶ **Report Date:** displays the date that the report was run.

❷ **Report Type:** the top line of the cover page describes the report type

❸ **Report Time Periods:** describes the Current Report time period, as well as the Previous and Baseline periods.

❹ **Indicator Topic Title:** displays the indicator topic.

❺ **Denominator Definition(s):** detailed definitions for each denominator for the indicator topic. The National GPRA report generally has only one denominator. The Selected Indicator report may display two or three denominators.

❻ **Numerator Definition(s):** detailed definition of each numerator for the indicator topic.

❼ **Indicator Logic:** displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

❽ **Indicator Description:** the general definition for the indicator topic. GPRA indicator definitions are excerpted directly from the FY05 GPRA Indicator definitions (see *Appendix A*).

Indicator Goal(s): Details IHS past performance for FY 2003 and/or FY 2002, if any (for GPRA indicators), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2010 or the Healthy People 2010 target (see section 3.1.3 Comparing Ourselves to National Guidelines).

❾ **Current Report Period Change from Past Years:** calculates the change in the percent (%) from either the Previous Year or the Baseline Year to the Current Report period. CRS 2005 uses the absolute difference between the first percentage and the second percentage, e.g., [Report Period %] minus [Base Period %] = Change. The direction of the change is indicated by a "+" (plus) or "-" (minus). The "+" indicates that the Current Report percent is larger than the past period.

```
WBM                                Mar 05, 2005 ❶                    Page 15
         ❷        *** IHS 2005 Clinical Performance Report ***

                                   DEMO SITE
                    Report Period: Oct 01, 2003 to Sep 30, 2004
         ❸        Previous Year Period:  Oct 01, 2002 to Sep 30, 2003
                   Baseline Period:  Oct 01, 1999 to Sep 30, 2000
-------------------------------------------------------------------------------
❹ Cancer Screening: Pap Smear Rates

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

❻  Numerator(s):
  GPRA Numerator:  Patients with a Pap Smear documented in the past 3 years,
  including refusals in past year.
  A: Patients with documented refusal in past year.

  Age of the patient is calculated at the beginning of the Report period. The
  difference between the age range 18-64 in the definition and 21-64 in the logic
  is because CRS looks back 3 years for a test, i.e., when a patient who was
❼ 21 at beginning of the Report period would have been 18. Hysterectomy
  defined as V Procedure: 68.4-68.8 or CPT 59125, 56308, 58150, 58152, 58200-58294,
  58550-54, 58951, 58953-58954, 59135, 59525.  Pap Smear definitions: 1) V Lab: Pap
  Smear; 2) POV: V76.2 Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap
  Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic
  Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be
  Counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-
  Hysterectomy Patients, or V76.49 Pap Smear for Women w/o a Cervix; 3) V Procedure:
  91.46; 4) V CPT: 88141-88167, 88174-88175, Q0091 Screening Pap Smear; 5) Womens
  Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-defined taxonomy BGP
  GPRA PAP SMEAR; 8) Refusal (in past year) Lab Test Pap Smear.

❽ During FY 2005, maintain the proportion of eligible women patients who
  have had a Pap screen within the previous three years at the FY 2004
  levels.

  IHS Performance - FY 2004 – 58.0%; FY 2003 - 61%; IHS 2010 Goal: 90%
                                ❾           ❾
                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
21-64 years             424            421                     416
(GPRA)

# w/Pap Smear recorded
 w/in 3 years (GPRA)    196  46.2      202  48.0     -1.8     195  46.9     -0.6

A. # Refusals
 w/ % of Total Pap        0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 5-2: Sample Indicator Topic Report Page

5.3.3 Summary Page for National GPRA and GPRA Performance Reports

A Performance Summary Page is included at the end of the National GPRA and GPRA Performance reports. The summary displays the site's current, previous and baseline performance results together with the national performance for the previous year and the 2010 goal, either HP 2010 or IHS 2010. Sites can quickly see which indicators they most need to improve.

CRS Version 5.1 added a "GPRA05 Goal" column so users know what performance IHS has to achieve nationally in order to meet the GPRA indicators.

ADAM Apr 29, 2005 Page 1

*** IHS GPRA Performance Report ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

Previous Year Period: Jan 01, 2002 to Dec 31, 2002

Baseline Period: Jan 01, 2000 to Dec 31, 2000

CLINICAL PERFORMANCE SUMMARY PAGE

	Site Current	Site Previous	Site Baseline	GPRA05 Goal	Nat'l 2004	2010 Goal
DIABETES GROUP						
*Diabetes DX Ever	10.0%	9.5%	8.4%	N/A	10.0%	TBD
*Documented HbA1c	83.1%	73.0%	84.1%	N/A	77.0%	50%
Poor Glycemic Control >9.5	24.0%	14.9%	25.7%	17.0%	17.0%	TBD
Ideal Glycemic Control <7	27.3%	12.2%	23.0%	27.0%	27.0%	40.0%
*BP Assessed	98.1%	91.9%	93.8%	N/A	N/A	TBD
Controlled BP <130/80	35.1%	33.1%	34.5%	35.0%	35.0%	50.0%
LDL Assessed	39.6%	0.7%	10.6%	53.0%	53.0%	70.0%
Nephropathy Assessed	51.9%	12.8%	0.0%	42.0%	42.0%	70.0%
Retinopathy Exam	56.5%	61.5%	53.1%	~47.0% #55.0%	~47.0% #55.0%	TBD
*Depression Assessed	5.8%	4.7%	4.4%	N/A	N/A	N/A
*Influenza Vaccine	76.0%	65.5%	65.5%	N/A	N/A	N/A
*Pneumovax Vaccine Ever	86.4%	84.5%	87.6%	N/A	N/A	N/A
Dental Access Diabetes	21.4%	25.0%	18.6%	37.0%	37.0%	75.0%
DENTAL GROUP						
Dental Access General	16.8%	19.6%	20.1%	24.0%	24.0%	40.0%
Sealants	145	469	420	287,158	&287,158	TBD
Topical Fluoride- # Applications	158	157	63	Baseline	N/A	TBD
Topical Fluoride- # Patients	120	135	60	Baseline	N/A	TBD
IMMUNIZATIONS						
Influenza 65+	77.2%	67.3%	68.4%	54.0%	54.0%	90.0%
Pneumovax Ever 65+	82.8%	78.0%	75.0%	69.0%	69.0%	90.0%
Childhood 19-35 mos	82.7%	68.9%	66.7%	72.0%	&72.0%	80%
CANCER-RELATED						
Pap Smear Rates 21-64	62.1%	63.0%	66.6%	58.0%	58.0%	90.0%
Mammogram Rates 52-64	56.5%	51.9%	43.2%	40.0%	40.0%	70.0%
*Colorectal Cancer 51-80	18.3%	22.7%	27.3%	N/A	N/A	TBD
Tobacco Assessment 5+	2.4%	1.7%	1.4%	27.0%	27.0%	TBD
*Tobacco Use Prevalence	44.1%	26.1%	55.0%	N/A	N/A	TBD
BEHAVIORAL HEALTH						
FAS Prevention 15-44	3.3%	3.0%	3.0%	>7.0%	7.0%	TBD
**IPV/DV Screen 15-40	3.8%	1.2%	1.6%	4.0%	4.0%	25.0%
CVD-RELATED						
BMI Measured 2-74	14.5%	15.4%	17.7%	>60.0%	60.0%	TBD
*Assessed as Obese	35.5%	38.7%	35.4%	N/A	N/A	TBD
Cholesterol Screening 23+	14.4%	13.5%	9.7%	Baseline	N/A	80.0%

Figure 5-3: Sample Performance Summary Page from GPRA Performance Report, page 1

```
ADAM                                Apr 29, 2005                        Page 2
                       *** IHS GPRA Performance Report ***
                                   DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
                        CLINICAL PERFORMANCE SUMMARY PAGE
                            Site      Site     Site     GPRA05   Nat'l    2010
                           Current   Previous Baseline  Goal     2004     Goal
-------------------------------------------------------------------------------

Prenatal HIV Testing         65.9%     10.0%     9.3%  Baseline N/A      TBD

Public Health Nursing        1366      1707     1358   423,379  423,379  TBD

(* - Not GPRA indicator for FY 2005)
(~ - National Retinopathy goal/rate)
(# - Designated site goal/rate)
(& - Data source other than GPRA+)
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)
```

Figure 5-4: Sample Performance Summary Page from GPRA Performance Report, page 2

5.3.4 Patient List Formats

Users may select to run Patient Lists for the National GPRA/GPRA Performance reports (LST menu option), any Selected Indicators report (COM, PP, or ALL menu options), Elder Care (ELD menu option), and HEDIS reports (HED menu option). The CMS Performance report automatically includes patient lists.

For all reports except the CMS Performance report, the lists display patients who meet the numerator(s), denominator(s) or both, depending on the type of report run and the indicator. Patient list options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA/GPRA Performance reports patient list, patient lists can be created for one or more indicator topics at a time. The patient list for these reports allows users to include only patients meeting the indicator, not meeting the indicator, or both for most indicators.

For the COM, PP, ALL, Elder Care, and HEDIS reports, users select for which indicator topic(s) they want to run patient lists and do not have the option of choosing to include only patients meeting or not meeting the indicator. See section 6.4 for producing patient lists for the National GPRA/GPRA Performance reports. See section 6.5, Running the Selected Indicators Report with Patient Lists for a detailed description for producing patient lists for COM, PP, and ALL reports, respectively. See section 6.7 for running a patient list for the Elder Care report. See section 6.8 for instructions on producing a patient list for the HEDIS report.

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

Key elements of the Patient List format are described below. The format for all Patient Lists will be the same, except as specifically noted below.

❶ **Report Type:** indicates "Patient List" as the report type.

❷ ****Patient List Type:** displays whether the Patient List is a "Random List," "List by Provider," or "Entire Patient List," depending on which option the user selected.

❸ **List Description:** describes which patients will be included on the list. In the example below, the Patient List contains:

- the Indicator Title and the Patient List title, which in the example below is all patients in either of the two denominators (women ages 21 through 64 at the beginning of the Report period).
- the denominator type the patient belongs to (e.g., "UP" (User Population) or "AC" (Active Clinical));
- the date that a test meeting the numerator definition was performed, if any; and the test code.

❹ **List Columns:** all patient lists contain the following columns of information: *patient name* displayed as Last, First; the patient's *Health Record Number* (HRN); the *Community* name; the patient's *gender*, e.g., M or F; the patient's *age (as of the first day of the Report period)*; and denominator and numerator information (see ❻ and ❼ below). Patient Lists are organized by 1) Community; 2) gender; 3) age; and 4) last name

❺ **Age Column:** displays the age of the patient at the beginning of the Report period.

❻ ****Denominator Column:** for most patient lists, displays which denominator the patient is a member of (e.g., "AC" for Active Clinical). For indicators that provide only a count for the numerator and use no denominator, such as the Dental Sealants indicator, the denominator values will be blank.

❼ ****Numerator Value Column:** displays different information about the numerator, such as the date a test was given and the test code, whether a health factor or patient education code was recorded, etc. In the example below, the value column identifies the date a pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only, not in the numerator.

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   XYZ                            Jan 06, 2005                      Page 49

    ❶       ***  FY05 Clinical Performance Indicator Patient List  ***
                                  DEMO HOSPITAL
                     Report Period: Jan 01, 2003 to Dec 31, 2003
     ❷                          Random Patient List
-------------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

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

Numerator(s):
Patients with a Pap Smear documented in the past 3 years, including refusals in past
year.
A: Patients with documented refusal in past year.

Age of the patient is calculated at the beginning of the Report period.  The
difference between the age range 18-64 in the definition and 21-64 in the logic is
because CRS looks back 3 years for a test, i.e., when a patient who was 21 at the
beginning of the Report period would have been 18. Hysterectomy defined as V
Procedure: 68.4-68.8 or CPT 51925, 56308, 58150, 58152, 58200-58294, 58550-54, 58951,
58953-58954, 59135, 59525.  Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V76.2
Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part
of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual)
(periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior
to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, or V76.49
Pap Smear for Women w/o a Cervic ; 3) V Procedure: 91.46; 4) V CPT: 88141-88167,
88174-88175, Q0091 Screening Pap Smear; 5) Womens Health: procedure called Pap Smear;
6) LOINC taxonomy; 7) site-defined taxonomy BGP GPRA PAP SMEAR; 8) Refusal (in past
year) Lab Test Pap Smear.

During FY 2005, maintain the proportion of eligible women patients who have had a Pap
screen within the previous three years at the FY 2004 levels.

IHS Performance - FY 2004 – 58.0%; FY 2003 – 61%; IHS 2010 Goal: 90%

❸Cancer Screening: Pap Smear Rates:  List of women 21-64 with documented
test/refusal, if any.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic;
PREG=Pregnant Female
                 ❹                                ❺      ❻                ❼
PATIENT NAME            HRN    COMMUNITY     SEX AGE   DENOMINATOR   NUMERATOR VALUE
-------------------------------------------------------------------------------------
PATIENT,VERONICA ROSE   999999 COMMUNITY #1    F   21  UP,AC         05/22/02 V76.2
PATIENT,RENEE           888888 COMMUNITY #2    F   21  UP,AC         06/14/02 88164
PATIENT,SYDNEY          777777 COMMUNITY #2    F   23  UP,AC         06/26/02 V76.49
PATIENT,GRETA           666666 COMMUNITY #2    F   23  UP
PATIENT,MARILYN         444444 COMMUNITY #2    F   26  UP,AC         03/15/03 ref
PATIENT,VELMA           222222 COMMUNITY #2    F   34  UP,AC
PATIENT,EUNICE          000002 COMMUNITY #2    F   45  UP,AC         05/16/03 Lab
PATIENT,CELESTE         000003 COMMUNITY #2    F   45  UP,AC         04/19/02 V72.3
```

Figure 5-5: Sample Patient List

6.0 How to Run Reports and Patient Lists

This section provides detailed instructions on how to select and produce different report types using the Reports menu option on the CRS 2005 Reporting System main menu.

See section 5.1 Report Types for descriptions of each report type.

6.1 Running Reports: Overview

6.1.1 National GPRA Report

Producing the National GPRA report (GP report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2005 Main Menu;
- Selecting National GPRA Reports (i.e. NTL)from the Reports Menu;
- Selecting the National GPRA Report (i.e. GP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.2 National GPRA Report Patient Lists

Producing patient lists for indicators included in the National GPRA report (LST report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting National GPRA Reports (i.e. NTL)from the Reports Menu;
- Selecting the National GPRA Report Patient List report (i.e. LST);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Choosing one, multiple or all indicator topics;

- Choosing which patient lists should be produced for each indicator topic and the patients to be included (i.e., random, patients for a specific provider, all patients);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup; and
- Selecting an output type (Print, Delimited or Both).

6.1.3 Selected Indicators Reports with Community Specified

Producing the Selected Indicators Report with Community Specified (COM report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2005 Main Menu;
- Selecting Reports for Local Use (i.e. LOC) from the Reports Menu;
- Selecting the Selected Indicators w/Community Specified report (i.e. COM);
- Selecting a pre-defined selected indicators report or selecting one, multiple, or all indicators;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not;
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.4 Selected Indicators Reports with Patient Panel Population

Producing the Selected Indicators Report with Patient Panel Population (PP report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting Reports for Local Use (i.e. LOC)from the Reports Menu;
- Selecting the Selected Indicators w/Patient Panel Population report (i.e. PP);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Selecting the patient panel that defines which patients are to be included in the report (Appendix C: Creating a Patient Panel);
- Selecting a pre-defined selected indicators report or selecting one, multiple, or all indicators;
- Choosing if Patient Lists should be produced or not;
- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined); and
- Selecting an output type (Print, Delimited or Both).

6.1.5 Selected Indicators Reports with All Communities

Producing the Selected Indicators Report with All Communities (ALL report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting Reports for Local Use (i.e. LOC)from the Reports Menu;
- Selecting the Selected Indicators w/All Communities report (i.e. ALL);
- Selecting a pre-defined selected indicators report or selecting one, multiple, or all indicators;
- Choosing if Patient Lists should be produced or not;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);

- Identifying the date range and the ending date calendar year for the Current Report period;
- Identifying the Baseline year (the Previous Year period is automatically defined);
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All); and
- Selecting an output type (Print, Delimited or Both).

6.1.6 CMS Performance Report

Producing the CMS Performance Report (CMS report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting Reports for Local Use (i.e. LOC)from the Reports Menu;
- Selecting the CMS Performance Report (i.e. CMS);
- Entering the name of your hospital, which is defaulted to the facility entered at Site Parameters in the Setup option;
- Selecting the CMS indicators to be included in the report;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report); and
- Identifying the date range and the ending date calendar year for the Current Report period.

6.1.7 GPRA Performance Report

Producing the GPRA Performance report (GPU report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting Other National Reports (i.e. OTH)from the Reports Menu;
- Selecting the GPRA Performance Report (i.e. GPU);
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);

- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);
- Choosing whether or not to export the information to the Area Office; and
- Selecting an output type (Print, Delimited or Both).

6.1.8 Elder Care Report

Producing the Elder Care report (ELD report option) includes the following steps:

- Selecting Reports (i.e. RPT)from the CRS 2005 Main Menu;
- Selecting Other National Reports (i.e. OTH) from the Reports Menu;
- Selecting the Elder Care Report (i.e. ELD);
- Selecting all or identifying specific indicators to be included in the report;
- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);
- Identifying the date range for the Current Report period by (1) selecting from pre-defined time periods and entering report ending date calendar year OR (2) entering an end date for the report;
- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);
- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;
- Choosing if Patient Lists should be produced or not;
- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);

- Choosing whether or not to export the information to the Area Office. **NOTE:** This option is only displayed if ALL indicators were selected for the report; and

- Selecting an output type (Print, Delimited or Both).

6.1.9 HEDIS Performance Report

Producing the HEDIS Performance report (HED report option) includes the following steps:

- Selecting Reports (i.e. RPT) from the CRS 2005 Main Menu;

- Selecting Other National Reports (i.e. OTH) from the Reports Menu;

- Selecting the HEDIS Performance Report (HED);

- Running the taxonomy check (i.e. press Enter to continue or press ^ to abort the report);

- Identifying the date range and the ending date calendar year for the Current Report period;

- Identifying the Baseline year for comparison (the Previous Year period is automatically defined);

- Identifying the population by selecting a Community taxonomy, if not using the default identified in the System Setup;

- Choosing if Patient Lists should be produced or not;

- Selecting the patient-type population (options are Beneficiary type 01 American Indian/Alaska Native; Not 01 (non AI/AN), or All);

- Choosing whether or not to export the information to the Area Office; and

- Selecting an output type (Print, Delimited or Both).

6.2 Reports Menus

This section describes the CRS 2005 reports menus.

1. To access the CRS 2005 Main Menu, type CI05 at the “Select IHS Clinical Reporting System (CRS) Option:” prompt from the CRS Main Menu (Figure 6-1).

```
            ******************************************************
            **                 IHS/RPMS CRS 2005                **
            **             Clinical Reporting System            **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE

   CI05   CRS 2005 ...
   GP04   GPRA+ FY04 ...
   GP03   GPRA+ FY03 ...
   GP02   GPRA+ FY02 ...

Select IHS Clinical Reporting System (CRS) Option: CI05  CRS 2005
```

Figure 6-1: CRS Main Menu

2. The CRS 2005 Main Menu will be displayed (Figure 6-2). The AO Area Options will only be displayed for Area Office staff with appropriate security keys assigned.

3. **To access the CRS Reports Menu**, type RPT at the "Select CRS 2005 Option:" prompt.

```
            ******************************************************
            **                 IHS/RPMS CRS 2005                **
            **             Clinical Reporting System            **
            ******************************************************
                                  Version 5.1

                                    DEMO SITE

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

Select CRS 2005 Option: RPT  Reports
```

Figure 6-2: CRS 2005 Main Menu

4. The CRS 2005 Reports menu is displayed (Figure 6-3).

```
                            ***************************
                            **   IHS/RPMS CRS 2005  **
                            **     Reports Menu     **
                            ***************************
                                  Version 5.1

                                    DEMO SITE

   NTL    National GPRA Reports ...
   LOC    Reports for Local Use: IHS Clinical Indicators ...
   OTH    Other National Reports ...

Select Reports Option: NTL
```

Figure 6-3: CRS 2005 Reports Menu

- **To access the sub-menu for the National GPRA reports**, type NTL at the "Select Reports Option:" prompt. The National GPRA Reports menu displays (Figure 6-4).

- **To access the sub-menu for the local reports**, type LOC at the "Select Reports Option:" prompt. The Reports for Local Use menu displays (Figure 6-5).

- **To access the sub-menu for the other national reports**, type OTH at the "Select Reports Option:" prompt. The Other National Reports menu displays (Figure 6-6).

```
                        **********************************
                        **      IHS/RPMS CRS 2005      **
                        **    National GPRA Reports    **
                        **********************************
                                   Version 5.1

                                     DEMO SITE

   GP     National GPRA Report
   LST    National GPRA Report Patient List

Select National GPRA Reports Option:
```

Figure 6-4: National GPRA Reports Menu

```
              ******************************************************
              **                IHS/RPMS CRS 2005                 **
              **  Reports for Local Use: IHS Clinical Indicators  **
              ******************************************************
                                   Version 5.1

                                     DEMO SITE

   COM    Selected Indicators w/Community Specified
   PP     Selected Indicators w/Patient Panel Population
   ALL    Selected Indicators w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use:  IHS Clinical Indicators Option:
```

Figure 6-5: Reports for Local Use Menu

```
                         **********************************
                         **     IHS/RPMS CRS 2005      **
                         **   Other National Reports   **
                         **********************************
                                   Version 5.1

                                     DEMO SITE

   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option:
```

Figure 6-6: Other National Reports Menu

6.3 Running the National GPRA Report

> **NOTE**: Before running the National GPRA report for national (GPRA reporting) use, you should know the name of the community taxonomy to be used, if it's different from the default.

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-7).

2. Type GP at the "Select National GPRA Reports Option:" prompt.

```
                        **********************************
                        **      IHS/RPMS CRS 2005      **
                        **    National GPRA Reports    **
                        **********************************
                                   Version 5.1

                                     DEMO SITE

   GP     National GPRA Report
   LST    National GPRA Report Patient List

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

Figure 6-7: National GPRA Reports Menu

3. Information about the National GPRA report will appear and the site-defined lab taxonomies needed to run the report will be checked (Figure 6-8).

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

                          IHS 2005 National GPRA Report

This will produce a National GPRA report for a year period you specify.
You will be asked to provide the Community taxonomy to determine which patients
will be included.  This report will be run for the time period July 1, 2004
through June 30, 2005 with a bseline period 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.

Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-8: Running the National GPRA Report: Report Description Display and Taxonomy Check

4. If the message `The following taxonomies are missing or have no entries:` displays, your report results for the indicator that uses the lab taxonomy specified are likely to be inaccurate. To exit from the report to edit

your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

If the message `All taxonomies are present. End of taxonomy check. Press ENTER:` displays, press the Enter key to continue.

5. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

> **NOTE**: If you are running the National GPRA report for national (GPRA reporting) use, you should use your site's official GPRA community taxonomy.

   The screen displays your Home location, as defined in Site Parameters (section 4.2).

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

Enter the Name of the Community Taxonomy: LB_Lodge_Yellow// Lodge Grass and Yellowtail

Your HOME location is defined in Site Parameters as: HOME asufac:  404295

Do you wish to export this data to Area? // N  NO
```

Figure 6-9: Running the National GPRA Report: Selecting Community Taxonomy and Export Option

6. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

7. A Summary of the report will display (Figure 6-10), showing the pre-defined date ranges, selected community taxonomy name and Home location. If any of this information is incorrect, type a caret (^) (Shift-6) to return to a previous menu.

```
                 SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:         Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow
The HOME location is: HOME 404295

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// P  Print Report on Printer or Screen

DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 6-10: Running the National GPRA Report: Selecting Print Options – Print to Screen

```
Select an Output Option: P// rint Report on Printer or Screen
DEVICE: HOME// HFS  HFS
HOST FILE NAME: C:\TMP\TMP.HFS//C:\lb_test.doc  ADDRESS/PARAMETERS: "WNS"//
```

Figure 6-11: Running the National GPRA Report: Selecting print Options - Print to an Electronic File

8. Type the corresponding letter for your output at the "Select an Output Option:" prompt.

   - P (Print) will send the report file to your printer, your screen or an electronic file.
   - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
   - B (Both) will produce both a printed report and a delimited file.

   If you select P (Print), type in a printer or file name at the "Device:" prompt. In Figure 6-10, the default prompt is Home, which displays the information directly on the screen. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt (Figure 6-10).

   If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name (Figure 6-11).

Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing Q at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

If you select D (Delimited) or B (Both) at the "Select an Output Option:" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F) (Figure 6-12). If this report will take several hours to run, it is recommended to print to a file.

If you select F (File), type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d  Create Delimited output file (for use in Excel)

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): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory.  The filename will be mytestfile.txt


Won't you queue this ? Y// y  YES
Requested Start Time: NOW//20:00:00  (APR 27, 2005@20:00:00)
Tasked with 2033810
```

Figure 6-12: Running the National GPRA Report: Delimited Reports

6.4 Running the National GPRA Report Patient Lists

1. Follow steps 1 through 4 in section 6.2 to display the National GPRA Reports menu (Figure 6-13).

2. Type LST at the "Select National GPRA Reports Option:" prompt.

```
                        **********************************
                        **      IHS/RPMS CRS 2005      **
                        **    National GPRA Reports    **
                        **********************************
                                   Version 5.1

                                     DEMO SITE

   GP     National GPRA Report
   LST    National GPRA Report Patient List

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

Figure 6-13: National GPRA Reports Menu

3. Information about the National GPRA Report patient lists will display and the site-defined taxonomies needed to run the report will be checked (Figure 6-14).

4. If the message `The following taxonomies are missing or have no entries:` displays, your report results for the indicator that uses the lab taxonomy specified are likely to be inaccurate. To exit from the report to edit your taxonomies, type a caret (^) (Shift-6) at any prompt until you return to the main menu.

   If the message `All taxonomies are present. End of taxonomy check. Press ENTER:` displays, press the Enter key to continue.

```
                     IHS GPRA Performance Report Patient List
                              CRS 2005, Version 5.1

This will produce a list of patients who either met, did not meet
or to list both those that met and did not meet a National indicator.
You will be asked to select one or more indicator topics and then to choose
which indicator numerators you would like to report on.


You will be asked to provide the Community taxonomy to determine
which patients will be included.
This report will be run for a time period selected by the user.
This report will include beneficiary population of American Indian/Alaska
Native only.
Checking for Taxonomies to support the National GPRA Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-14: Running National GPRA Report Patient Lists: Report Description Display and Taxonomy Check

5. The Indicator Selection screen will display with the list of available indicator topics. (Figure 6-15).

```
INDICATOR SELECTION           Apr 22, 2005 12:45:24          Page:    1 of    2
IHS Clinical Performance Indicators
* indicates the indicator has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Diabetes:  Access to Dental Services
8)  Access to Dental Services
9)  Dental Sealants
10) Topical Flouride
11) Adult Immunizations:  Influenza
12) Adult Immunizations:  Pneumovax
13) Childhood Immunizations
14) Cancer Screening: Pap Smear Rates
15) Cancer Screening: Mammogram Rates
16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action:+//
```

Figure 6-15: Running National GPRA Report Patient Lists, selecting indicator topics

6. Type a plus sign (+) at the “Select Action:” prompt to see the next page of the list of indicators. Type a hyphen (-) at the “Select Action:” prompt to return to the previous page.

7. Type S at the “Select Action:” prompt to select specific topics.

8. Type the number(s) corresponding to the indicator topics you want to select at the “Which Items?” prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

   After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-16).

9. Type Q (Quit) when you have completed selecting topics at the “Select Action:” prompt.

```
INDICATOR SELECTION           Apr 22, 2005 12:48:04          Page:    1 of    2
IHS Clinical Performance Indicators
* indicates the indicator has been selected

*1)  Diabetes Prevalence
*2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes:  Nephropathy Assessment
6)  Diabetes:  Diabetic Retinopathy
7)  Diabetes:  Access to Dental Services
8)  Access to Dental Services
9)  Dental Sealants
10) Topical Flouride
11) Adult Immunizations:  Influenza
12) Adult Immunizations:  Pneumovax
13) Childhood Immunizations
14) Cancer Screening: Pap Smear Rates
15) Cancer Screening: Mammogram Rates
16) Colorectal Cancer Screening
+         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action:+//  Q  Quit
```

Figure 6-16: Running National GPRA Report Patient Lists, showing selected indicator topics

10. Patient lists available for the first indicator topic you selected are displayed (Figure 6-17). Type the number of the list you would like to print and press Enter. You may type a range of patient lists as described in step 6 above. If you selected more than one indicator topic, the next patient lists available will be displayed.

```
Please select one or more of these report choices within the
Diabetes Prevalence indicator topic.

          1)  Diabetes DX Ever
Which item(s):   (1-1):  1


Please select one or more of these report choices within the
Diabetes:  Glycemic Control indicator topic.

          1)  Documented HbA1c
          2)  No Documented HbA1c
          3)  Poor Glycemic Control
          4)  Ideal Glycemic Control
Which item(s):   (1-4):  1,3

Patient List Type.
NOTE:  If you select ALL Patients, your list may be
hundreds of pages and take hours to print.


     Select one of the following:

          R         Random Patient List
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists:  R// P Patient List by Provider
Enter Designated Provider Name:  Provider,Arlis
```

Figure 6-17: Running National GPRA Report Patient Lists, selecting patient lists for each indicator topic

11. Type the corresponding letter for the type of patient list you want to run.
    - R (Random) will produce a list containing 10% of the entire patient list for the indicator.
    - A (All Patients) will produce a list of all patients, indicating which denominator(s) and numerator(s) the patient meets.
    - P (By Provider) will produce a list of patients with a user-specified designated care provider.

> **NOTE:** Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight. Only print patient lists when you need them, or print to an electronic file.

12. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

13. Select the date range for the report (see Figure 6-18) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 6-18: Running National GPRA Report Patient Lists, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

   ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

NOTE: The Baseline Year for all National GPRA reports is set to 2000 and the patient population is set to AI/AN only. Neither of these may be changed.

14. Follow steps 5 through 8 in section 6.3 to select community taxonomy, Area Office export option, and output option in order to finish running the report.

NOTE: Depending on a variety of factors, including the number of indicators selected, the size of your database, and/or your server configuration (RAM, processor speed, etc.), **the report may take 6-8 hours to run.** Always test your first report at night or on the weekend.

6.5 Running the Selected Indicator Reports with Patient Lists

Three of the four types of local use reports are called Selected Indicators reports and allow sites to choose the indicators to be included in the report or to select from a list of pre-defined reports and to customize the population and population-type (e.g. AI/AN patients only) that are included. Section 5.1 Reports and Patient Lists provides detailed descriptions of each report.

The fourth local report is the CMS (Centers for Medicare & Medicaid Services) report for use by IHS hospitals for reporting on CMS hospital quality measures.

1. Follow steps 1 through 4 in section 6.2 above to display the Reports for Local Use menu (Figure 6-19).

```
            ******************************************************
             **                IHS/RPMS CRS 2005                 **
             **  Reports for Local Use: IHS Clinical Indicators  **
             ******************************************************
                                  Version 5.1

                                    DEMO SITE

   COM    Selected Indicators w/Community Specified
   PP     Selected Indicators w/Patient Panel Population
   ALL    Selected Indicators w/All Communities
   CMS    CMS Performance Report

Select Reports for Local Use:  IHS Clinical Indicators Option:
```

Figure 6-19: Reports for Local Use Menu

The report options are defined below.

- COM Reports only on patients residing in a community of residence that is included in the Community Taxonomy selected by the user.
- PP Reports only on patients included in a patient panel selected by the user (see Appendix C for additional information about creating a patient list as a FileMan search template using QMan).
- ALL Reports on all patients in the site's RPMS database, regardless of community of residence.
- CMS Produces a CMS report for use by IHS hospitals in reporting on CMS hospital quality measures. Includes all patients in the local RPMS database who meet the criteria for the report.

NOTE: If you want to stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

6.5.1 Running the Selected Indicators Community Specified Report

1. From the Reports for Local Use Menu (Figure 6-19), type COM.
2. Information about the report and a list of indicator topics are displayed (Figure 6-20). Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple indicator topics. See section 5.2 Report Content for a description of the indicator topics contained in the pre-defined topic reports.

```
Select Reports Option: COM  Selected Indicators w/Community Specified

   IHS 2005 CRS – Clinical Performance Indicator Report (Selected Indicators)
This will produce an Indicator Report for one or more indicators for a year
period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

     Select one of the following:

          DM        Diabetes-Related Indicators
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Indicators
          SEL       Selected Indicators (User Defined)

Which set of Indicators should be included in this report: SEL  Selected Indicat
ors (User Defined)
```

Figure 6-20: Running Selected Indicators Reports: Selecting Report Topics

3. If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 16 below to select patient lists.

4. If you typed SEL (Selected), the Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-21).

   Type a plus sign (+) at the “Select Action:” prompt to display the next page of the list of indicators. Type a hyphen (-) at the “Select Action:” prompt to display the previous page of the list of indicators.

5. Type S (Select Indicator) to select specific topics.

6. Type the number(s) corresponding to the indicator topics you want to select at the “Which Items?” prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```
INDICATOR SELECTION           Apr 25, 2005 10:58:01          Page:    1 of    3
IHS Clinical Performance Indicators
* indicates the indicator has been selected

1)  Diabetes Prevalence
2)  Diabetes Comprehensive Care
3)  Diabetes:  Glycemic Control
4)  Diabetes:  Blood Pressure Control
5)  Diabetes:  Lipids Assessment
6)  Diabetes:  Nephropathy Assessment
7)  Diabetes:  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Flouride
12) Adult Immunizations:  Influenza
13) Adult Immunizations:  Pneumovax
14) Childhood Immunizations
15) Cancer Screening: Pap Smear Rates
16) Cancer Screening: Mammogram Rates
17) Colorectal Cancer Screening
18) Tobacco Use and Exposure Assessment
19) Tobacco Cessation
20) Alcohol Screening (FAS Prevention)
21) Intimate Partner (Domestic) Violence Screening
22) Depression/Anxiety Screening
23) Obesity Assessment
24) Childhood Weight Control
25) Nutrition and Exercise Education for At Risk Patients
26) Cardiovascular Disease and Cholesterol Screening
27) Cardiovascular Disease and Blood Pressure Control
28) Controlling High Blood Pressure
29) Comprehensive CVD-Related Assessment
30) Beta-Blocker Treatment After a Heart Attack
31) Persistence of Beta-Blocker Treatment After a Heart Attack
32) Cholesterol Management After Acute Cardiovascular Event
33) Prenatal HIV Testing
34) HIV Quality of Care
35) Chlamydia Testing
36) Osteoporosis Management
37) Asthma
38) Asthma Quality of Care
39) Chronic Kidney Disease Assessment
40) Medications Education
41) Public Health Nursing


          Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action:+// S  Selected Indicator

Which item(s):  (1-41): 2,6,14-15
```

Figure 6-21: Running Selected Indicator Reports, Selecting Indicator Topics

7. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-22).

8. Type Q (Quit) when you have completed selecting topics at the “Select Action:” prompt.

```
INDICATOR SELECTION           Apr 25, 2005 11:08:19          Page:    1 of    3
IHS Clinical Performance Indicators
* indicates the indicator has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes:  Glycemic Control
4)  Diabetes:  Blood Pressure Control
5)  Diabetes:  Lipids Assessment
*6)  Diabetes:  Nephropathy Assessment
7)  Diabetes:  Diabetic Retinopathy
8)  Diabetes:  Access to Dental Services
9)  Access to Dental Services
10) Dental Sealants
11) Topical Flouride
12) Adult Immunizations:  Influenza
13) Adult Immunizations:  Pneumovax
*14) Childhood Immunizations
*15) Cancer Screening: Pap Smear Rates
16) Cancer Screening: Mammogram Rates
+         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action:+//  S   Select Indicator
Select Action: +// Q   Quit
```

Figure 6-22: Running Selected Indicator Reports, showing selected indicator topics

9. The taxonomies required to run the report will be checked. Press the Enter key to continue.

10. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

    All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

11. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

    NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

12. Type the 4-digit baseline year at the "Enter Year:" prompt.

13. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
     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

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. 2004
Enter Year:  2005  (2005)

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:
     Reporting Period:         Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000
```

Figure 6-23: Running Selected Indicator Reports, selecting report date ranges

14. At the "Enter the Name of the Community Taxonomy:" prompt, either press the Enter key to select the default Community taxonomy or type a new name. To enter a new taxonomy name, you may type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

15. The screen will now display your Home location, as defined in the Site Parameters (section 4.2).

16. Starting with CRS V5.0 Patch 1, you must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the "Do you want patient lists for any of the indicators?" prompt.

    The Indicator List Selection screen will display (Figure 6-24). Only the topics that you have selected for your report will be listed.

    If you typed N (No), skip to step 22 to complete report selection.

17. Type S (Select Indicator) to select patient lists for specific indicator topics.

18. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-24).

```
Do you want patient lists for any the indicators? N//Y Yes

INDICATOR LIST SELECTION      Apr 25, 2005 11:43:34          Page:    1 of    1
IHS 2005 Clinical Performance Indicator Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documented tests, if any
2)  DM Nephropathy: List of patients with tests & values, if any
*3)  Childhood Imm: List of Pts 19-35 months with IZ, if any
*4)  Pap Smear Rates: List of women 21-64 w/documented test/refusal, if any




          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists                          Q    Quit
Select Action:+//
```

Figure 6-24: Running Selected Indicator Reports, choosing patient lists

19. Type Q (Quit) when you have completed selecting topics.

20. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider. See step 11 in section 6.4 for a description of the types of patient lists.

21. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
For these lists select which patient list you would like.

     Select one of the following:

          R         Random Patient List
          A         All Patients
          P         Patient List by Provider

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-25: Running Selected Indicator Reports, selecting patient list type

22. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     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/Alaskan N
ative (Classification 01)
```

Figure 6-26: Running Selected Indicator Reports, selecting beneficiary population

23. A summary of the Selected Indicators report will display (Figure 6-27).

```
     SUMMARY OF 2005 CLINICAL INDICATOR PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2005 to Dec 31, 2005
     Previous Year Period:     Jan 01, 2004 to Dec 31, 2004
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The HOME location is: UNDESIG LOCS 808799

These indicators will be calculated: Diabetes Comprehensive Care ; Diabetes: Nep
hropathy Assessment ; Childhood Immunizations ; Cancer Screening: Pap Smear Rate
s ;

Lists will be produced for these indicators: Childhood Immunizations ; Cancer Sc
reening: Pap Smear Rates ;
```

Figure 6-27: Summary Screen for Selected Indicators Report

24. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the “Device:” prompt.

```
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

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// FILE - delimited output will be written to a file in pub
Enter a filename for the delimited output (no more than 40 characters): stst3-6

When the report is finished your delimited output will be found in the
 directory.  The filename will be stst3-6.txt

DEVICE: HOME//     Right Margin: 80//
```

Figure 6-28: Running the Selected Indicators Report: Print Options

6.5.2 Running the Selected Indicators with Patient Panel Report

1. From the Reports for Local Use Menu (Figure 6-19), type PP.

2. Information about the Selected Indicators report is displayed and the taxonomies required to run the report will be checked (Figure 6-29). Press Enter to continue.

```
        2005 Clinical Performance Indicator Report (Selected Indicators)
            Report on all Patients in a User Defined Search Template


This will produce an Indicator Report for one or more indicators for a year
period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

NOTE:  With this option all patients in a user defined search template
will be included in the report.  The user population and active clinical user
logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the CRS Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-29: Running Selected Indicators Patient Panel Report: Display Message

3. At the "Enter SEARCH TEMPLATE name:" prompt, type in the name of the Search Template (i.e. patient panel) you want to use. (See Appendix C: Creating a Patient Panel for assistance in creating a search template.)

4. Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple indicator topics. See section 5.2 Report Content for a description of the indicator topics contained in the pre-defined topic reports.

5. If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 11 below to select patient lists.

6. If you typed SEL (Selected), the Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-21).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of indicators. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of indicators.

7. Type S (Select Indicator) to select specific topics.

8. Type the number(s) corresponding to the indicator topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

9. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-22).

10. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

11. Starting with CRS V5.0 Patch 1, you must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type Y (Yes) at the "Do you want individual patient lists for any of the indicators?" prompt.

    The Indicator List Selection screen will display. Only the topics that you have selected for your report will be listed.

    If you typed N (No), skip to step 17 to complete report selection.

12. Type S (Select Indicator) to select patient lists for specific indicator topics.

13. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side.

14. Type Q (Quit) when you have completed selecting topics.

15. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider for the type of patient list you want to run. See step 11 in section 6.4 for a description of the types of patient lists.

16. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

17. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

    All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

18. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

    NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

19. Type the 4-digit baseline year at the "Enter Year:" prompt.

20. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

21. A summary of the Selected Indicators report will display (Figure 6-30).

```
     SUMMARY OF 2005 CLINICAL INDICATOR PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2005 to Dec 31, 2005
     Previous Year Period:     Jan 01, 2004 to Dec 31, 2004
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The following search template of patients will be included in
this report: DEMO PATIENT PANEL
The HOME location is: UNDESIG LOCS 808799

These indicators will be calculated: Diabetes Prevalence ; Diabetes Comprehensiv
e Care ;

Lists will be produced for these indicators: Diabetes Prevalence ; Diabetes Comp
rehensive Care ;
```

Figure 6-30: Running Selected Indicators Patient Panel Report: Summary of Report to be Run

22. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take 6-10 hours to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.5.3 Running the Selected Indicators with All Communities Report

1. From the Reports for Local Use Menu (Figure 6-19), type ALL.

2. Information about the Selected Indicators report and a list of indicator topics are displayed (Figure 6-31). Type the code of one of three pre-defined reports (i.e., DM, CVD, or WH) or type SEL to choose your own. The SEL option allows you to select one or multiple indicator topics. See section 5.2 Report Content for a description of the indicator topics contained in the pre-defined topic reports.

```
      IHS 2005 Clinical Performance Indicator Report (Selected Indicators)
          Report on all Patients regardless of Community of Residence


This will produce an Indicator Report for one or more indicators for a year
period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

NOTE:  With this option all patients in your database will be reviewed
regardless of what community they live in.  You will NOT be asked to enter
a community taxonomy name.


     Select one of the following:

          DM        Diabetes-Related Indicators
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Indicators
          SEL       Selected Indicators (User Defined)

Which set of Indicators should be included in this report:
```

Figure 6-31: Running Selected Indicators All Communities Report: Display Message

3. If you selected a pre-defined report (i.e., DM, CVD, or WH), skip to step 9 below to select patient lists.

4. If you typed SEL (Selected), the Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-21).

   Type a plus sign (+) at the "Select Action:" prompt to display the next page of the list of indicators. Type a hyphen (-) at the "Select Action:" prompt to display the previous page of the list of indicators.

5. Type S (Select Indicator) to select specific topics.

6. Type the number(s) corresponding to the indicator topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

7. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-22).

8. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

9. Starting with CRS V5.0 Patch 1, you must have security access to run any patient list. If you have security access and if you want patient lists in addition to the report, type Y (Yes) at the "Do you want individual patient lists for any of the indicators?" prompt.

The Indicator List Selection screen will display. Only the topics that you have selected for your report will be listed.

If you typed N (No), skip to step 15 to complete report selection.

10. Type S (Select Indicator) to select patient lists for specific indicator topics.

11. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side.

12. Type Q (Quit) when you have completed selecting topics.

13. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider for the type of patient list you want to run. See step 11 in section 6.4 for a description of the types of patient lists.

14. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

15. The taxonomies required to run the report will be checked. Press the Enter key to continue.

16. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

    All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

17. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

    NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

18. Type the 4-digit baseline year at the "Enter Year:" prompt.

19. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

20. Type the number corresponding to the Beneficiary population you want to include in your report. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

21. A summary of the Selected Indicators report will display (Figure 6-32).

```
     SUMMARY OF 2005 CLINICAL INDICATOR PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

ALL Communities included.
The HOME location is: UNDESIG LOCS 808799

These indicators will be calculated: Diabetes Prevalence ; Diabetes Comprehensiv
e Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure Control ;

Lists will be produced for these indicators:

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//
```

Figure 6-32: Running Selected Indicators All Communities Report: Summary of Report to be Run

23. Follow step 8 in section 6.3 above to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take up to 24 hours or longer to run if you have included patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.5.4 Running the CMS Report

1. From the Reports for Local Use Menu (Figure 6-19), type CMS.

2. Information about the report is displayed, and you are prompted to enter the name of your hospital. The default facility name, as defined in the Site Parameters (section 4.2), is displayed. Press Enter to accept the default or type the name of a different hospital.

```
       IHS 2005 CRS - RPMS PATIENT DATA FOR ANNUAL CMS HOSPITAL REPORTING
This will produce an Indicator Report for one or more indicators for a year
period you specify.  You will be asked to provide: 1) the
reporting period and which CMS indicators to list.


Enter the name of your Hospital: DEMO HOSPITAL//
```

Figure 6-33: Running the CMS Performance Report: Selecting Hospital

3. The CMS Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-34).

4. Type S (Select Indicator) to select specific indicators or type A (All Indicators) to select all indicators. If you typed A, skip to step 6.

5. If you typed S, type the number(s) corresponding to the indicator topics you want to select at the "Which Items?" prompt.

   You can type ranges (e.g., 1-2) or a series of number (e.g., 1, 3).

6. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side.

7. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

```
CMS INDICATOR SELECTION       Apr 27, 2005 12:05:08          Page:    1 of    1
CMS Performance Indicators
* indicates the indicator has been selected

1)  Heart Attack (Acute Myocardial Infarction or AMI) Treatment
2)  Heart Failure
3)  Pneumonia Treatment


          Enter ?? for more actions
S    Select Indicator     A    All Indicators
R    Remove Indicator     Q    Quit
Select Action:+//
```

Figure 6-34: Running the CMS Performance Report: Selecting CMS Performance Indicators

8. The taxonomies required to run the report will be checked. Press the Enter key to continue.

9. Select the date range for the report (see Figure 6-35) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 6-35: Running the CMS Performance Report: Selecting Report Date Range

c. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

d. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

   ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

10. At the "Device:" prompt type in a printer or file name at. The default prompt may vary at different sites. Turn on your logging or screen capture program before printing to screen, depending on the software you are using to access RPMS. To print a report to your screen without receiving multiple "Enter RETURN to continue" prompts, type 0;P-OTHER80 at the Home prompt.

    If you want to print to a file or you don't know your printer name, check with your Site Manager. At most sites, to print to a file, type Host or HFS, then designate the file location and name.

> **NOTE**: This is the last point from which you can exit before starting the report process. **The report may take up to several hours or longer to run since it includes patient lists.** Always test your first report at night or on the weekend.
>
> If you need to exit, type a caret (^) at the "Device:" prompt.

6.6 Running the GPRA Performance Report

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-36).

2. Type GPU at the "Select Other National Reports Option:" prompt.

```
                        **********************************
                        **      IHS/RPMS CRS 2005      **
                        **    Other National Reports   **
                        **********************************
                                   Version 5.1

                                  DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: GPU  GPRA Performance Report
```

Figure 6-36: Other National Reports Menu

3. Information about the GPRA Performance report will appear and the site-defined lab taxonomies needed to run the report will be checked (Figure 6-37).

```
            IHS GPRA Performance Report for a User Selected Date Range

This will produce a National GPRA report 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 and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

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.

Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-37: Running the GPRA Performance Report: Report Description Display and Taxonomy check

4. Select the date range for the report (see Figure 6-38) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 6-38: Running the GPRA Performance report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

i. Select one of the first four options.

ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

5. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

6. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

7. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
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/Alaskan Native
(Classification 01)
```

Figure 6-39: Running the GPRA Performance report, selecting beneficiary population

8. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

9. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

10. A summary of the GPRA Performance report will be displayed (Figure 6-40).

```
              SUMMARY OF IHS GPRA PERFORMANCE REPORT TO BE GENERATED
                              CRS 2005, Version 5.1

The date ranges for this report are:
     Report Period:            Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: UNDESIG LOCS 808799

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//
```

Figure 6-40: Summary Screen for GPRA Performance report

11. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

6.7 Running the Elder Care Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-41).

2. Type ELD at the "Select Other National Reports Option:" prompt.

```
                         **********************************
                         **      IHS/RPMS CRS 2005      **
                         **    Other National Reports   **
                         **********************************
                                    Version 5.1

                                   DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: ELD  Elder Care Report
```

Figure 6-41: Other National Reports Menu

3. Information about the Elder Care report will appear and you are asked to select the indicators for the report (Figure 6-42).

   If you select All Indicators, skip to step 9.

```
              2005 Elder Care Clinical Performance Indicator Report

This will produce an Elder Care Indicator Report for all ELDER indicators
 for a year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

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.


There are 22 indicators in the Elder Care Indicator Report.

     Select one of the following:

          S         Selected set of Indicators
          A         All Indicators

Run the report on: S// S Selected set of Indicators
```

Figure 6-42: Running the Elder Care Report, report description display and indicator selection

4. If you typed S (Selected set of Indicators), the Indicator Selection screen will appear with the list of available indicator topics. (Figure 6-43).

   Type a plus sign (+) at the “Select Action:” prompt to display the next page of the entire list of indicators. Type a hyphen (-) at the “Select Action:” prompt to display the previous page of the list of indicators.

5. Type S (Select Indicator) to select specific topics.

6. Type the number(s) corresponding to the indicator topics you want to select at the “Which Items?” prompt.

   You can type ranges (e.g., 1-4) or a series of number (e.g., 1, 4, 5, 10) or a combination of numbers and ranges (e.g., 1-4, 8, 12).

```
INDICATOR SELECTION           Apr 30, 2005 14:03:32          Page:    1 of    2
IHS Elder Clinical Performance Indicators
* indicates the indicator has been selected

1)  Diabetes Prevalence
2)  Diabetes Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Diabetes:  Lipids Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetes Retinopathy
7)  Diabetes: Access to Dental Services
8)  Access to Dental Services
9)  Adult Immunizations: Influenza
10) Adult Immunizations: Pneumovax
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression/Anxiety Screening
16) Obesity Assessment
+         Enter ?? for more actions
S    Select Indicator     D    De Select Indicator  Q    Quit
Select Action:+//
```

Figure 6-43: Running Elder Care Report, Selecting Indicator Topics

7. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side.

8. Type Q (Quit) when you have completed selecting topics at the "Select Action:" prompt.

9. The taxonomies required to run the report will be checked. Press the Enter key to continue.

10. Select the date range for the report (Figure 6-44) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 6-44: Running the Elder Care report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

11. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

12. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2)

13. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

    Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

14. Starting with CRS V5.0 Patch 1, you must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the "Do you want patient lists for any of the indicators?" prompt.

15. The Indicator List Selection screen will display (Figure 6-45). Only the topics that you have selected for your report will be listed.

    If you typed N (No), skip to step 21 to complete report selection.

16. Type S (Select Indicator) to select patient lists for specific indicator topics.

17. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

    After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-45).

```
ELDER INDICATOR LIST SELECTIONApr 30, 2005 14:32:34          Page:    1 of    1
IHS FY 05 ELDER Performance Indicator Lists of Patients
* indicates the list has been selected

*1)  Mammogram: List of female patients =>55 with mammogram/refusal, if any.
*2)  Colorectal Cancer: List of pts =>55 w/CRC screening,refusal&date, if any



          Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists
Select Action:+//
```

Figure 6-45: Running the Elder Care report, choosing patient lists

18. Type Q (Quit) when you have completed selecting topics.

19. To select the list type, type the corresponding letter (i.e., R, A, or P) to select either a random patient list, list containing all patients, or a list of patients by a designated provider. See step 11 in section 6.4 for a description of the types of patient lists.

20. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
For these lists select which patient list you would like.

     Select one of the following:

          R         Random Patient List
          A         All Patients
          P         Patient List by Provider

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-46: Running the Elder Care Report, selecting patient list type

21. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
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/Alaskan Native
(Classification 01)
```

Figure 6-47: Running the Elder Care report, selecting beneficiary population

22. **If you are running the report for all Elder Indicators,** type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

23. A summary of the Elder Care report will be displayed (Figure 6-48).

```
                  SUMMARY OF FY 05 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000

The COMMUNITY Taxonomy to be used is: BETA TEST 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

Select an Output Option: P//
```

Figure 6-48: Summary Screen for Elder Care Report

24. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report

6.8 Running the HEDIS Performance Report with Patient Lists

1. Follow steps 1 through 4 in section 6.2 above to display the Other National Reports menu (Figure 6-49).

2. Type HED at the "Select Other National Reports Option:" prompt.

```
                         **********************************
                         **      IHS/RPMS CRS 2005      **
                         **    Other National Reports   **
                         **********************************
                                   Version 5.1

                                  DEMO HOSPITAL


   GPU    GPRA Performance Report
   ELD    Elder Care Report
   HED    HEDIS Performance Report

Select Other National Reports Option: HED  HEDIS Performance Report
```

Figure 6-49: Running the HEDIS Report, report description display and taxonomy check

3. Information about the HEDIS Performance report will appear and the site-defined taxonomies needed to run the report will be checked (Figure 6-50).

```
                2005 HEDIS Clinical Performance Indicator Report

This will produce a HEDIS Indicator Report for all HEDIS indicators for a year
period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

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.

Checking for Taxonomies to support the HEDIS report...

All taxonomies are present.

End of taxonomy check.  PRESS ENTER:
```

Figure 6-50: Running the HEDIS Report, report description display and taxonomy check

4. Select the date range for the report by typing the number corresponding to the appropriate ending date for the report at the "Enter the date range for your report:" prompt. To ensure reporting accuracy and data comparability, end dates are predefined based on fiscal year quarters.

   All reports review and calculate data for at least a one year time period, i.e., searching patient records for data matching the numerator criteria for the entire Current Report period selected by the user.

5. Type the 4-digit calendar year for the report end date (e.g., 2005) at the "Enter Year:" prompt.

   NOTE: If you pick a report period end date that is greater than the date you are running the report, a warning message will be displayed advising you of this. A prompt will be displayed asking if you want to change your Current Report Dates. To continue with the report, accept the default answer of "no" by pressing enter. To change your report date range, type Y.

6. Type the 4-digit baseline year at the "Enter Year:" prompt.

7. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline, and your Home location, as defined in the Site Parameters (section 4.2).

8. The screen prompts you for the Community taxonomy. Press the Enter key to select the default Community taxonomy or type a new name at the "Enter the Name of the Community Taxonomy:" prompt.

   Type the first few letters of the taxonomy name to see a selection, or type two question marks (??) to see the entire list.

9. Starting with CRS V5.0 Patch 1, you must have security access to run any patient list. If you have security access and want patient lists in addition to the report, type Y (Yes) at the "Do you want individual lists for any indicators?" prompt.

   The HEDIS Indicator List Selection screen will display (Figure 6-51). All HEDIS indicator topics will be listed.

   If you typed N (No), skip to step 16 to complete report selection.

10. Type S (Select Indicator) to select patient lists for specific indicator topics.

11. Type the number(s) corresponding to the indicators you want to select at the "Which Items?" prompt.

12. After pressing the Enter key, the indicator topics you selected will have an asterisk at the left side (Figure 6-51).

13. Type Q (Quit) when you have completed selecting topics.

```
Do you want individual lists for any the selected indicators? N//y Yes

HEDIS INDICATOR LIST SELECTIONApr 27, 2005 17:32:48          Page:    1 of    2
IHS FY 05 HEDIS Performance Indicator Lists of Patients
* indicates the list has been selected

1)  Childhood Imm: List of patients without ALL childhood immunizations
2)  Colorectal Cancer Screen: Pts 51-80 and CRC screening, if any
*3)  Breast Cancer Screen: Women 52-69 and Mammogram/refusal, if any
*4)  Cervical Cancer Screen: Women 21-64 and Pap Smear/refusal, if any
5)  Chlamydia Screen: Women 16-25 w/no documented test
6)  Osteoporosis Management: List of female pts w/new fracture w/tx, if any
7)  BP Control: List of patients with hypertension and BP value, if any.
8)  Beta-Blocker Tx After Heart Attack: List of pts w/AMI w/tx, if any
9)  Beta-Blocker Tx: List of pts w/AMI, w/all beta-blocker meds, if any
10) Chol Mgt after Acute Card: List  pts w/AMI, CABG w/LDL, if any
11) DM Care: List of diabetic patients w/documented tests, if any.
12) Asthma: List of asthmatic Pts w/primary asthma medications, if any
13) Smoking Cessation: Tobacco Users and counseling, if any
14) Adult Flu IZ: Patients 50-64 and Influenza code/date, if any
15) Older Adult Flu IZ: Patients => 65 yrs and Influenza code/date, if any
16) Older Adult Pneumovax: Patients =>65 yrs and IZ code/date, if any
+         Enter ?? for more actions
S    Select List                        D    De Select List
A    All Lists
Select Action:+// Q  Quit
```

Figure 6-51: Running the HEDIS Report, choosing patient lists

14. Type the corresponding letter (i.e., R, A, or P) for the type of patient list you want to run. See step 11 in section 6.4 for a description of the types of patient lists.

15. If you selected P (By Provider), type the designated provider name at the "Enter Designated Provider Name:" prompt.

```
Select List Type.
NOTE:  If you select All Patients, your list may be
Hundreds of pages and take hours to print.

     Select one of the following:

          R         Random Patient List
          A         All Patients
          P         Patient List by Provider

Choose report type for the Lists: R// P  Patient List by Provider
Enter Designated Provider Name: Acord,Arlis          AA
```

Figure 6-52: Running the HEDIS reports, selecting patient list type

16. Type the number corresponding to the Beneficiary population you want to review. This allows you to specify one of three options: American Indian and Alaska Natives (AI/AN) only, patients who are not AI/AN, or your entire population.

```
     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/Alaskan N
ative (Classification 01)
```

Figure 6-53: Running the HEDIS Report, selecting beneficiary population

17. Type Y or N at the "Do you wish to export this data to Area?" prompt. You should only choose this option when you are ready to send final data to your Area Office.

18. A summary of the HEDIS report will be displayed (Figure 6-54).

```
                  SUMMARY OF FY 05 HEDIS REPORT TO BE GENERATED

The date ranges for this report are:
     Reporting Period:         Jan 01, 2004 to Dec 31, 2004
     Previous Year Period:     Jan 01, 2003 to Dec 31, 2003
     Baseline Period:          Jan 01, 1999 to Dec 31, 1999

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow

All HEDIS indicators will be calculated.

Please choose an output type.  For an explanation of the delimited
file please 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//
```

Figure 6-54: Summary Screen for HEDIS report

19. Follow step 8 in section 6.3 to determine the output (e.g., print to screen, delimited file, etc.) to finish running the report.

7.0 Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports. These summary, or aggregate, reports are generated from individual site export report files sent to the Area, which are created when a site chooses the export option when running the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports.

Service units with multiple facilities can also use this option to produce aggregated reports.

1. To open the Area Office Options menu, type AO at the "Select CRS 2005 Option" prompt at the main menu.

```
                         **********************************
                         **      IHS/RPMS CRS 2005      **
                         **  Clinical Reporting System  **
                         **********************************
                                   Version 5.1

                                  DEMO HOSPITAL


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

Select CRS 2005 Option: AO  Area Options
```

Figure 7-1: Opening the Area Office Options menu

2. The Area Office Options menu is displayed.

```
                           ***************************
                           **   IHS/RPMS CRS 2005   **
                           **  Area Office Options  **
                           ***************************
                                   Version 5.1

                                  DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option:
```

Figure 7-2: Area Office Options menu

The report options are defined below.

- UPL Upload Report Files from Site. To produce a report, the Area must first upload the FileMan data files from all facilities into the Area's CRS. Facilities can choose to create export data files when the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports are run (see section 6.3, step 6; section 6.6, step 9; section 6.7, step 22 and section 6.8, step 17 above). The facility must either manually or automatically send the data file to a designated location on the Area server.
- AGP Run AREA National GPRA Report
- GPUA Run AREA GPRA Performance Report
- AELD Run Area Elder Care Report
- AHED Run Area HEDIS Report
- LSTF List files in a directory. This menu option allows you to see a list of facility data files available on your designated network location.

For the National GPRA report, Area Offices must provide sites with the GPRA community taxonomy before the site runs their export reports for national GPRA reporting. The **designated IHS Report Coordinator** for the annual National GPRA report should convey this information to the Area Office GPRA Coordinators.

For the GPRA Performance, Elder Care, and HEDIS reports, Area Offices must provide sites with the following information before the site runs their export reports:

- Date range (e.g., January 1 – December 31; July 1 – June 30);
- Fiscal year for the report end date;
- Baseline fiscal year; and
- Population (e.g., AI/AN only [Beneficiary 01])

CRS will only aggregate site export files where all these factors are identical.

For all of the Area Aggregate reports, sites must provide their Area contact with their export file name after the report is run; sites may be requested to FTP the export file to the Area server.

7.1 Upload Export Data File from Site (UPL)

This option is used by Areas to upload data files that have been manually sent via FTP or transmitted automatically by service units. Once these files have been received and uploaded, they can be used in an area aggregate report. Areas will have to execute this option each time a service unit sends a data file.

1. Type UPL at the "Area Options Option:" prompt on the Area Options menu (Figure 7-3).

```
                            ****************************
                            **   IHS/RPMS CRS 2005    **
                            **  Area Office Options   **
                            ****************************
                                    Version 5.1

                                   DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option: UPL  Upload Report Files from Site
```

Figure 7-3: Uploading Data File from Site

2. Type the appropriate directory name at the "Enter directory path:" prompt. This is the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested Performance reports (section 5.0).

NOTE: You will be informed by your Area Office information systems personnel which directory should be used.

3. Type the name of the file you wish to upload at the "Enter Filename w /ext:" prompt. This file name is assigned by CRS at the time the facility runs the National GPRA, GPRA Performance, Elder Care, or HEDIS Performance reports (see section 6.3, step 6; section 6.6, step 9; section 6.7, step 22 and section 6.8, step 17 above).

NOTE: Each Area should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data file names at the time the facility reports are run. It is strongly recommended that each Area establish a quarterly review process for the GPRA Performance reporting data, which includes all GPRA indicators and some additional key clinical performance measures.

4. The following messages display on your screen: `All done reading file`, `Processing`, and `Data uploaded`. If you do not see these messages, the file was not uploaded.

5. If you have typed the file name incorrectly or CRS cannot locate the file, the following message will display: `CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'`.

6. The "Enter filename:" prompt will display again. Type in another file name to upload.

7. To exit, type the caret (^) at the prompt. The “Enter directory path:” prompt displays.

8. Type in a new directory, or the caret (^) to exit back to the Area Options menu.

```
This option is used to upload a SU's 2005 CRS data.
You must specify the directory in which the GPRA data file resides
and then enter the filename of the data.

Enter directory path (i.e. /usr/spool/uucppublic/): q:\
Enter filename w /ext (i.e. BG05101201.5): bg05808701.30
Directory=q:\  File=bg05808701.30
All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG05101201.5): bg05404201.23
Directory=q:\  File=bg05404201.23

All done reading file

Processing

Data uploaded.

Enter filename w /ext (i.e. BG05101201.5): ^
Enter directory path (i.e. /usr/spool/uucppublic/): ^
```

Figure 7-4: Uploading Site Export Data File: Specifying Location and File Name

7.2 Run Area Aggregate Reports

The four menu options for running Area reports used by the Area Office to produce an aggregated Performance report, summarizing the performance of all facilities/service units to produce Area-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e., National GPRA, GPRA Performance, Elder Care, HEDIS Performance)
- Date ranges (e.g., July 1 through June 30)
- Calendar year end dates
- Baseline fiscal year periods
- Population type (e.g., AI/AN only)

This information is pre-defined in the National GPRA report but is not pre-defined in the GPRA Performance, Elder Care, or HEDIS Performance report. For these reports, you will need to specify the elements listed above.

7.2.1 Run Area National GPRA Report (AGP)

This option is used by the Area to produce an area aggregate National GPRA report. The National GPRA report contains clinical indicators (specific denominators and numerators) defined in the IHS GPRA Performance Plan as well as other indicators representing potential new GPRA indicators and/or other strategic agency clinical focus, e.g., Colorectal Cancer Screening. This report will aggregate all data files received to date from the service units.

1. Type AGP at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          ****************************
                           **   IHS/RPMS CRS 2005   **
                           **  Area Office Options  **
                           ****************************
                                   Version 5.1

                                  DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option: AGP  Run AREA National GPRA Report
```

Figure 7-5: Running Area National GPRA Report

2. The screen displays the date ranges that have been pre-defined for the report, including Report (Current), Previous Year and Baseline.

```
                    [AREA] Aggregate National GPRA Report

The date ranges for this report are:
     Report Period:            Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// A AREA Aggregate


You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue:
```

Figure 7-6: Running Area National GPRA Report: Pre-defined Report Dates and Selecting Report Type

3. Type A (Area Aggregate) or F (One Facility) at the "Run Report for:" prompt. The default option is *A*.

The Area Aggregate option will run a report that combines the data for all sites. The One Facility option will run a report similar to the facility National GPRA report (section 5.1.1). The example here is an Area Aggregate report.

4. Beginning with Version 5.1, you will now be able to select which sites to include in the report. Press Enter to continue.

5. All facilities that have had their data files uploaded for the selected time period will be displayed onscreen. Review the list.

6. Select the facilities to be included in your report, as described below.

   - To select all facilities for the report, type A.
   - To select one facility at a time, type S, then the number of the facility you want to select.
   - To remove a facility from the list, type R, then the number of the facility.

   After pressing the Enter key, all facilities you selected will have an asterisk at the left side, as shown in Figure 7-7.

```
AREA AGGREGATE SITE SELECTION May 01, 2005 14:36:24          Page:    1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU         FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1)   DEMO SU 1  DEMO HOSPITAL  07/01/04  06/30/05  07/01/99  06/30/00  04/29/05
*2)   DEMO SU 2  DEMO HOSP 2    07/01/04  06/30/05  07/01/99  06/30/00  04/30/05


          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facilty
S    Select Facility                    Q    Quit
Select Action:+//
```

Figure 7-7: Running Area National GPRA Report: Selecting Facilities for the Report

7. Type Q (Quit) when you have completed selecting facilities at the "Select Action:" prompt.

8. The name of two delimited text files and the network directory that they will be saved to are displayed on the screen (Figure 7-8).

   NOTE: The delimited file used for National GPRA reporting has been renamed from "GPRAEX" to "GPRANT". This is the file you will need to send for National GPRA reporting.

9. The filename beginning with "GPRANT" is used for National GPRA reporting and includes all data for all facilities you selected for your report. The filename beginning with "GPRAEX" is used for reporting on IHS' intranet-based Executive Information Support System (EISS) and includes data only for those

facilities who have chosen to export their data for EISS-reporting purposes. Both files can be used in Excel to create graphs and other summary reports (Appendix B: Working with Delimited Files).

10. Type the corresponding letter for your output at the "Select an Output Option:" prompt
    - P (Print) will send the report file to your printer, your screen or an electronic file.
    - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. (See Appendix B for detailed instructions in creating an Excel file.)
    - B (Both) will produce both a printed report and a delimited file.

11. If you select P Print, type in a printer or file name at the "Device:" prompt. In the example below, the default prompt is Home, which prints directly to the screen. The default prompt may vary at different sites. If you want to print to a file or you do not know your printer name, check with your Site Manager.

    Generally you should plan to queue your report to run off hours, when the network is not as busy. At most sites, you can queue your report to print by typing Q at the prompt. Check with your Site Manager if you need further information about how to specify each of these options.

    If you select D (Delimited) at the "Select an Output Option:" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F). If this report will take several hours to run, it is recommended to print to a file.

    If you select F (File), type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

    You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
A file will be created called GPRANT8087012005063000000000020050501145148_000002.
TXT
and will reside in the Q:\ directory. This file can be used in Excel.


A file will be created called GPRAEX8087012005063000000000020050501145148_000002.
TXT
and will reside in the Q:\ directory. This file can be used in Excel.


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//
```

Figure 7-8: Running Area National GPRA Report: Selecting Output Option

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (Figure 7-9). The report data is aggregated for each indicator.

```
                                  Cover Page

         ***  IHS 2005 National GPRA Clinical Performance Report  ***
                            CRS 2005, Version 5.1
                                AREA AGGREGATE
                        Date Report Run:  May 1, 2005
                           Site where Run:  [AREA]
                  Report Period: Jul 01, 2004 to Jun 30,2005
              Previous Year Period:  Jul 01, 2003 to Jun 30, 2004
                 Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------

 Report includes the following facility data:
   HOPI HEALTH CARE CENTER
     Communities:
          BACABI              BLUE BIRD CN                  HOTEVILLA
          KEAMS CANYON        KYKOTSMOVI                    LEUPP
          MISHONGNOVI         ORAIBI,OLD                    POLACCA
          SECOND MESA         SHIPAULOVI                    SHUNGOPOVI
          SICHOMOVI           SKUNK SPRGS                   SNOWBIRD
          SPIDER MOUND        TELEHOGAN                     TEWA
          TOREVA              WALPI
   ELKO
     Communities:
          BAKER               BATTLE MOUNTAIN               BEOWAWE
          CARLIN              CRESCENT VALLEY               ELKO
          ELY                 EUREKA EAST                   GOSHUTE(IBAPAH)
          HALLECK             JACKPOT                       JARBIDGE
          LAMOILLE            LUND                          MCGILL
          MONTELLO            OSINO                         RUBY VALLEY
          RUTH                RYNDON                        SOUTH FORK
          SPRING CREEK        WENDOVER
   PARKER HOSP
     Communities:
          BIG RIVER           BLYTHE                        BOUSE
          BULLHEAD CITY       CHEMEHUEVI VALLEY             CHLORIDE
          DOLAN SPRINGS       EARP                          EHRENBERG
          KINGMAN             LAKE HAVSU C                  MOHAVE VALLE
          NEEDLES             OATMAN                        PARKER
          PARKER DAM          PEACH SPRGS                   POSTON
          QUARTZSITE          RIVIERA                       SALOME
          SELIGMAN            SUPAI                         TOPOCK
          TRUXTON             VALENTINE                     VIDAL
          WENDEN              WICKIEUP                      WILLIAMS
          YUCCA
   WHITERIVER H
     Communities:
          CANYON DAY          CARRIZO                       CEDAR CREEK
          CIBECUE             DIAMOND CRK                   EAST FORK
          FORT APACHE         HON-DAH/INDIAN PINE           MCNARY
          RAINBOW CITY        SEVEN MILE                    WHITE RIV NE
          WHITE RIV NW        WHITE RIV SE                  WHITE RIV SW
          WHITERIVER
   FT. YUMA HOSP
     Communities:
          1090                BARD                          BRAWLEY
          DATELAND            EL CENTRO                     GADSDEN
          IMPERIAL            LIGURTA                       MOHAWK
          RIVERSIDE SCHOOL    ROLL                          SAN LUIS (AZ 288)
          SOMERTON            TACNA                         WELLTON
          WINTERHAVEN         YUMA

   OWYHEE HOSPITAL
```

```
    Communities:
         11-MILE CORN        BOISE                          CALDWELL
         FILER               GLENNS FERRY                   MOUNTAIN HOME
         NAMPA               TWIN FALLS

  SAN CARLOS
    Communities:
         7-MILE WASH         BYLAS                          CALVA
         CLAYPOOL            CLIFTON                        COOLIDGE DAM
         CUTTER              DUNCAN                         EDEN
         FORT THOMAS         GERONIMO                       GILSON WASH
         GLOBE               LOW. PERIDOT                   MIAMI
         MORENCI             NORTH GILSON                   PERIDOT
         PERIDOT HEIGHTS     PHOENIX                        PIMA
         SAFFORD             SAN CARLOS                     SENECA
         SOUTH GILSON        THATCHER                       UP. PERIDOT
         WHITERIVER          YOUNG
```

Figure 7-9: Sample Area National GPRA Report Cover Page for Phoenix Area

At the end of the report are a Clinical Performance Summary Page and a Clinical Performance Detail section. The Summary Page lists the Area aggregate indicator rates for the Current, Previous, and Baseline periods as well as the GPRA 2005 Goal, National 2004 performance, and 2010 goal for each indicator in the report. A sample Summary Page is shown in Figure 7-10 and Figure 7-11. The Clinical Performance Detail section shows the indicator rates by each facility with the Area. An example is shown in Figure 7-12.

```
ADAM                                May 01, 2005                        Page 1
      *** IHS 2005 National GPRA Clinical Performance Indicator Report ***
                                  AREA AGGREGATE
                   Report Period: Jul 01, 2004 to Jun 30, 2005
               Previous Year Period:  Jul 01, 2003 to Jun 30, 2004
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------
                        CLINICAL PERFORMANCE SUMMARY PAGE
                            Area      Area     Area     GPRA05   Nat'l    2010
                           Current   Previous Baseline  Goal     2004     Goal
-------------------------------------------------------------------------------

DIABETES GROUP
*Diabetes DX Ever            11.9%     11.2%     8.8%  N/A      10.0%    TBD
*Documented HbA1c            76.6%     75.2%    32.7%  N/A      77.0%    50%
Poor Glycemic Control >9.5   16.2%     13.0%    12.1%  17.0%    17.0%    TBD
Ideal Glycemic Control <7    26.0%     29.9%     7.8%  27.0%    27.0%    40.0%
*BP Assessed                 93.3%     81.7%    90.7%  N/A      N/A      TBD
Controlled BP <130/80        31.6%     27.6%    22.8%  35.0%    35.0%    50.0%
LDL Assessed                 31.2%     45.4%     8.9%  53.0%    53.0%    70.0%
Nephropathy Assessed         14.5%     42.0%     0.0%  42.0%    42.0%    70.0%
Retinopathy Exam             57.1%     38.3%    50.9%  ~47.0%   ~47.0%   TBD
                                                        #55.0%   #55.0%
*Depression Assessed          7.2%      5.1%     3.2%  N/A      N/A      N/A
*Influenza Vaccine           70.7%     48.5%    64.1%  N/A      N/A      N/A
*Pneumovax Vaccine Ever      84.8%     75.5%    61.6%  N/A      N/A      N/A
Dental Access Diabetes       26.8%     28.5%    35.2%  37.0%    37.0%    75.0%

DENTAL GROUP
Dental Access General        16.3%     12.1%    21.0%  24.0%    24.0%    40.0%
Sealants                     2089       333      611   287,158  &287,158 TBD
Topical Fluoride-
 # Applications                55        99       86   Baseline N/A      TBD
Topical Fluoride-
 # Patients                    61        81       74   Baseline N/A      TBD

IMMUNIZATIONS
Influenza 65+                67.8%     40.3%    58.2%  54.0%    54.0%    90.0%
Pneumovax Ever 65+           80.7%     62.2%    55.3%  69.0%    69.0%    90.0%
Childhood 19-35 mos          71.2%     43.9%    51.0%  72.0%    &72.0%   80%

CANCER-RELATED
Pap Smear Rates 21-64        62.0%     53.4%    65.5%  58.0%    58.0%    90.0%
Mammogram Rates 52-64        51.0%     55.4%    59.0%  40.0%    40.0%    70.0%
*Colorectal Cancer 51-80     30.4%     23.9%    11.1%  N/A      N/A      TBD
Tobacco Assessment 5+         1.4%     26.4%    34.2%  27.0%    27.0%    TBD
 *Tobacco Use Prevalence      0.7%     35.6%    32.3%  N/A      N/A      TBD

BEHAVIORAL HEALTH
FAS Prevention 15-44          2.5%      1.0%     3.0%  >7.0%    7.0%     TBD
**IPV/DV Screen 15-40         3.2%      0.7%     3.2%  4.0%     4.0%     25.0%

CVD-RELATED
BMI Measured 2-74            20.5%     50.2%    52.2%  >60.0%   60.0%    TBD
  *Assessed as Obese          7.2%     38.8%    34.6%  N/A      N/A      TBD
Cholesterol Screening 23+    17.3%     15.7%     3.7%  Baseline N/A      80.0%
```

Figure 7-10: Sample Area National GPRA Report Summary Page, page 1

```
ADAM                                May 01, 2005                        Page 2
      *** IHS 2005 National GPRA Clinical Performance Indicator Report ***
                                  AREA AGGREGATE
                  Report Period: Jul 01, 2004 to Jun 30, 2005
               Previous Year Period:  Jul 01, 2003 to Jun 30, 2004
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------
                       CLINICAL PERFORMANCE SUMMARY PAGE
                           Area      Area     Area     GPRA05   Nat'l    2010
                          Current   Previous Baseline  Goal     2004     Goal
-------------------------------------------------------------------------------

Prenatal HIV Testing         59.4%     29.4%     3.6%  Baseline N/A      TBD

Public Health Nursing        1021      1047     1558   423,379  423,379  TBD

(* - Not GPRA indicator for FY 2005)
(~ - National Retinopathy goal/rate)
(# - Designated site goal/rate)
(& - Data source other than GPRA+)
(** - Age range for IPV/DV changed from 16-24 to 15-40 in 2005)
```

Figure 7-11: Sample Area National GPRA Report Summary Page, page 2

```
ADAM                                May 01, 2005                        Page 1
      *** IHS 2005 National GPRA Clinical Performance Indicator Report ***
                                  AREA AGGREGATE
                  Report Period: Jul 01, 2004 to Jun 30, 2005
               Previous Year Period:  Jul 01, 2003 to Jun 30, 2004
                  Baseline Period:  Jul 01, 1999 to Jun 30, 2000
-------------------------------------------------------------------------------
                          CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site  Area     GPRA05   National  2010
                      Current   Prev    Base  Current  Goal      2004     Goal
-------------------------------------------------------------------------------

DIABETES GROUP

*Diabetes DX Ever                                11.9%   N/A       10.0%    TBD
 999998 DEMO HOSPITA    X.X%     X.X%     X.X%
 999999 DEMO HOSP 2     X.X%     X.X%     X.X%

*Documented HbA1c                                76.6%   N/A       77.0%    50%
 999998 DEMO HOSPITA    X.X%     X.X%     X.X%
 999999 DEMO HOSP 2     X.X%     X.X%     X.X%

Poor Glycemic Control >9.5                       16.2%   17.0%     17.0%    TBD
 999998 DEMO HOSPITA    X.X%     X.X%     X.X%
 999999 DEMO HOSP 2     X.X%     X.X%     X.X%
```

Figure 7-12: Sample Area National GPRA Report Clinical Performance Detail section

7.2.2 Run Area GPRA Performance Report (GPUA)

The Area Office GPRA Performance Report option (GPUA) is used by the Area to produce an Area-wide GPRA Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The indicators included in this report are exactly the same as the National GPRA report; however, the GPRA Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and

Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **NOTE:** To run the Area Aggregate GPRA Performance report, the data uploaded from the facilities must have matching date ranges, fiscal year end dates, baseline fiscal year populations and populations.

1. Type GPUA at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                          ****************************
                          **   IHS/RPMS CRS 2005    **
                          **  Area Office Options   **
                          ****************************
                                  Version 5.1

                                 DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option: GPUA  Run AREA GPRA Performance Report
```

Figure 7-13: Opening the Area GPRA Performance Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-14) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 7-14: Running the Area GPRA Performance Report, selecting report date range

a. To select a pre-defined period (e.g. January 1 – December 31):

   i. Select one of the first four options.

   ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

   i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

3. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
   [AREA] Aggregate GPRA Performance Report with user defined date range

     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 Report Period

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2004
Enter Year:  2003  (2003)

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:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-15: Running Area GPRA Performance: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.5 step 22 above).

```
     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//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-16: Selecting Report Population-Type

5. Follow steps 4 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

6. Follow steps 10 through 11 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.2.3 Run Area Elder Care Report (AELD)

The Area Office Elder Care Report option (AELD) is used by the Area to produce an Area-wide Elder Care report. This report may only be aggregated from report files for which ALL Elder Care indicators were included. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

This report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

> **NOTE:** To run the Area Aggregate Elder Care report, the data uploaded from the facilities must have matching date ranges, fiscal year end dates, baseline fiscal year populations and populations.

1. Type AELD at the "Select Area Options Option:" prompt on the Area Office Options menu.

```
                            ***************************
                            **   IHS/RPMS CRS 2005   **
                            **  Area Office Options  **
                            ***************************
                                    Version 5.1

                                   DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option: AELD  Run AREA Elder Care Report
```

Figure 7-17: Opening the Area Elder Care Report from the Area Office Options Menu

2. Select the date range for the report (Figure 7-18) by following steps a or b below.

```
     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 Report Period

Enter the date range for your report:
```

Figure 7-18: Running the Area Elder Care Report, selecting report date range

   a. To select a pre-defined period (e.g. January 1 – December 31):

i. Select one of the first four options.

ii. Enter the calendar year of the report end date.

b. To enter your own report end date:

i. Select option 5, User-Defined Report Period.

ii. Enter the end date of the report in MM/DD/CCYY format (e.g. 11/30/2004).

3. Type the baseline year at the "Enter Year:" prompt. The screen displays the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
      2005 Area Aggregate Elder Care Clinical Performance Indicator Report

This will produce an Elder Care Indicator Report for all ELDER indicators
 for a year period you specify.  You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and the beneficiary

/classification of the patients.

There are 22 indicators in the Elder Care Indicator Report.

     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: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2004
Enter Year:  2003  (2003)

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:            Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-19: Running Area Elder Care: Selecting Pre-defined Report Time Period

4. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.5 step 22 above).

```
     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//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-20: Selecting Report Population-Type

5. Follow steps 4 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

6. Follow steps 10 through 11 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.2.4 Run Area HEDIS Report (AHED)

The Area Office HEDIS Performance Report option (AHED) is used by the Area to produce an Area-wide HEDIS Performance report. This report aggregates all data files received to date from facilities and reports the total Area-wide numbers.

The HEDIS Performance report is different from the National GPRA report as it can be run for different types of user populations: American Indian and Alaska Natives (AI/AN) only, non AI/AN, or both. It can also be run for different date ranges, whereas the National GPRA report uses pre-defined date ranges. Patient lists are NOT included in the Area Aggregate report.

NOTE: To run the Area Aggregate HEDIS report, the data uploaded from the facilities must have matching date ranges, calendar year end dates, baseline years, and beneficiary (patient) populations.

1. Type AHED at the “Select Area Options Option:” prompt on the Area Office Options menu.

```
                            ****************************
                            **   IHS/RPMS CRS 2005    **
                            **  Area Office Options   **
                            ****************************
                                    Version 5.1

                                   DEMO HOSPITAL


   UPL    Upload Report Files from Site
   AGP    Run AREA National GPRA Report
   GPUA   Run AREA GPRA Performance Report
   AELD   Run AREA Elder Care Report
   AHED   Run Area HEDIS Report
   LSTF   List files in a directory

Select Area Options Option: AHED  Run Area HEDIS Report
```

Figure 7-21: Opening the Area HEDIS Report from the Area Office Options Menu

2. Type the number corresponding to the appropriate date range for the Current report period at the “Enter the date range for your report:” prompt.

3. Type the calendar year for the END date of your Current Report period (e.g., 2005) at the “Enter Year:” prompt.

4. Enter the baseline year. Most often, this year will be two (2) years prior to the Current Report end date.

5. The screen will display the date ranges that you have selected for the report, including Report (Current), Previous Year and Baseline.

```
             [AREA] IHS 2005 Area Aggregate HEDIS Performance Report

     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

Enter the date range for your report: 1  January 1 - December 31

Enter the Calendar Year for the report END date.  Use a 4 digit
year, e.g. 2004
Enter Year:  2003  (2003)

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:
     Reporting Period:         Jan 01, 2003 to Dec 31, 2003
     Previous Year Period:     Jan 01, 2002 to Dec 31, 2002
     Baseline Period:          Jan 01, 2000 to Dec 31, 2000
```

Figure 7-22: Running Area HEDIS Report: Selecting the Report Time Period

6. Type the number corresponding to the Beneficiary (patient) population to be included in the report (see section 6.5 step 22 above).

```
     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//   Indian/Alaskan Native
(Classification 01)
```

Figure 7-23: Selecting Report Population-Type

7. Follow steps 4 through 7 above in section 7.2.1 (Area National GPRA report) to select facilities to be included in the report.

8. Follow steps 10 through 11 above in section 7.2.1 (Area National GPRA report) to select report type and output.

7.3 List Files in a Directory (LSTF)

The List Files function allows Area Office technical staff to see a list of FileMan files that have been transmitted by facilities to the Area for aggregation. This list will ***not*** indicate whether the file has been uploaded into CRS.

1. Type LSTF at the "Area Office Options Option:' prompt on the Area Office Options menu.

2. Type the appropriate directory name at the "Enter directory path:" prompt. This should be the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national Performance report (section 5.0).

3. A list of files will be displayed. Only FileMan data files created by CRS 2005 (BGP v. 5.*) will be listed. File names begin with "BG05," followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing ".HE" are HEDIS reports. Files with an extension containing ".EL" are Elder Care reports.

4. Press the Enter key to return to the Area Office Options menu.

```
This option is used to list all CRS 2005 files that are in a directory.

These files begin with BG05.

You must specify the directory in which the CRS 2005 data files reside.


Enter directory path (e.g. /usr/spool/uucppublic/): q:\


The following GPRA 05 files reside in the q:\ directory.

     BG05000101.9

     BG05000111.28

     BG05404201.15

     BG05404201.8

     BG05404201.HE17

     BG05404201.HE5

     BG05404201.HE6

     BG05808701.EL1

Enter RETURN to continue or '^' to exit:
```

Figure 7-24: Displaying CRS Data Files

8.0 Indicator Logic

This section provides the following information for each indicator topic:

- Topic or indicator description; for GPRA indicators, the description is taken from the IHS Annual Performance Report to Congress;
- Definitions of all denominators and numerators for each indicator 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 previous year, if any.
- Description of which patients and information are contained on the patient list;
- Past IHS performance, if any, and IHS or HP 2010 targets for the indicator;
- Report example; and
- 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.

8.1 Indicator Logic Basics

8.1.1 CRS Denominator Definitions

Each indicator topic has one or more denominators and numerators defined. The denominator is the total population that is being reviewed for a specific indicator. For the National GPRA report, only one denominator for each topic is reported. These denominators are pre-defined, based on the Active Clinical Population definition. For Selected Indicator reports for local use (section 5.1.2), 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.

8.1.1.1 Denominator Definitions for National GPRA Reporting

The Active Clinical population is the denominator definition used as the basis for most GPRA indicators. This denominator was developed in FY 2003 specifically for clinical indicators because it was felt to be more representative of the active clinical population. Prior to FY 2003, the GPRA User Population denominator definition was used for national reporting, similar to the agency IHS User Population definition (see below).

Active Clinical population for national GPRA reporting is defined as by the following criteria:

- Indian/Alaskan Natives Only – based on Beneficiary Classification of 01 – Indian/Alaskan Native located in the RPMS Patient Registration file. 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. See section 4.1 for additional information about setting up Community Taxonomies.
- Must be alive on the last day of the Report period.
- 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 listed above OR to one of the following additional medical clinics:

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

Two indicators on the National GPRA report use a broader denominator definition. Diabetes Prevalence and Access to Dental Services indicators use the GPRA User Population denominator.

GPRA User Population is defined as:

- First three definitions from Active Clinical population above, and
- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

> **NOTE:** The GPRA User Population definition is similar, but not identical, to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable as defined by IHS HQ.

8.1.1.2 Denominator Definitions for Selected Indicators Reports

In addition to the National GPRA report, CRS provides Selected Indicators reports intended for local facility use for specific public health and/or performance improvement initiatives (section 5.1.2). Multiple denominators and numerators will be reported for each indicator topic (e.g., *both* Active Clinical and GPRA User Population). Section 8.0 Indicator Logic provides detailed descriptions of all denominators and numerators for each topic. Users have additional options to define the denominators as explained below.

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

- *(Same as national GPRA reporting)* Must have two visits to medical clinics in the past three years. At least one visit must be to a core medical clinic. See section 3.2.2.1 for details about medical clinics.

- *(Same as national GPRA reporting)* 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See section 6.5 for detailed instructions as to making these selections.)

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

- *(Same as national GPRA reporting)* Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.

- *(Same as national GPRA reporting)* 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 of residence; group of multiple communities (defined in a community taxonomy); user-defined list of specific patients (patient panel); or all patients regardless of community of residence. See section 6.5 for detailed instructions as to making these selections.)

8.1.2 Logic Example

The GPRA indicator example used above was Women's Health: Pap Smear Rates: maintain the proportion of eligible women patients who have had a pap screen within the previous three years at the FY 2004 levels.

For CRS, the GPRA indicator definition becomes:

- 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 indicator 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 indicator): patients with documented Pap smear or refusal in past three years.

For the programmer, the Pap smear indicator is described in terms of the following logic:

1. Begin with the Active Clinical population definition (see section 3.2.2.1 above).

    - 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 "2 medical clinics" definition.

2. From these patients, identify the subset that are female and that are ages 21 through 64 on the first day of the Current Report period (the difference between the age range 18-64 in the definition and 21-64 in the logic is because the software looks back three (3) years for a test when a patient who is currently 21 would have been 18).

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, 58150, 58152, 58200-58294, 58550-54, 58951, 58953-58954, 59135, 59525 any time before the end of the Report period.

4. For these patients (the denominator), check for a pap smear in the following order:

   - V Lab is checked for a lab test called PAP SMEAR and for any site-defined pap smear lab test documented in the BGP GPRA PAP SMEAR taxonomy, OR
   - Purpose of Visit file (V POV) is checked for a Diagnosis of V76.2-Screen Mal Neop-Cervix, V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN exam, V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic), V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients or V76.49 Pap Smear for Women w/o a Cervix, OR
   - V Procedures is checked for a procedure of 91.46, OR
   - V CPT is checked for the following CPT codes: a) 88141-88167; b) 88174-88175 or HCPCS code Q0091 Screening Pap Smear, OR
   - The Women's Health Tracking package is checked for documentation of a procedure called Pap Smear, OR
   - V Lab is checked for any LOINC code listed in the pre-defined BGP PAP LOINC CODES taxonomy (see the CRS Technical Manual for specific codes), OR
   - Refusals file is checked for Lab Test Pap Smear in the past year.

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

8.1.3 Age Ranges

For the purposes of CRS reports, the age of a patient is calculated at the beginning of the Report period. E.g., for a Current Report period October 1, 2001 through September 30, 2002, Jane Doe is defined as age 64 if her birth date is October 10, 1936, even though she becomes age 65 during the Report period.

8.1.4 Standard Health Care Codes

8.1.4.1 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.

8.1.4.2 ICD Codes

One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease 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.

8.1.4.3 LOINC

Standard code sets are used to standardize data and mitigate variations in local terminologies for lab and other healthcare procedures, allowing for comparison and analysis. Logical Observations, Identifiers, Names, and Codes (LOINC) is a standard coding system originally initiated for Laboratory values. The system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.).

IHS began integrating LOINC values into RPMS in several pilot sites in 2002; by the end of FY 2003, over 25 sites had converted to LOINC codes for their lab tests. GPRA+ software began to incorporate LOINC codes into its logic for the new indicators included in version 2.1. Beginning in GPRA+ version 3.0, LOINC taxonomies have been included for all appropriate indicators.

Sites interested in converting their lab tests to LOINC codes should contact the RPMS Lab User Support Team via the ITSC Support Center; (888) 830-7280 (toll free) or (505) 248-4371 if in Albuquerque, NM or surrounding area or email support@ihs.gov.

See CRS Technical Guide for a list of specific LOINC codes included in each LOINC taxonomy.

8.2 Diabetes Related Indicator Topics

8.2.1 Diabetes Prevalence

Indicator Description: During FY 2005, 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.

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 least one diagnosis 250.00-250.93 recorded in the V POV file) *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 diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in V POV file.

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: A list of all patients diagnosed with Diabetes, the date of the most recent DM diagnosis, and the DM diagnosis code.

```
ADAM                                Apr 28, 2005                        Page 1
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 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.

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.

During FY 2005, 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.

IHS Performance:   FY 2004 - 10.%

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop            2,284          2,256                  2,232

# w/ any DM DX          228  10.0      215   9.5     +0.5     188   8.4     +1.6
# w/ DM DX
 w/in past year         169   7.4      156   6.9     +0.5     155   6.9     +0.5

# Male User Pop       1,076          1,048                  1,047

# w/ any DM DX           92   8.6       90   8.6     -0.0      76   7.3     +1.3
# w/DM DX
 w/in past year          70   6.5       68   6.5     +0.0      64   6.1     +0.4

# Female User Pop     1,208          1,208                  1,185

# w/ any DM DX          136  11.3      125  10.3     +0.9     112   9.5     +1.8
# w/ DM DX
 w/in past year          99   8.2       88   7.3     +0.9      91   7.7     +0.5
```

Figure 8-1: Sample Summary Report, Diabetes Prevalence Indicator Topic

```
ADAM                                Apr 28, 2005                        Page 2
                   *** IHS 2005 Clinical Performance Report ***
                                  DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Age Specific Diabetes Prevalence

                             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         739    239    178    303    301    205    149    170
# w/ DM DX ever            2      1      2     19     37     49     49     69
% w/ DM DX ever          0.3    0.4    1.1    6.3   12.3   23.9   32.9   40.6

# w/DM DX in past yr       1      1      1     15     22     35     44     50
% w/DM DX in past yr     0.1    0.4    0.6    5.0    7.3   17.1   29.5   29.4

PREVIOUS YEAR PERIOD
Total # User Pop         750    224    162    317    300    192    144    167
# w/ DM DX ever            2      0      4     22     35     47     39     66
% w/ DM DX ever          0.3    0.0    2.5    6.9   11.7   24.5   27.1   39.5

# w/DM DX in past yr       1      0      2     14     23     35     32     49
% w/DM DX in past yr     0.1    0.0    1.2    4.4    7.7   18.2   22.2   29.3

CHANGE FROM PREV YR %
w/ DM DX ever           +0.0   +0.4   -1.3   -0.7   +0.6   -0.6   +5.8   +1.1
w/DM DX in past yr      +0.0   +0.4   -0.7   +0.5   -0.4   -1.2   +7.3   +0.1

BASELINE REPORT PERIOD
Total # User Pop         782    222    172    308    288    172    133    155
# w/ DM DX ever            1      0      7     18     38     32     37     55
% w/ DM DX ever          0.1    0.0    4.1    5.8   13.2   18.6   27.8   35.5

# w/DM DX in past yr       0      0      5     14     33     25     32     46
% w/DM DX in past yr     0.0    0.0    2.9    4.5   11.5   14.5   24.1   29.7

CHANGE FROM BASE YR %
w/ DM DX ever           +0.1   +0.4   -2.9   +0.4   -0.9   +5.3   +5.1   +5.1
w/DM DX in past yr      +0.1   +0.4   -2.3   +0.4   -4.1   +2.5   +5.5   -0.3
```

Figure 8-2: Sample Age Breakdown Page, Diabetes Prevalence Topic

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   ADAM                            Apr 28, 2005                        Page 1

           ***  FY05 Clinical Performance Indicator Patient List  ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
                              Entire Patient List

-------------------------------------------------------------------------------
Diabetes Prevalence: List of diabetic patients with most recent diagnosis
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,MARJORIE        000001 COMMUNITY #1   F  12  UP          01/20/99 250.01
PATIENT,GRACE           000002 COMMUNITY #1   F  14  UP          12/10/03 250.00
PATIENT,TSOSIE          000003 COMMUNITY #1   F  25  UP          08/19/99 250.00
PATIENT,LUCILLE         000004 COMMUNITY #1   F  26  UP          12/08/03 250.03
PATIENT,SELINA          000005 COMMUNITY #1   F  27  UP          07/01/03 250.00
PATIENT,BONNIE          000006 COMMUNITY #1   F  28  UP          12/19/01 250.00
```

Figure 8-3: Sample Patient List, Diabetes Prevalence, Patients with Diabetes Diagnosis

8.2.2 Diabetes Comprehensive Care

Indicator Description: Increase the proportion of diabetic patients who receive all appropriate assessments.

Denominator:

Active Diabetic 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.

Numerators:

Patients with Hemoglobin A1c documented during the Report Period, regardless of result.

Patients with Blood Pressure documented during the Report Period.

Patients with LDL completed during the Report Period, regardless of result.

Patients who have BOTH 1) positive urine protein test or any microalbuminuria test, regardless of result AND 2) an Estimated GFR during the Report Period.

Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics.

Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam.

Logic Description: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. HbA1c definition: Counts most recent HbA1c test during the Report period, defined as: CPT 83036; LOINC taxonomy; or site-defined taxonomy DM AUDIT HGB A1C TAX. BP definition: mean of last 3 Blood Pressures documented on non-ER visits during the Report period, or mean of 2 non-ER BPs, if 3 BPs not available. If systolic and diastolic values do not BOTH meet criteria for controlled, the value is considered not controlled. LDL definition: Finds last test done during the Report period; defined as: CPT 83721; LOINC taxonomy; site defined taxonomy DM AUDIT LDL CHOLESTEROL TAX. Eye exam definition: first instance of ANY of: 1) diabetic eye exam or documented refusal: VExam code 03; 2) NON-DNKA visit to an optometrist or ophthalmologist (Provider codes 24, 79, 08); 3) Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics (clinic codes 17, 18, 64, A2); 4) CPT codes 92250, 92012, 92014, 92015, 92004 or 92002. Nephropathy assessment definition: CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period. Positive value for urine protein is defined as: 1) First character is P or p; 2) Contains a + sign; 3) Contains a > symbol; 4) numeric value (if the result is a number) is > (greater than) 29. 1) Urine protein defined as: LOINC taxonomy; site defined taxonomy DM AUDIT URINE PROTEIN TAX. 2) Microalbuminuria defined as: CPT codes 82043, 82044; LOINC taxonomy; site defined taxonomy DM AUDIT MICROALBUMINURIA TAX.

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomies for the following lab tests: Hemoglobin A1c, LDL, Urine Protein, and Microalbuminuria.

Patient List Description: List of diabetic patients with documented tests, if any.

Indicator Targets: TBD

```
ADAM                                Apr 28, 2005                        Page 6
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes Comprehensive Care

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts     154            148                    113

# w/HbA1c done
 w/ or w/o result       128  83.1      108  73.0    +10.1      95  84.1     -1.0
# w/ BPs documented     151  98.1      136  91.9     +6.2     106  93.8     +4.2
# w/ LDL done            61  39.6        1   0.7    +38.9      12  10.6    +29.0
# w/ pos urine protein /
 any microalbuminuria    80  51.9       19  12.8    +39.1       0   0.0    +51.9
# w/any Retinal
 screening               87  56.5       91  61.5     -5.0      60  53.1     +3.4
# w/ All                 24  15.6        0   0.0    +15.6       0   0.0    +15.6
```

Figure 8-4: Sample Summary Report, Diabetes Comprehensive Care Indicator Topic

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   ADAM                             Apr 28, 2005                        Page 11

           ***  FY05 Clinical Performance Indicator Patient List  ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
                               Entire Patient List

-------------------------------------------------------------------------------
Diabetes Comprehensive Care: List of Diabetic patients with documented
tests, if any (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,RACHEL          000021 COMMUNITY #1   F  89  AD          hgb: 03/13/03
7.3;BPs: 155/66 UNC;POS/M: 11/14/03 1+;EYE: 03/13/03 CPT 92014
PATIENT,MURPHY          000022 COMMUNITY #1   M  23  *all*AD     hgb: 12/23/03
6.7;BPs: 141/74 UNC;LDL: 12/24/03 ;POS/M: 12/23/03 ;EYE: 12/23/03 Cl: A2
PATIENT,DERRICK         000023 COMMUNITY #1   M  26  AD          ;BPs: 157/98 UNC
PATIENT,HENRY           000024 COMMUNITY #1   M  31  AD          hgb: 12/08/03
6.3;BPs: 124/73 CON;POS/M: 09/03/03 ;EYE: 03/11/03 CPT 92014
```

Figure 8-5: Sample Patient List, Diabetes Comprehensive Care

8.2.3 Diabetes: Glycemic Control

GPRA Indicator Description: During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control (defined as HbA1c > 9.5) does not increase above the FY 2004 level.

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated improved glycemic control (defined as HbA1c < 7) at the FY 2004 level.

Denominators:

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

GPRA Denominator: Active Diabetic 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.

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.

Numerators:

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

Very Poor Control. Patients with HbA1c equal to or greater than (=>) 12.

Poor Control. Patients with HbA1c greater than (>) 9.5 or less than (<) 12.

GPRA Numerator: Total of Poor and Very Poor Control, patients with HbA1c greater than (>) 9.5).

Fair Control. Patients with HbA1c equal to or greater than (=>) 8 and less than or equal to (<=) 9.5.

Good Control. Patients with HbA1c equal to or greater than (=>) 7 and less than (<) 8.

GPRA Numerator: Ideal Control. Patients with HbA1c less than (<) 7.

Without Result. Patients with HbA1c documented but no value.

Logic Description: First Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. Counts most recent HbA1c test during the Report Period. HbA1c defined as: CPT 83036; LOINC taxonomy; or site-defined taxonomy DM AUDIT HGB A1C TAX. Without result is defined as HbA1c documented but with no value.

CRS uses the following definitions:

	CPT Codes	LOINC Codes[6]	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
HbA1c	83036	yes	DM AUDIT HGB A1C TAX

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomies for Creatinine (used in Active Adult Diabetic denominator definition) and Hemoglobin A1c lab tests.

Patient List Description: List of diabetic patients with denominator identified & most recent HbA1c value, if any.

Indicator Source: IHS Diabetes Standards of Care.

GPRA Indicator Past Performance and Targets:

Hemoglobin A1c Documented:

IHS FY 2004 Performance	77.0%
IHS FY 2003 Performance	75%
IHS FY 2002 Performance	73%
HP 2010 Goal	50%

Poor Glycemic control:

IHS FY 2004 Performance	17%
IHS FY 2003 Performance	17%
IHS FY 2002 Performance	18%

Good Glycemic control:

IHS FY 2004 Performance	27%
IHS FY 2003 Performance	28%
IHS FY 2002 Performance	25%
IHS 2010 Goal	40%

[6] Specific LOINC codes used by CRS are located in the *CRS Technical Manual*.

ADAM Apr 28, 2005 Page 8

*** IHS 2005 Clinical Performance Report ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

Previous Year Period: Jan 01, 2002 to Dec 31, 2002

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	206		205			156		
# w/HbA1c done w/ or w/o result	129	62.6	108	52.7	+9.9	96	61.5	+1.1
# w/HbA1c =>12	7	3.4	4	2.0	+1.4	9	5.8	-2.4
# w/HbA1c >9.5 and <12	30	14.6	18	8.8	+5.8	20	12.8	+1.7
# w/HbA1c =>8 and =<9.5	25	12.1	25	12.2	-0.1	16	10.3	+1.9
# w/HbA1c=>7 and <8	18	8.7	19	9.3	-0.5	9	5.8	+3.0
# w/HbA1c <7	42	20.4	18	8.8	+11.6	26	16.7	+3.7
# w/HbA1c w/o Result	7	3.4	24	11.7	-8.3	16	10.3	-6.9
Active Diabetic Pts (GPRA)	154		148			113		
# w/HbA1c done w/ or w/o result	128	83.1	108	73.0	+10.1	95	84.1	-1.0
# w/HbA1c >9.5 (GPRA)	37	24.0	22	14.9	+9.2	29	25.7	-1.6
# w/HbA1c =>12	7	4.5	4	2.7	+1.8	9	8.0	-3.4
# w/HbA1c >9.5 and < 12	30	19.5	18	12.2	+7.3	20	17.7	+1.8
# w/HbA1c =>8 and =<9.5	25	16.2	25	16.9	-0.7	15	13.3	+3.0
# w/HbA1c=>7 and <8	18	11.7	19	12.8	-1.1	9	8.0	+3.7
# w/HbA1c <7 (GPRA) (GPRA)	42	27.3	18	12.2	+15.1	26	23.0	+4.3
# w/HbA1c w/o Result	6	3.9	24	16.2	-12.3	16	14.2	-10.3
Active Adult Diabetic Patients	126		112			97		
# w/HbA1c done w/ or w/o result	117	92.9	100	89.3	+3.6	92	94.8	-2.0
# w/HbA1c =>12	7	5.6	4	3.6	+2.0	9	9.3	-3.7
# w/HbA1c >9.5 and <12	30	23.8	17	15.2	+8.6	20	20.6	+3.2
# w/HbA1c =>8 and =<9.5	24	19.0	25	22.3	-3.3	15	15.5	+3.6
# w/HbA1c =>7 and <8	18	14.3	19	17.0	-2.7	9	9.3	+5.0
# w/HbA1c <7	34	27.0	15	13.4	+13.6	25	25.8	+1.2
# w/HbA1c w/o Result	4	3.2	20	17.9	-14.7	14	14.4	-11.3

Figure 8-6: Sample Report, Diabetes: Glycemic Control Topic

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   ADAM                            Apr 28, 2005                        Page 17

           ***  FY05 Clinical Performance Indicator Patient List  ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
                              Entire Patient List

-------------------------------------------------------------------------------
Diabetes: Glycemic Control: List of diabetic Patients with most recent
HbA1c value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,RACHEL          000021 COMMUNITY #1   F  89  UP,AD,AAD    03/13/03 7.3
PATIENT,MURPHY          000022 COMMUNITY #1   M  23  UP,AD,AAD    12/23/03 6.7
PATIENT,DERRICK         000023 COMMUNITY #1   M  26  UP,AD
PATIENT,HENRY           000024 COMMUNITY #1   M  31  UP,AD,AAD    12/08/03 6.3
PATIENT,DALTON          000025 COMMUNITY #1   M  32  UP
PATIENT,LYMAN AARON     000026 COMMUNITY #1   M  33  UP,AD
PATIENT,STUART          000027 COMMUNITY #1   M  35  UP,AD,AAD    04/03/03 13.7
```

Figure 8-7: Sample Patient List, Diabetes: Glycemic Control

8.2.4 Diabetes: Blood Pressure Control

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.

Denominators:

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

GPRA Denominator: Active Diabetic 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.

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.

Numerators:

Patients with Blood Pressure documented during the Report Period.

GPRA Numerator: 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 BP that is not controlled.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to 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. 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.

CRS uses the following definition:

	CPT Codes	**LOINC Codes**	**Taxonomy**
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomy for Creatinine (used in Active Adult Diabetic denominator definition) lab test.

Patient List Description: List of diabetic patients with denominator identified & mean BP, if any.

Indicator Source: IHS Diabetes Standards of Care.

GPRA Indicator Past Performance and Targets for Blood Pressure Control:

IHS FY 2004 Performance	35%
IHS FY 2003 Performance	37.0%
IHS FY 2002 Performance	36.1%
IHS 2010 Goal	50%

```
ADAM                                Apr 28, 2005                        Page 11
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes:  Blood Pressure Control (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period        206            205                    156

# w/ BPs
 Documented             167  81.1      154  75.1     +5.9     117  75.0     +6.1
# w/controlled BP
 < 130/80                62  30.1       59  28.8     +1.3      46  29.5     +0.6
# w/Not controlled
 BP                     105  51.0       95  46.3     +4.6      71  45.5     +5.5

Active Diabetic Pts
(GPRA)                  154            148                    113

# w/ BPs
 Documented             151  98.1      136  91.9     +6.2     106  93.8     +4.2
# w/Controlled BP
 < 130/80 (GPRA)         54  35.1       49  33.1     +2.0      39  34.5     +0.6
# w/Not controlled
 BP                      97  63.0       87  58.8     +4.2      67  59.3     +3.7

Active Adult Diabetic
Patients                126            112                     97

# w/ BPs
 Documented             125  99.2      111  99.1     +0.1      95  97.9     +1.3
# w/Controlled BP
 < 130/80                44  34.9       39  34.8     +0.1      36  37.1     -2.2
# w/Not controlled
 BP                      81  64.3       72  64.3     +0.0      59  60.8     +3.5
```

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

```
Diabetes: Blood Pressure Control: List of diabetic Patients mean BP, if
any (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,RACHEL          000021 COMMUNITY #1   F  89  UP,AD,AAD   155/66 UNC
PATIENT,MURPHY          000022 COMMUNITY #1   M  23  UP,AD,AAD   141/74 UNC
PATIENT,DERRICK         000023 COMMUNITY #1   M  26  UP,AD       157/98 UNC
PATIENT,HENRY           000024 COMMUNITY #1   M  31  UP,AD,AAD   124/73 CON
PATIENT,DALTON          000025 COMMUNITY #1   M  32  UP          163/89 UNC
PATIENT,LYMAN AARON     000026 COMMUNITY #1   M  33  UP,AD       131/85 UNC
PATIENT,STUART          000027 COMMUNITY #1   M  35  UP,AD,AAD   118/73 CON
PATIENT,EMERSON         000028 COMMUNITY #1   M  35  UP          unknown
```

Figure 8-9: Sample Patient List, Diabetes: Blood Pressure Control

8.2.5 Diabetes: Lipids Assessment

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.

Denominators:

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

GPRA Denominator: Active Diabetic 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.

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.

Numerators:

Patients who have had either a LIPID PROFILE or an LDL, an HDL and Triglyceride (TG) (all three) during the Report Period.

GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.

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: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report Period. For Numerators 1 and 2, counts all Y instances reported, regardless of the results of the measurement. For each test, finds the last test done during the Report Period.

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic denominator)		yes	DM AUDIT CREATININE TAX
Lipid Profile	80061	yes	DM AUDIT LIPID PROFILE TAX
LDL	83721	yes	DM AUDIT LDL CHOLESTEROL TAX
HDL	83718	yes	DM AUDIT HDL TAX
Triglyceride	84478	yes	DM AUDIT TRIGLYCERIDE TAX

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomies for the following lab tests: Creatinine (used in Active Adult Diabetic denominator definition), LDL, HDL, and Triglyceride.

Patient List Description: List of diabetic patients with denominator identified & documented LDL values. Lipid Profile (Panel) is indicated by "LP;" the date of most recent LDL tests is listed, with the value, if any.

Indicator Source: IHS Diabetes Standards of Care.

Indicator Past Performance and Targets:

IHS FY 2004 Performance	53%
IHS FY 2003 Performance	47.5%
IHS FY 2002 Performance	43.7%
HP 2010 Goal	70%

ADAM Apr 28, 2005 Page 13

*** IHS 2005 Clinical Performance Report ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

Previous Year Period: Jan 01, 2002 to Dec 31, 2002

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Diabetes: Lipids Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ DM DX prior to report period	206		205			156		
# w/Lipid Profile OR TG & HDL & LDL recorded	71	34.5	2	1.0	+33.5	41	26.3	+8.2
# w/ LDL done	63	30.6	1	0.5	+30.1	12	7.7	+22.9
# w/LDL <130	3	1.5	1	0.5	+1.0	9	5.8	-4.3
A. # w/LDL =<100	1	0.5	0	0.0	+0.5	3	1.9	-1.4
B. # w/LDL 101-129	2	1.0	1	0.5	+0.5	6	3.8	-2.9
Active Diabetic Pts (GPRA)	154		148			113		
# w/Lipid Profile OR TG & HDL & LDL recorded	70	45.5	2	1.4	+44.1	40	35.4	+10.1
# w/ LDL done (GPRA)	61	39.6	1	0.7	+38.9	12	10.6	+29.0
# w/LDL <130	3	1.9	1	0.7	+1.3	9	8.0	-6.0
A. # w/LDL =<100	1	0.6	0	0.0	+0.6	3	2.7	-2.0
B. # w/LDL 101-129	2	1.3	1	0.7	+0.6	6	5.3	-4.0
Active Adult Diabetic Patients	126		112			97		
# w/Lipid Profile OR TG & HDL & LDL recorded	61	48.4	2	1.8	+46.6	40	41.2	+7.2
# w/ LDL done	52	41.3	1	0.9	+40.4	12	12.4	+28.9
# w/LDL <130	2	1.6	1	0.9	+0.7	9	9.3	-7.7
A. # w/LDL =<100	1	0.8	0	0.0	+0.8	3	3.1	-2.3
B. # w/LDL 101-129	1	0.8	1	0.9	-0.1	6	6.2	-5.4

Figure 8-10: Sample Report, Diabetes: Lipid Assessment

```
Diabetes: Lipids Assessment: List of diabetic patients with documented LDL
values (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,MARJORIE        000001 COMMUNITY #1   F  12  UP,AD
PATIENT,GRACE           000002 COMMUNITY #1   F  14  UP,AD
PATIENT,TSOSIE          000003 COMMUNITY #1   F  25  UP          TRI:07/15/03
HDL:07/15/03 LDL:07/15/03 ; LDL DONE: 07/15/03
PATIENT,LUCILLE         000004 COMMUNITY #1   F  26  UP,AD       LDL DONE: 12/04/03
115
PATIENT,SELINA          000005 COMMUNITY #1   F  27  UP,AD
PATIENT,BONNIE          000006 COMMUNITY #1   F  28  UP
```

Figure 8-11: Sample Patient List, Diabetes: Lipids Assessment

8.2.6 Diabetes: Nephropathy Assessment

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.

Denominators:

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

GPRA Denominator: Active Diabetic 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.

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.

Numerators:

GPRA Numerator: Patients with positive urine protein test or, if urine protein test is negative, any microalbuminuria test, regardless of result, during the Report period.

Patients with Estimated GFR with result during the Report Period.

Patients who have had 1) positive urine protein test or if urine protein was negative, then microalbuminuria test, regardless of result AND 2) an Estimated GFR with result during the Report Period.

Logic Description: First DM Purpose of Visit 250.00-250.93 recorded in the V POV file prior to the Report period. For microalbuminuria and positive urine protein, CRS searches for last microalbuminuria test done during the Report period, regardless of result. If none found, searches for last urine protein test with positive (Y) value in same time period.

Positive value for urine protein is defined as:

- First character is a P or p.
- Contains a + sign
- Contains a > symbol
- The numeric value (if the result is a number) is greater than (>) 29

CRS uses the following to define the tests:

Test	CPT Codes	LOINC Codes	Taxonomy
Creatinine (for Active Adult Diabetic Denominator)		Yes	DM AUDIT CREATININE TAX
Microalbuminuria	82043, 82044	Yes	DM AUDIT MICROALBUMINURIA TAX
Urine Protein		Yes	DM AUDIT URINE PROTEIN TAX
Estimated GFR		Yes	BGP GPRA ESTIMATED GFR TAX

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomies for the following lab tests: Creatinine (used in Active Adult Diabetic denominator definition), Urine Protein, and Microalbuminuria.

Patient List Description: List of patients with denominator identified, tests & values if any. Microalbuminuria test is indicated by "M;" Urine Protein by "U."

Indicator Source: IHS Diabetes Standards of Care.

Indicator Past Performance and Targets:

IHS FY 2004 Performance	42%
IHS FY 2003 Performance	37.5%
IHS FY 2002 Performance	35%
IHS 2010 Goal	70%

```
ADAM                                Apr 28, 2005                        Page 15
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes:  Nephropathy Assessment (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to Report Period        206            205                    156

# w/pos urine protein
 or any
 microalbuminuria        81  39.3       22  10.7    +28.6       0   0.0    +39.3
# w/est GFR
 with result             36  17.5        0   0.0    +17.5       0   0.0    +17.5
# w/both urine protein/
 micro AND GFR           22  10.7        0   0.0    +10.7       0   0.0    +10.7

Active Diabetic Pts
(GPRA)                  154            148                    113

# w/pos urine protein or
 any microalbuminuria
 (GPRA)                  80  51.9       19  12.8    +39.1       0   0.0    +51.9
# w/est GFR
 with result             36  23.4        0   0.0    +23.4       0   0.0    +23.4
# w/both urine protein/
 micro AND GFR           22  14.3        0   0.0    +14.3       0   0.0    +14.3

Active Adult Diabetic
Patients                126            112                     97

# w/pos urine protein
 or any
 microalbuminuria        73  57.9       15  13.4    +44.5       0   0.0    +57.9
# w/est GFR
 with result             30  23.8        0   0.0    +23.8       0   0.0    +23.8
# w/both urine protein/
 micro AND GFR           19  15.1        0   0.0    +15.1       0   0.0    +15.1
```

Figure 8-12: Sample Report, Diabetes: Nephropathy Assessment

```
Diabetes: Nephropathy Assessment: List of diabetic patients with test &
values if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,KAYLIA          000010 COMMUNITY #2   F  29  UP
PATIENT,ANNA            000011 COMMUNITY #2   F  47  UP,AD,AAD   12/10/03 M
PATIENT,LAVERNE         000012 COMMUNITY #2   F  53  UP
PATIENT,LAURA Y         000013 COMMUNITY #2   F  58  UP,AD,AAD   12/09/03 U 3+
PATIENT,FRANCES L       000014 COMMUNITY #2   F  70  UP
PATIENT,LOUTHILIA       000015 COMMUNITY #2   F  74  UP,AD,AAD   12/19/03 M   GFR
PATIENT,VIRGIE          000016 COMMUNITY #2   F  74  UP,AD,AAD   06/15/03 U NEGATIVE
PATIENT,LEONA           000017 COMMUNITY #2   F  75  UP           08/08/03 U 2+
PATIENT,MAKAELA         000018 COMMUNITY #2   F  77  UP,AD,AAD   12/18/03 M   GFR
```

Figure 8-13: Sample Patient List, Diabetes: Nephropathy Assessment

8.2.7 Diabetic Retinopathy

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.

> **NOTE:** The GPRA indicator reported at the national level only applies to pilot sites for FY05. This indicator is included here because all sites are expected to report on this indicator. The numerator is currently defined very broadly for retinal screening.

Denominators:

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

GPRA Denominator: Active Diabetic 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.

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.

Numerators:

GPRA Numerator: Patients receiving any retinal screening during the Report Period, or a documented refusal of a diabetic eye exam; defined as: diabetic eye exam; or a Non-DNKA visit to an optometrist or ophthalmologist; or a Non-DNKA visit to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics.

A: Patients receiving diabetic retinal exam (or documented refusal) during the Report Period.

B: Patients receiving other eye exams during the Report Period, defined as: Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or tele-ophthalmology retinal screening clinics, and non-DNKA visits to an optometrist or ophthalmologist.

Logic Description: DM AUDIT CREATININE TAX taxonomy is used for Active Adult Diabetic denominator.

CRS searches in the following order for:

Exam	CPT Codes	Other Codes
Diabetic Eye Exam		
Diabetic eye exam		**VExam:** 03
Tele-ophthalmology retinal screening clinics		**Clinic code:** A2
Other Eye Exam		
Non-Did Not Keep Appointment (DNKA) visit to ophthalmology or optometry	92250	**Clinic codes:** 17, 18, 64
Non-DNKA visit to an optometrist or ophthalmologist	92002, 92004, 92012, 92014, 92015	**Provider codes:** 24, 79, 08
Refusal of a diabetic eye exam		**Refusals Exam:** 03

Key Logic Changes from CRS Version 5.0 Patch 1: Revisions to LOINC taxonomy for Creatinine (used in Active Adult Diabetic denominator definition).

Patient List Description: List of diabetic patients with denominator identified & eye exam status, if any.

Indicator Source: IHS Diabetes Standards of Care.

Indicator Targets:

IHS FY 2004 Performance	47% (National Rate) 55% (Designated Sites Rate)
IHS FY 2003 Performance	49%
IHS FY 2002 Performance	49%
IHS 2010 Goal	TBD

```
ADAM                                Apr 28, 2005                        Page 17
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Diabetic Retinopathy (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

User Pop w/ DM DX prior
to report period        206            205                     156

# w/any Retinal
 screening               89  43.2       95  46.3     -3.1      66  42.3     +0.9
A. # w/ DM Retinal exam
 or refusal              12   5.8       16   7.8     -2.0      26  16.7    -10.8
B. # w/Other
 Eye Exams               77  37.4       79  38.5     -1.2      40  25.6    +11.7

Active Diabetic Pts
(GPRA)                  154            148                     113

# w/any Retinal
 screening (GPRA)        87  56.5       91  61.5     -5.0      60  53.1     +3.4
A. # w/ DM Retinal exam
 or refusal              12   7.8       16  10.8     -3.0      25  22.1    -14.3
B. # w/Other
 Eye Exams               75  48.7       75  50.7     -2.0      35  31.0    +17.7

Active Adult Diabetic
Patients                126            112                      97

# w/any Retinal
 screening               77  61.1       77  68.8     -7.6      56  57.7     +3.4
A. # w/ DM Retinal exam
 or refusal              12   9.5       15  13.4     -3.9      24  24.7    -15.2
B. # w/Other
 Eye Exams               65  51.6       62  55.4     -3.8      32  33.0    +18.6
```

Figure 8-14: Sample Report, Diabetic Retinopathy

```
Diabetic Retinopathy: List of diabetic patients with eye exam status, if
any (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,JIMMIE          000100 COMMUNITY #2   M  68  UP,AD,AAD   06/25/03 CPT 92014
PATIENT,GEORGE          000101 COMMUNITY #2   M  70  UP
PATIENT,JEFFREY         000102 COMMUNITY #2   M  72  UP,AD,AAD
PATIENT,JEFFERSON       000103 COMMUNITY #2   M  78  UP,AD,AAD   05/20/03 CPT 92015
PATIENT,GARY            000104 COMMUNITY #2   M  80  UP,AD,AAD
PATIENT,GEORGE A        000105 COMMUNITY #2   M  86  UP,AD,AAD
PATIENT,PEARL           000001 COMMUNITY #3   F  25  UP,AD,AAD
PATIENT,KESHAW LYNN     000002 COMMUNITY #3   F  27  UP,AD,AAD
PATIENT,SHANOWA LYNN    000003 COMMUNITY #3   F  31  UP,AD,AAD   06/26/03 Diab Eye Ex
PATIENT,TYA D           000004 COMMUNITY #3   F  36  UP
PATIENT,LORINDA MAE     000005 COMMUNITY #3   F  42  UP,AD,AAD   10/23/03 Cl: A2
```

Figure 8-15: Sample Patient List, Diabetic Retinopathy

8.2.8 Diabetes: Access to Dental Services

GPRA Indicator Description: During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.

Denominator:

GPRA Denominator: Active Diabetic patient**s**, 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.

Numerators:

GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.

A: Patients with documented refusal.

Indicator Logic: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS 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 5.0 Patch 1: Revised logic to include logic for CHS dental visits. Revised LOINC taxonomy for Creatinine (used in Active Adult Diabetic denominator definition).

Patient List Description: List of diabetic patients and documented dental visit or refusal, if any.

Indicator Past Performance and Targets:

IHS FY 2004 Performance	37%
IHS FY 2003 Performance	36%
IHS FY 2002 Performance	36%
HP 2010 Goal	75%

Performance Improvement Tip:

1. 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. Have 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.

```
ADAM                                Apr 28, 2005                        Page 18
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Diabetes:  Access to Dental Services

Denominator(s):
GPRA Denominator:  Active Diabetic 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.

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

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

During FY 2005, maintain the proportion of patients with diagnosed
diabetes who obtain access to dental services at the FY 2004
level.

IHS Performance: FY 2004 - 37.0%, FY 2003 - 36%; HP 2010 Goal: 75%

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Diabetic Pts
(GPRA)                  154            148                     113

# w/dental visit
 in past yr (GPRA)       33  21.4       37  25.0     -3.6      21  18.6     +2.8
A. # Refusals w/ % of Total
 Dental Visits            2   6.1        0   0.0     +6.1       0   0.0     +6.1
```

Figure 8-16: Sample Report, Diabetes and Dental Access

```
Diabetes:  Access to Dental Services: List of diabetic patients and
documented dental visit or refusal, if any (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LAUREN          000200 COMMUNITY #1   F  45  AD
PATIENT,BROOKE          000201 COMMUNITY #1   F  45  AD
PATIENT,JERALDINE       000202 COMMUNITY #1   F  46  AD          01/01/03 DENTAL EXAM
PATIENT,NELTA           000203 COMMUNITY #1   F  46  AD
PATIENT,CARLA A         000204 COMMUNITY #1   F  49  AD          01/15/03 ADA 0000
PATIENT,RENA            000205 COMMUNITY #1   F  50  AD
PATIENT,ROXANNE         000206 COMMUNITY #1   F  52  AD
PATIENT,JANICE          000207 COMMUNITY #1   F  53  AD          11/14/03 ADA 0190
```

Figure 8-17: Sample Patient List, Diabetes and Dental Access

8.3 Dental Indicator Topics

8.3.1 Access to Dental Services

GPRA Indicator Description: During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.

Denominator:

GPRA Denominator: All patients in the User Population.

Numerators:

GPRA Numerator: Patients with documented dental visit during the Report period, including refusals in past year.

A: Patients with documented refusal.

Logic Description: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190 or VExam 30 or Refusal Exam 30. For CHS 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 5.0 Patch 1: Revised logic to include logic for CHS dental visits.

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

Indicator Past Performance and Targets:

IHS FY 2004 Performance	24%
IHS FY 2003 Performance	25%
IHS FY 2002 Performance	24.9%
IHS 2010 Goal	40%

Performance Improvement Tip:

1. 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. Have 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.

```
ADAM                                Apr 28, 2005                        Page 19
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Access to Dental Services

Denominator(s):
GPRA Denominator:  All patients in the User Population.

Numerator(s):
GPRA Numerator:  Patients with documented dental visit during the Report
period, including refusals in past year.
A: Patients with documented refusal.

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

During FY 2005, maintain the proportion of patients that obtain access to
dental services at the FY 2004 level.

IHS Performance: FY 2004 - 24.0%, FY 2003 - 25%; IHS 2010 Goal: 40%

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# User Pop
(GPRA)                 2,284          2,256                  2,232

# w/dental visit
 in past yr (GPRA)      383  16.8      442  19.6     -2.8     448  20.1     -3.3
A. # Refusals w/ % of Total
 Dental Visits            2   0.5        0   0.0     +0.5       0   0.0     +0.5
```

Figure 8-18: Sample Report, Access to Dental Services

```
Access to Dental Services: List of patients with documented dental visit
or refusal and date. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,OSCAR W         000120 COMMUNITY #2   M  6   UP          01/21/03 ADA 0000
PATIENT,MORGAN          000121 COMMUNITY #2   M  6   UP          03/31/03 ADA 0000
PATIENT,DONALD D        000122 COMMUNITY #2   M  7   UP          12/04/03 ADA 0000
PATIENT,HUGH            000123 COMMUNITY #2   M  8   UP          06/23/03 ADA 0000
PATIENT,ADAM            000124 COMMUNITY #2   M  15  UP          06/12/03 ADA 0190
```

Figure 8-19: Sample Patient List, Access to Dental Services

8.3.2 Dental Sealants

GPRA Indicator Description: During FY 2005, maintain the number of sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.

Denominator: No denominator. This indicator is a total count only, not a percentage.

GPRA Numerator: The total number of dental sealants during the Report Period. Breakout by the following age groups: <12, 12-18, >18. Age breakouts are based on Healthy People 2010 age groups for dental sealants.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Sealants defined as V Dental ADA code 1351.

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of patients who received dental sealants during Report period.

Indicator Past Performance and Targets:

IHS FY 2004 Performance	287,158[7]
IHS FY 2003 Performance	232,182
IHS FY 2002 Performance	227,945
IHS FY 2001 Performance	212,612

Performance Improvement Tip:

1. 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. Have 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.

[7] Reported by the National Patient Information Reporting System (NPIRS).

```
ADAM                                Apr 28, 2005                        Page 20
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Dental Sealants

Denominator(s):
No denominator.  This indicator is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: The total number of dental sealants during the Report
Period.

Age of the patient is calculated at the beginning of the Report Period.
Sealants defined as V Dental ADA code 1351.

During FY 2005, maintain the number of sealants placed per year in
American Indian and Alaska Native patients at the FY 2004 level.

IHS Performance: FY 2004 - 287,158 (reported from NPIRS)

                      REPORT        PREV YR       CHG from  BASE         CHG from
                      PERIOD        PERIOD        PREV YR   PERIOD       BASE

Total # of Sealants
 Documented
 (GPRA)                 145            469         -324       420         -275

# Dental Sealants documented
 pts <12 yrs             96            307         -211       241         -145

# Dental Sealants documented
 pts 12-18 yrs           48            146         -98        177         -129

# Dental Sealants documented
 pts >18 yrs              1             16         -15          2         -1
```

Figure 8-20: Sample Report, Dental Sealants

```
Dental Sealants: List of patients receiving sealants during Report period.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,BARBARA A       000222 COMMUNITY #1   F  4   UP          4 sealants
PATIENT,RUTH M          000223 COMMUNITY #1   F  4   UP          2 sealants
PATIENT,LISA LYNN       000224 COMMUNITY #1   F  5   UP          4 sealants
PATIENT,JO ANN          000225 COMMUNITY #1   F  6   UP          2 sealants
PATIENT,CARRIE ANN      000226 COMMUNITY #1   F  7   UP          4 sealants
PATIENT,IRENE           000227 COMMUNITY #1   F  7   UP          4 sealants
PATIENT,CLYDINE         000228 COMMUNITY #1   F  7   UP          5 sealants
PATIENT,VIDA            000229 COMMUNITY #1   F  8   UP          4 sealants
PATIENT,VERENA          000230 COMMUNITY #1   F  8   UP          4 sealants
PATIENT,JACQUELYN       000231 COMMUNITY #1   F  10  UP          1 sealants
PATIENT,VELMA ANN       000232 COMMUNITY #1   F  12  UP          5 sealants
```

Figure 8-21: Sample Patient List, Dental Sealants

8.3.3 Topical Fluoride (New Topic)

GPRA Indicator Description: During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian/Alaska Native patients, with a maximum of four applications per patient per year AND (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.

Denominator: No denominator. This indicator is a total count only, not a percentage.

GPRA Numerator: The total number of appropriate topical fluoride applications based on a maximum of four per patient per year.

GPRA Numerator: The total number of patients with at least one topical fluoride treatment during the Report period.

Logic Description: Topical fluoride application defined as: 1) V Dental ADA codes 1201, 1203, 1204, 1205; or 2) V POV V07.31. 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 indicator.

Patient List Description: List of patients who received at least one topical fluoride application during Report period.

Performance Improvement Tip:

1. 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. Have 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.

```
ADAM                                Apr 28, 2005                        Page 21
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Topical Fluoride

Denominator(s):
No denominator.  This indicator is a total count only, not a percentage.

Numerator(s):
GPRA Numerator: The total number of appropriate topical fluoride
applications based on a maximum of four per patient per year.
GPRA Numerator:  The total number of patients with at least one topical
fluoride treatment during the Report Period.

Topical fluoride application defined as:  1) V Dental ADA codes 1201,
1203, 1204, 1205; or 2) V POV V07.31.  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
indicator.

During FY 2005, establish (1) the baseline number of topical fluoride
applications provided to American Indian and Alaska Native patients, with
a maximum of four applications per patient per year AND (2) the baseline
number of American Indian and Alaska Native patients receiving at least
one topical fluoride application.


                     REPORT        PREV YR       CHG from  BASE         CHG from
                     PERIOD        PERIOD        PREV YR   PERIOD       BASE

Total # of Topical
 Fluoride Applications
 (GPRA)                158            157         +1          63         +95

Total # of Patients w/at
 least 1 Topical Fluoride
 App (GPRA)            120            135         -15         60         +60
```

Figure 8-22: Sample Report, Topical Fluoride

```
Topical Fluoride: List of patients who received at least one topical
fluoride application during Report period. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,TYRA            000250 COMMUNITY #1   F  2   UP          1 topical flouride
PATIENT,LOUISE          000251 COMMUNITY #1   F  8   UP          1 topical flouride
PATIENT,JEANETTE        000252 COMMUNITY #1   F  12  UP          1 topical flouride
PATIENT,DARLENE ANN     000253 COMMUNITY #1   F  13  UP          1 topical flouride
PATIENT,LAUREL          000254 COMMUNITY #1   F  39  UP          1 topical flouride
PATIENT,HELENE          000255 COMMUNITY #1   F  49  UP          1 topical flouride
PATIENT,JESUS JR        000256 COMMUNITY #1   M  1   UP          3 topical flouride
```

Figure 8-23: Sample Patient List, Topical Fluoride

8.4 Immunization Indicator Topics

8.4.1 Adult Immunizations: Influenza

GPRA Indicator Description: In FY 2005, maintain FY 2004 influenza vaccination rates among non-institutionalized adults aged 65 years and older.

Denominators:

All Active Clinical patients ages 50 or older.

A: All Active Clinical patients ages 50-64.

B: GPRA Denominator. All Active Clinical patients ages 65 and older.

Active Diabetic 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.

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:

GPRA Numerator: Patients with Influenza vaccine documented during the Report Period, including refusals in past year.

Documented patient refusals (REF) or not medically indicated (NMI).

Logic Description: Age of the patient is calculated at the beginning of the Report period. Influenza vaccine is defined in the following ways:

	CPT Codes	ICD and Other Codes
Influenza Vaccine	90655-90660, 90724	**Immunization (CVX) Code:** 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 88 Inf Virus Vac NOS; or 111 Inf Virus Vac Intranasal **POV:** V04.8, V04.81, V06.6 **ICD Procedure:** 99.52 **Refusals**: Immunization codes 15, 16, 88, 111

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of patients >= 50 yrs or DM DX with Influenza code and date, if any.

GPRA Indicator Past Performance and Targets for Patients => 65:

IHS FY 2004 Performance	54%
IHS FY 2003 Performance	51%
IHS FY 2002 Performance	51.4%
HP 2010 Goal	90%

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).

```
ADAM                                Apr 28, 2005                        Page 22
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Adult Immunizations: Influenza (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Patients
ages 50 or older        340            324                    302

Total # w/Flu vaccine
 documented             243  71.5      201  62.0     +9.4     170  56.3    +15.2
A. # Refusals w/ % of
 Total IZ                 0   0.0        0   0.0     +0.0       0   0.0     +0.0

A. Active Clinical Patients
ages 50-64              195            174                    166

Total # w/Flu vaccine
 documented             131  67.2      100  57.5     +9.7      77  46.4    +20.8
A. # Refusals w/ % of
 Total IZ                 0   0.0        0   0.0     +0.0       0   0.0     +0.0

B. Active Clinical Patients
65 and older
(GPRA)                  145            150                    136

Total # w/Flu vaccine
 documented (GPRA)      112  77.2      101  67.3     +9.9      93  68.4     +8.9
A. # Refusals w/ % of
 Total IZ                 0   0.0        0   0.0     +0.0       0   0.0     +0.0


Active Diabetic Pts     154            148                    113

Total # w/Flu vaccine
 documented             117  76.0       97  65.5    +10.4      74  65.5    +10.5
A. # Refusals w/ % of
 Total IZ                 1   0.9        0   0.0     +0.9       0   0.0     +0.9


# User Population
50 and older            415            399                    361

Total # w/Flu vaccine
 documented             268  64.6      214  53.6    +10.9     173  47.9    +16.7
A. # of Refusals w/ % of
 Total IZ                 0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 8-24: Sample Report, Adult Immunizations: Influenza

```
Adult Immunizations: Influenza: List of patients >= 50 yrs or DM DX with
influenza code or refusal and date, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,FELICIA         000350 COMMUNITY #1   F  52  UP,AC       12/02/03 Imm 88
PATIENT,CHRISTINA       000351 COMMUNITY #1   F  52  UP,AC       10/08/03 V04.8
PATIENT,MARTHA C        000352 COMMUNITY #1   F  52  UP,AC       12/02/03 V04.81
PATIENT,SHANNON         000353 COMMUNITY #1   F  52  UP,AC       10/20/03 Imm 88
PATIENT,ROXANNE         000354 COMMUNITY #1   F  52  UP,AC,AD    10/02/03 Imm 88
PATIENT,CASSANDRA       000355 COMMUNITY #1   F  52  UP,AC       01/09/03 Imm 88
PATIENT,MARIAH          000356 COMMUNITY #1   F  52  UP,AC       11/18/03 Imm 88
PATIENT,CHENOA          000357 COMMUNITY #1   F  53  UP          12/09/03 Imm 88
PATIENT,HOPE            000358 COMMUNITY #1   F  53  UP
```

Figure 8-25: Sample Patient List, Adult Immunization: Influenza

8.4.2 Adult Immunizations: Pneumovax

GPRA Indicator Description: In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.

Denominators:

GPRA Denominator: Active Clinical patients ages 65 or older.

Active Diabetic 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.

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

Numerators:

GPRA Numerator: Patients with Pneumococcal vaccine documented at any time before the end of the Report Period, including refusals in past year.

Documented patient refusals (REF) or **not medically indicated (NMI).**

Diabetic patients with pneumovax documented in past 5 years, including refusals in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Pneumovax is defined in the following ways:

Immunization	CPT Codes	ICD and Other Codes
Pneumoccocal Vaccine	90669, 90732	**Immunization codes:** 33 – Pneumococcal Polysaccaride Vaccine; 100 – Pneumococcal Conjugate Vaccine; 109 Pneumo NOS **POV:** V06.6; V03.89, V03.82 **V Procedure:** 99.55 **Refusals:** Immunization codes 33, 100, 109

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of patients =>65 yrs or DM DX w/ date of pneumovax, if any.

GPRA Indicator Past Performance and Targets:

IHS FY 2004 Performance	69%
IHS FY 2003 Performance	65%
IHS FY 2002 Performance	64%
HP 2010 Goal for % of patients => 65	90%

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).

```
ADAM                                Apr 28, 2005                        Page 25
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Adult Immunizations: Pneumovax (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
ages 65 & older
(GPRA)                 145            150                     136

Total # w/Pneumovax
 documented (GPRA)     120  82.8      117  78.0     +4.8     102  75.0     +7.8
A. # Refusals w/ % of
 Total IZ                1   0.8        0   0.0     +0.8       0   0.0     +0.8

Active Diabetic Pts    154            148                     113

Total # w/Pneumovax
 documented            133  86.4      125  84.5     +1.9      99  87.6     -1.2
A. # Refusals w/ % of
 Total IZ                0   0.0        0   0.0     +0.0       0   0.0     +0.0
Total # w/Pneumovax
 documented
 in past 5 yrs         113  73.4       99  66.9     +6.5      93  82.3     -8.9
A. # Refusals w/ % of
 Total IZ                0   0.0        0   0.0     +0.0       0   0.0     +0.0

# User Population
ages 65 & older        170            167                     155

Total # w/Pneumovax
 documented            128  75.3      122  73.1     +2.2     106  68.4     +6.9
A. # Refusals w/ % of
 Total IZ                1   0.8        0   0.0     +0.8       0   0.0     +0.8
```

Figure 8-26: Sample Report, Adult Immunization: Pneumovax

```
Adult Immunizations: Pneumovax: List of patients =>65 yrs or DM DX with
pneumovax code or refusal and date, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ROBERTA         000322 COMMUNITY #1   F  67  UP,AC,AD    12/05/02 Imm 33
12/05/02 Imm 33
PATIENT, ELISSA         000323 COMMUNITY #1   F  67  UP,AC       12/13/99 Imm 33
12/13/99 Imm 33
PATIENT,MARSHA          000324 COMMUNITY #1   F  67  UP,AC,AD    08/25/00 V03.82
08/25/00 V03.82
PATIENT,SUZANNE         000325 COMMUNITY #1   F  67  UP,AC
PATIENT,CARMELITA       000326 COMMUNITY #1   F  68  UP,AC       11/12/03 Imm 33
11/12/03 Imm 33
```

Figure 8-27: Sample Patient List, Adult Immunization: Pneumovax

8.4.3 Childhood Immunizations

GPRA Indicator Description: During FY 2005, maintain baseline rates for recommended immunizations for AI/AN children 19-35 months compared to FY 2004.

Denominators:

GPRA Denominator: Active Clinical patients ages 19-35 months at end of Report period.

User Population patients ages 19-35 months.

Numerators:

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 refusals, contraindications, and evidence of disease.

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

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, contraindications, and evidence of disease.

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.

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.

Patients who have received all of their childhood immunizations, defined as 4 DtaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1), including refusals, contraindications, and evidence of disease.

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

Immunization Program Numerator: Patients who have received all of their childhood immunizations, defined as 4 DtaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella (i.e., 4:3:1:3:3:1) NOT including refusals, contraindications, and patients with evidence of disease.

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

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.

Logic Description: Age of the patient is calculated at the beginning of the Report period. Therefore the age range will be adjusted to 7-23 months. 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.

Dosage and types of immunization definitions:

- 4 doses of DtaP: 1) 4 DtaP/DTP; 2) 1 DtaP/DTP and 3 DT; 3) 1 DtaP/DTP 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 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B

- 3 doses of HIB

- 1 dose of Varicella

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 either 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.)

- 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 a 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	90698, 90700, 90721, 90723, 90749	**Immunization codes:** 20, 50, 106, 107, 110 **POV:** V06.1 **Refusals:** Immunization codes 20, 50, 106, 107, 110
DTP	90701, 90711, 90720	**Immunization codes:** 1, 22, 102 **POV:** V06.1, V06.2, V06.3 **V Procedure:** 99.39 **Refusals:** Immunization codes 1, 22, 102
DT (Diphtheria & Tetanus)	90702	**Immunization code:** 28 **POV:** V06.5 **Refusals:** Immunization code 28
Td (Tetanus & Diphtheria)	90718	**Immunization code:** 9 **POV:** V06.5 **Refusals:** Immunization code 9
Diphtheria	90719	**POV: V03.5** **V Procedure: 99.36** **Evidence of Disease:** POV or PCC Problem List (active or inactive) V02.4, 032*
Tetanus	90703	**Immunization codes:** 35, 112 **POV:** V03.7 **V Procedure:** 99.38 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 037* **Refusals:** Immunization codes 35, 112
Pertussis		**Immunization code:** 11 **POV:** V03.6 **V Procedure:** 99.37 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 033* **Refusals:** Immunization code 11

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
OPV	90712	**Immunization codes:** 2, 89 **Contraindications:** POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 2, 89
IPV	90698, 90711, 90713, 90723	**Immunization codes:** 10, 89, 110 **POV:** V04.0, V06.3 **V Procedure:** 99.41 **Evidence of Disease:** POV or PCC Problem List (active or inactive) V12.02, 045*, 138, 730.70-730.79 **Refusals:** Immunization codes 10, 89, 110
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* **Refusals:** Immunization codes 3, 94
M/R (Measles/ Rubella)	90708	**Immunization code:** 4 **Refusals:** Immunization code 4
R/M (Rubella/ Mumps)	90709	**Immunization code:** 38 **Refusals:** Immunization code 38
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
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

Immunization	CPT Codes	ICD and Other Codes NOTE: IZ Program Numerators Do Not Use POV, V Procedure, Evidence of Disease, Contraindication or Refusal Codes
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
HiB	90645-90648, 90698, 90720-90721, 90748	**Immunization codes:** 22, 46-49, 50, 51, 102 **POV:** V03.81 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2 **Refusals:** Immunization codes 22, 46-49, 50, 51, 102
Hepatitis B	90736, 90723, 90731, 90740, 90743-90748	**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
Varicella	90710, 90716	**Immunization codes:** 21, 94 **POV:** V05.4 **Evidence of Disease:** POV or PCC Problem List (active or inactive) 052*, 053* **Contraindications:** POV 279*, V08, 042, 200*-202*, 203.0, 203.1, 203.8, 204*-208* **Refusals:** Immunization codes 21, 94

Key Logic Changes from CRS Version 5.0 Patch 1: Added CVX code 110 to Hepatitis B definition, including refusals for Hepatitis B.

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

GPRA Indicator Past Performance and Targets:

IHS FY 2004 Performance (baseline rate for children age 19-35 months)	72%[8]
IHS FY 2004 Performance (rate for children age 3-27 months)	81%[9]
IHS FY 2003 Performance (rate for children age 3-27 months)	80%[10]
IHS FY 2002 Performance (rate for children age 3-27 months)	80%[11]
HP 2010 Goal for % of children age 19-35 months with 4:3:1:3:3 vaccines	80%
HP 2010 Goal for % of children age 19-35 months with each individual vaccine	90%

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).

[8] Reported by the Immunization Program from the quarterly immunization reports.
[9] ibid
[10] ibid
[11] ibid

```
ADAM                                Apr 28, 2005                        Page 31
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Childhood Immunizations (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
19-35 months
(GPRA)                  52             45                      45


# w/ 4 3 1 3 3 combo
 or Dx/Contraind/
 Refusal (GPRA)         43  82.7       31  68.9    +13.8      30  66.7    +16.0
A. Refusals w/ % of
 Total all IZ            2   4.7        0   0.0     +4.7       0   0.0     +4.7
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total IZ                0   0.0        0   0.0     +0.0       0   0.0     +0.0

# w/ 4 doses DTaP
 or w/ Dx/
 Contraind/Refusal      44  84.6       32  71.1    +13.5      32  71.1    +13.5
A. # Refusals w/ % of
 Total DTaP              1   2.3        0   0.0     +2.3       0   0.0     +2.3
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total DTaP              0   0.0        0   0.0     +0.0       0   0.0     +0.0

# w/ 3 doses Polio
 or w/ Dx/
 Contraind/Refusal      48  92.3       38  84.4     +7.9      34  75.6    +16.8
A. # Refusals w/ % of
 Total Polio             2   4.2        0   0.0     +4.2       0   0.0     +4.2
B. # w/ Dx/Contraind/NMI
 Ref w/ % of
 Total Polio             1   2.1        0   0.0     +2.1       0   0.0     +2.1

# w/ 1 dose MMR or
 w/ Dx/Contraind/
 Refusal                49  94.2       41  91.1     +3.1      43  95.6     -1.3
A. # Refusals w/ % of
 Total MMR               1   2.0        0   0.0     +2.0       0   0.0     +2.0
B. # w/Dx/Contraind/NMI
 Ref w/ % of
 Total MMR               0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 8-28: Sample Report, Childhood Immunizations

```
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. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,AMBER           000400 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,AMBER           000401 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,DELORSE         000402 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,CONNIE R        000403 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,ALISON          000404 COMMUNITY #1   F  1   UP          ref Dtap or DT;;;;;
PATIENT,ALICE LEE       000405 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,GRACE           000406 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,HELEN           000407 COMMUNITY #1   F  1   UP          ;;NMI MMR;;;NMI var
PATIENT,GENEE           000408 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,SHIRLEY         000409 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,BETSY           000410 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;3
OPV;MMR;3 HIB;3 HEP;vari
PATIENT,LETA            000411 COMMUNITY #1   F  1   UP;AC       4 Dtap/Dtp;ref
OPV;MMR;3 HIB;3 HEP;
```

Figure 8-29: Sample Patient List, Childhood Immunizations

8.5 Cancer Related Indicator Topics

8.5.1 Cancer Screening: Pap Smear Rates

GPRA Indicator Description: During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.

Denominator(s):

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

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

Numerators:

GPRA Numerator: Patients with a Pap smear documented in the past 3 years, including refusals in past year.

A: Patients with documented refusal in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-64 in the definition and 21-64 in the logic is because CRS looks back 3 years for a test, i.e., when a patient who was 21 at the beginning of the Report period would have been 18.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Hysterectomy	51925, 56308, 58150, 58152, 58200-58294, 58550-58554, 58951, 58953-58954, 59135, 59525	**V Procedure:** 68.4-68.8		
Pap Smear	88141-88167, 88174-88175, Q0091	**Vlab:** PAP SMEAR **POV:** V76.2-Screen Mal Neop-Cervix V72.31 Gynecological Examination, Pap Cervical Smear as Part of General GYN Exam V72.32 Gynecological Examination, Pelvic Examination (annual) (periodic) V72.3 Gynecological Examination (old code, to be counted for visits prior to 10/1/04 only) V76.47 Vaginal Pap Smear for Post-hysterectomy Patients V76.49 Pap Smear for Women w/o a Cervix **V Procedure**: 91.46 **Women's Health Tracking:** procedure called Pap Smear	yes	BGP GPRA PAP SMEAR
Refusal		**Refusals:** Lab Test Value Pap Smear		

Key Logic Changes from CRS Version 5.0 Patch 1:

1. Added the following codes to Pap smear definition: V72.31, V72.32, V72.3 (old code, to be counted for visits prior to 10/1/04 only), V76.47, V76.49 and Q0091.
2. Revised codes included in LOINC taxonomy.

Patient List Description: List of female patients 21-64 w/denominator identified and documented test/refusal, if any

Indicator Past Performance and Targets:

IHS FY 2004 Performance	58%
IHS FY 2003 Performance	61%
IHS FY 2002 Performance	62%
IHS 2010 Goal	90%

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).

```
ADAM                                Apr 28, 2005                        Page 36
                   *** IHS 2005 Clinical Performance Report ***
                                  DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cancer Screening: Pap Smear Rates (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
21-64 years
(GPRA)                  448            435                     434

# w/Pap Smear recorded
 w/in 3 years (GPRA)    278  62.1      274  63.0     -0.9     289  66.6     -4.5
A. # Refusals
 w/ % of Total Pap        1   0.4        0   0.0     +0.4       0   0.0     +0.4

# Female User Pop
21-64 years             594            594                     578

# w/Pap Smear recorded
 w/in 3 years           284  47.8      280  47.1     +0.7     293  50.7     -2.9
A. # Refusals
 w/ % of Total Pap        2   0.7        0   0.0     +0.7       0   0.0     +0.7
```

Figure 8-30: Sample Report, Cancer Screening: Pap Smear Rates

```
Cancer Screening: Pap Smear Rates: List of women 21-64 with documented
test/refusal, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,RENEE           000390 COMMUNITY #1   F  21  UP,AC       06/14/02 88164
PATIENT,ANN             000391 COMMUNITY #1   F  21  UP,AC       02/06/01 88164
PATIENT,LINDA           000392 COMMUNITY #1   F  21  UP,AC       07/26/02 V76.49
PATIENT,MARY            000393 COMMUNITY #1   F  21  UP
PATIENT,LEIGH           000394 COMMUNITY #1   F  21  UP,AC
PATIENT,SADIE           000395 COMMUNITY #1   F  21  UP
PATIENT,MARLENE         000396 COMMUNITY #1   F  21  UP,AC       03/15/03 ref
PATIENT,RUTH B          000397 COMMUNITY #1   F  21  UP,AC       05/16/03 V76.2
PATIENT,TERRY           000398 COMMUNITY #1   F  21  UP,AC
```

Figure 8-31: Sample Patient List, Cancer Screening: Pap Smear Rates

8.5.2 Cancer Screening: Mammogram Rates

GPRA Indicator Description: During FY 2005, maintain the proportion of eligible Female patients who have had mammography screening within the last 2 years at the FY 2004 rate.

Denominators:

GPRA Denominator: Female Active Clinical patients ages 52 through 64 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.

Numerators:

GPRA Numerator: All patients who had a Mammogram documented in the past 2 years, including documented refusals in past year.

A: Patients with documented refusal in past year.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range in the indicator definition and the logic is because CRS looks back 2 years for a procedure; i.e., when a patient who was 52 in the Report period would have been 50.

	CPT Codes	ICD and Other Codes
Bilateral Mastectomy	19180.50 **OR** 19180 w/modifier 09950, 19200.50 **OR** 19200 w/modifier 09950, 19220.50 **OR** 19220 w/modifier 09950, 19240.50 **OR** 19240 w/modifier 09950 (.50 and 09950 indicate bilateral)	**V Procedure:** 85.42, 85.44, 85.46, 85.48
Unilateral Mastectomy	Must have 2 separate occurrences on 2 different dates of service. 19180, 19200, 19220, 19240	Must have 2 separate occurrences on 2 different dates of service. 85.41, 85.43, 85.45, 85.47
Mammogram	**Vrad or VCPT:** 76090–76092, G0206, G0204, G0202	**POV:** V76.11, V76.12 **V Procedure:** 87.36-87.37 **Women's Health:** Screening Mammogram, Mammogram Dx Bilat, Mammogram Dx Unilat
Refusal	**Vrad Mammogram for CPT:** 76090–76092, G0206, G0204, G0202	

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of female patients 52-64 w/ denominator identified and mammogram/refusal, if any.

Indicator Past Performance and Targets:

IHS FY 2004 Performance	40%
IHS FY 2003 Performance	40%
IHS FY 2002 Performance	42%
IHS 2010 Goal	70%

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).

```
ADAM                                Apr 28, 2005                        Page 38
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Cancer Screening: Mammogram Rates (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Female Active Clinical
52-64 (GPRA)            85             79                      74

# w/Mammogram recorded
 w/in 2 years (GPRA)    48  56.5       41  51.9     +4.6      32  43.2    +13.2
A. # Refusals w/ % of
 Total Mammograms        1   2.1        0   0.0     +2.1       0   0.0     +2.1

# User Pop Women
52-64 years            105            103                      90

# w/Mammogram recorded
 w/in 2 years           48  45.7       41  39.8     +5.9      32  35.6    +10.2
A. # Refusals w/ % of
 total Mammograms        1   2.1        0   0.0     +2.1       0   0.0     +2.1
```

Figure 8-32: Sample Report, Cancer Screening: Mammogram Rates

```
Cancer Screening: Mammogram Rates: List of women 52-64 with
mammogram/refusal, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ANASTASIA       000200 COMMUNITY #1   F  52  UP;AC       04/01/03 ref
PATIENT,KIMBERLYN       000201 COMMUNITY #1   F  52  UP;AC
PATIENT,FELICIA         000202 COMMUNITY #1   F  52  UP;AC       01/22/03 G0204
PATIENT,MARTHA C        000203 COMMUNITY #1   F  52  UP;AC       12/02/03 CPT
PATIENT,SHANNON LEI     000204 COMMUNITY #1   F  52  UP;AC
PATIENT,ROXANNE         000205 COMMUNITY #1   F  52  UP;AC
PATIENT,CASSANDRA       000206 COMMUNITY #1   F  52  UP;AC       12/04/03 G0202
PATIENT,MARIAH          000207 COMMUNITY #1   F  52  UP;AC       03/04/03 V76.12
PATIENT,CHENOA          000208 COMMUNITY #1   F  53  UP
PATIENT,HOPE            000209 COMMUNITY #1   F  53  UP
PATIENT,JEANNE          000210 COMMUNITY #1   F  53  UP;AC       09/03/02 G0202
PATIENT,JANICE          000211 COMMUNITY #1   F  53  UP;AC       05/22/02 G0204
```

Figure 8-33: Sample Patient List, Cancer Screening: Mammogram Rates

8.5.3 Colorectal Cancer Screening

Proposed GPRA FY 2006 Indicator Description: For FY 2006, establish the baseline screening rate for Colorectal Cancer.

Denominators:

Active Clinical patients ages 51-80 without any documented diagnosis of colorectal cancer, broken out by gender.

All User Population patients ages 51-80 without any documented diagnosis of colorectal cancer, broken out by gender.

Numerators:

Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood test in the past 2 years; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years; or a documented refusal of any test in the past year.

A: Patients with documented refusal in the past year.

B: Patients with Fecal Occult Blood test (FOBT) in the past 2 years.

Patients with Rectal Exam in the past 2 years, including refusals in past year.

Logic Description: Age is calculated at the beginning of the Report period.

CRS identifies the tests and procedures described in the numerators above with the following codes:

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Colorectal Cancer		**POV:** 153.*, 154.0, 154.1, 197.5, V10.05		
Fecal Occult Blood lab test (FOBT)	82270, 82274, G0107, 89205		yes	BGP GPRA FOB TESTS
Rectal Exam		**POV:** V76.41 Screening for Rectal **V Procedure:** 48.24-29, 89.34 Rectal Exam **V Exam:** 14		
Flexible Sigmoidoscopy	45330-45345, G0104	**V Procedure:** 45.24, 45.42		
Double contrast barium enema	VCPT or Vrad: 74270-74280, G0106, G0120			
Colonoscopy	44388-44394, 44397, 45355, 45378-45387, 45325 (old), G0105, G0121	**POV:** V76.51 Colon screening		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Refusals	82270, 82274, G0107, 89205 Vrad: 45330-45345, G0104, 74270-74280, G0106, G0120, 44388-44394, 44397, 45355, 45378-45387, 45325, G0105, G0121	**V Exam:** 14		V Lab Fecal Occult Blood Test

Key Logic Changes from CRS Version 5.0 Patch 1:

1. Revised screening numerator to exclude rectal exams.
2. Revised existing sub-numerator for rectal exams to a separate numerator.
3. Changed age range from 52+ to 51-80, to match the HEDIS logic.
4. Added V10.05 to exclusions for patients who have/had colorectal cancer.
5. Revised V Procedure for Flex Sigmoidoscopy to 45.24, 45.42.
6. Added for Colonoscopy V Procedure 45.22, 45.23, and 45.25.
7. Expanded CPT range for Colonoscopy to include 45386, which is included in HEDIS logic, for both screening and refusals.
8. Revised age range of patients in patient list to 51-80.

Patient List Definition: List of patients 51-80 and CRC screening test/date or refusal, if any.

Performance Improvement Tips:

1. 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).

ADAM Apr 28, 2005 Page 40

*** IHS 2005 Clinical Performance Report ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

Previous Year Period: Jan 01, 2002 to Dec 31, 2002

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Colorectal Cancer Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients								
51-80	295		282			260		
# w/ CRC screening	37	12.5	51	18.1	-5.5	60	23.1	-10.5
A. # Refusals w/ % of Total CRC	1	2.7	0	0.0	+2.7	0	0.0	+2.7
B. # w/FOB test in past 2 years	9	3.1	29	10.3	-7.2	49	18.8	-15.8
# w/ rectal exam in past 2 yrs or refusal past year	62	21.0	58	20.6	+0.4	67	25.8	-4.8
Male Active Clinical								
51-80	128		120			110		
# w/ CRC screening	14	10.9	12	10.0	+0.9	10	9.1	+1.8
A. # Refusals w/ % of Total CRC	1	7.1	0	0.0	+7.1	0	0.0	+7.1
B. # w/FOB test in past 2 years	1	0.8	4	3.3	-2.6	3	2.7	-1.9
# w/ rectal exam in past 2 yrs or refusal past year	2	1.6	5	4.2	-2.6	4	3.6	-2.1
Female Active Clinical								
51-80	167		162			150		
# w/ CRC screening	23	13.8	39	24.1	-10.3	50	33.3	-19.6
A. # Refusals w/ % of Total CRC	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/FOB test in past 2 years	8	4.8	25	15.4	-10.6	46	30.7	-25.9
# w/ rectal exam in past 2 yrs or refusal past year	60	35.9	53	32.7	+3.2	63	42.0	-6.1

Figure 8-34: Sample Report, Colorectal Cancer Screening

```
Colorectal Cancer Screening: List of patients 51-80 with CRC
screening/refusal, or rectal exam/refusal, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,CODY            000550 COMMUNITY #1   M  70  UP          REFUSED RECTAL
EXAM:04/01/03
PATIENT,RICHARD         000551 COMMUNITY #1   M  74  UP,AC       RAD BE:11/08/00
PATIENT,AARON JAY       000552 COMMUNITY #1   M  74  UP,AC       COLO DX
V76.51:03/05/03
PATIENT,EDDIE           000553 COMMUNITY #1   M  76  UP,AC       RECTAL EXAM:04/19/02
PATIENT,TERRENCE        000554 COMMUNITY #1   M  76  UP
PATIENT,SCOTT           000555 COMMUNITY #1   M  77  UP,AC       RAD BE:02/25/00
PATIENT,LEANDRA MAE     000002 COMMUNITY #2   F  53  UP,AC       FOB CPT
G0107:12/11/02 RECTAL EXAM:12/11/02
```

Figure 8-35: Sample Patient List, Colorectal Cancer Screening

8.5.4 Tobacco Use and Exposure Assessment

GPRA Indicator Description: During FY 2005, rates of screening for tobacco use will be maintained at FY 2004 rates.

Denominators:

GPRA Denominator: Active Clinical patients ages 5 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.

Pregnant female patients.

All User Population patients ages 5 and older.

Numerators:

GPRA Numerator: 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. Pregnancy defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, 640.*-

648.*, 651.*-676.*) 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 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.

CRS uses the following codes:

	CPT Codes	ICD and Other Codes
Pregnancy (at least 2 visits in past 20 months with 1 during the Report period)		**V POV:** V22.0-V23.9, 640.*-648.*, 651.*-676.*
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*
Abortion (after 2nd pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	**V POV:** 635*, 636* 637*
Screened (timeframe for pregnant patients is past 20 months)		**V POV or current Active Problem List:** 305.1, V15.82 **Patient Education codes:** containing "TO-" or "-TO" or "-SHS" **Dental code:** 1320
Tobacco users and Current Smokers (timeframe for pregnant patients is past 20 months)		**V POV or current Active Problem List:** 305.1, V15.82 **Dental code:** 1320

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

Health Factor	Numerator
Ceremonial	Screened (does NOT count as Smoker)
Cessation-Smokeless	Screened
Cessation-Smoker	Screened
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 5.0 Patch 1:

1. Revised 305.1* for tobacco screening to 305.1.
2. Removed diagnosis codes 305.10, 305.11, and 305.12 from current smokers' definition.

Patient List Definition: List of patients with no documented tobacco screening.

Indicator Past Performance and Targets: TBD

IHS FY 2004 Performance (Screening)	27%
IHS 2005 target for screening	TBD
IHS 2010 target for annual tobacco screening	100%

```
ADAM                                Apr 28, 2005                        Page 43
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Tobacco Use and Exposure Assessment (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Active Clinical Pts
=> 5
(GPRA)               1,398          1,381                  1,383

# w/Tobacco
 Screening (GPRA)        34   2.4       23   1.7     +0.8      20   1.4     +1.0
# Tobacco Users w/ % of
 Total Screened          15  44.1        6  26.1    +18.0      11  55.0    -10.9
A. # Smokers w/ % of
 Total Tobacco Users     14  93.3        6 100.0     -6.7      11 100.0     -6.7
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            1   6.7        0   0.0     +6.7       0   0.0     +6.7
# exposed to ETS/
 smoker in home w/ % of
 Total Screened           1   2.9        0   0.0     +2.9       0   0.0     +2.9

Pregnant Female
Patients                 44             50                     55

# w/Tobacco
 Screening                1   2.3        1   2.0     +0.3       1   1.8     +0.5
# Tobacco Users w/ % of
 Total Screened           1 100.0        1 100.0     +0.0       1 100.0     +0.0
A. # Smokers w/ % of
 Total Tobacco Users      1 100.0        1 100.0     +0.0       1 100.0     +0.0
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            0   0.0        0   0.0     +0.0       0   0.0     +0.0
# exposed to ETS/
 smoker in home w/ % of
 Total Screened           0   0.0        0   0.0     +0.0       0   0.0     +0.0

# User Population
ages =>5              2,037          2,009                  1,964

# w/Tobacco
 Screening               36   1.8       25   1.2     +0.5      23   1.2     +0.6
# Tobacco Users w/ % of
 Total Screened          17  47.2        8  32.0    +15.2      14  60.9    -13.6
A. # Smokers w/ % of
 Total Tobacco Users     16  94.1        8 100.0     -5.9      14 100.0     -5.9
B. # Smokeless Tobacco
 Users w/ % of Total
 Tobacco Users            1   5.9        0   0.0     +5.9       0   0.0     +5.9
# exposed to ETS/
 smoker in home w/ % of
 Total Screened           1   2.8        0   0.0     +2.8       0   0.0     +2.8
```

Figure 8-36: Sample Report, Tobacco Use Assessment Tobacco Use and Exposure Assessment

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	288	125	162	399	279	145
# Tobacco Screening	0	0	4	11	12	7
% w/Tobacco Screening	0.0	0.0	2.5	2.8	4.3	4.8
# Tobacco Users	0	0	3	8	2	2
% Tobacco Users w/ % of Total Screened	0.0	0.0	75.0	72.7	16.7	28.6
# Smokers	0	0	2	8	2	2
% Smokers w/ % of Total Tobacco Users	0.0	0.0	66.7	100.0	100.0	100.0
# Smokeless	0	0	1	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	33.3	0.0	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	9.1	0.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	311	115	154	394	257	150
# Tobacco Screening	0	0	2	5	8	8
% w/Tobacco Screening	0.0	0.0	1.3	1.3	3.1	5.3
# Tobacco Users	0	0	2	4	0	0
% Tobacco Users w/ % of Total Screened	0.0	0.0	100.0	80.0	0.0	0.0
# Smokers	0	0	2	4	0	0
% Smokers w/ % of Total Tobacco Users	0.0	0.0	100.0	100.0	0.0	0.0
# Smokeless	0	0	0	0	0	0
% Smokeless w/ % of Total Tobacco Users	0.0	0.0	0.0	0.0	0.0	0.0
# ETS/Smk Home	0	0	0	0	0	0
% ETS/Smk Home w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %						
Tobacco Screening	+0.0	+0.0	+1.2	+1.5	+1.2	-0.5
Tobacco Users	+0.0	+0.0	-25.0	-7.3	+16.7	+28.6
Smokers	+0.0	+0.0	-33.3	+0.0	+100.0	+100.0
Smokeless	+0.0	+0.0	+33.3	+0.0	+0.0	+0.0
ETS	+0.0	+0.0	+0.0	+9.1	+0.0	+0.0

Figure 8-37: Sample Age Breakdown Report, Tobacco Use Assessment

```
Tobacco Use and Exposure Assessment: List of patients 5 and older with no
documented tobacco screening (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,CHESTER         002000 COMMUNITY #1   M  34  UP,AC
PATIENT,JUAN            002001 COMMUNITY #1   M  34  UP
PATIENT,BEN             002002 COMMUNITY #1   M  34  UP
PATIENT,STUART          002003 COMMUNITY #1   M  35  UP,AC
PATIENT,HARRY B         002004 COMMUNITY #1   M  35  UP
PATIENT,EMERSON         002005 COMMUNITY #1   M  35  UP,AC
PATIENT,EUGENE JAY      002006 COMMUNITY #1   M  35  UP
PATIENT,ROGER           002007 COMMUNITY #1   M  35  UP,AC
PATIENT,ANDREW          002008 COMMUNITY #1   M  35  UP
```

Figure 8-38: Sample Patient List, Tobacco Use Assessment

8.5.5 Tobacco Cessation

Indicator Description: For FY 2005, increase the percentage of patients identified as tobacco users who are counseled on quitting.

Denominators:

Active Clinical patients identified as current tobacco users prior to the Report Period.

User Population patients identified as current tobacco users prior to the Report Period.

Numerators:

Patients who have received tobacco cessation counseling during the Report Period.

Patients counseled during the Report Period on smoking cessation medications.

Patients identified during the Report Period as quit tobacco use.

Logic Description: CRS uses the following codes:

	ICD and Other Codes
Tobacco Users	**Tobacco Health Factors:** Current Smoker; Current Smokeless; Current Smoker and Smokeless **V POV or current Active Problem List:** 305.1, V15.82 **Dental code:** 1320

	ICD and Other Codes
Tobacco Cessation Counseling	**Patient education code:** "TO-Q" (tobacco quit) or "TO-LA" (lifestyle adaptation) **Dental code:** 1320 **Clinic code:** 94 (tobacco cessation clinic)
Tobacco Cessation Medication Counseling	**Patient education code:** "TO-M" (medications)
Quit Tobacco User	**V POV or current Active Problem List:** 305.13 (tobacco use in remission) **Tobacco Health Factors** documented in prior year: Cessation-Smoker, Cessation-Smokeless, Previous Smoker, Previous Smokeless

Key Logic Changes from CRS Version 5.0 Patch 1: Removed diagnosis codes 305.10, 305.11, and 305.12 from current tobacco users' definition.

Patient List Description: List of Tobacco Users with counseling codes, if any.

Indicator Target: TBD

```
ADAM                                Apr 28, 2005                        Page 52
                   *** IHS 2005 Clinical Performance Report ***
                                   DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Tobacco Cessation

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical
Tobacco Users            44             41                      30

# w/tobacco cessation
 counseling               1   2.3        0   0.0     +2.3       0   0.0     +2.3
# counseled on
 smoking cessation
 medications              1   2.3        0   0.0     +2.3       0   0.0     +2.3
# who quit                1   2.3        0   0.0     +2.3       0   0.0     +2.3

User Population
Tobacco Users            53             52                      34

# w/tobacco cessation
 counseling               1   1.9        0   0.0     +1.9       0   0.0     +1.9
# counseled on
 smoking cessation
 medications              1   1.9        0   0.0     +1.9       0   0.0     +1.9
# who quit                1   1.9        0   0.0     +1.9       0   0.0     +1.9
```

Figure 8-39: Sample Report, Tobacco Cessation

```
Tobacco Cessation: List of tobacco users with counseling, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ARLINDA         003001 COMMUNITY #1   F  20  UP
PATIENT,MARLENE         003002 COMMUNITY #1   F  21  UP;AC       ;QUIT: CESSATION-
SMOKELESS 12/31/03
PATIENT,NORA            003003 COMMUNITY #1   F  25  UP;AC       PT ED: 06/23/03 TO-LA
PATIENT,SELINA          003004 COMMUNITY #1   F  27  UP;AC
PATIENT,DONNA           003005 COMMUNITY #1   F  28  UP;AC
PATIENT,BLANCHE         003006 COMMUNITY #1   F  29  UP;AC
PATIENT,ERIN            003007 COMMUNITY #1   F  29  UP;AC
PATIENT,GERALDINE       003008 COMMUNITY #1   F  30  UP;AC
PATIENT,LUCINDA         003009 COMMUNITY #1   F  32  UP;AC       MED ED: 10/29/03 TO-M
```

Figure 8-40: Sample Patient List Tobacco Cessation

8.6 Behavioral Health Related Indicator Topics

8.6.1 Alcohol Screening (FAS Prevention)

GPRA Indicator Description: During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate.

Denominators:

GPRA Denominator: Female Active Clinical patients ages 15 to 44.

Female User Population patients ages 15 to 44.

Numerators:

GPRA Numerator: Patients screened for alcohol use during the Report Period.

A: Patients with any Alcohol Health Factor or other screening during the Report Period.

B: Patients with alcohol-related diagnoses during the Report Period

C: Patients with alcohol-related patient education or counseling during the Report Period.

Logic Description: Ages are calculated at beginning of Report period. Screening is defined as at least one of the following: A) Any Alcohol Health Factor or Screening diagnosis; B) Diagnosis in POV, current PCC or BHS Problem List); C) Patient education.

	CPT Codes	ICD and Other Codes
Alcohol Screening		**Any Alcohol Health Factor** **V POV:** V11.3 (history of alcoholism), V79.1 (screening for alcoholism) **BHS Problem Code:** 29.1
Alcohol Diagnosis		**V POV, Current PCC or BHS Problem List:** 303.*, 305.0*, 291.*, 357.5* **BHS POV**: 10, 27, 29
Alcohol Education		**Patient Education codes:** containing "AOD-" or "-AOD" (Alcohol and Other Drugs) or old codes containing "CD-" or "-CD" (Chemical Dependency)

Alcohol Health Factors: The existing Health Factors for alcohol screening are based on the CAGE questionnaire, which asks the following 4 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 on PCC:

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 5.0 Patch 1:

1. Added BHS problem code 29.1 for alcohol screening.
2. Alcohol Screening (FAS Prevention): For Alcohol Screening, added new patient education codes containing "AOD-" (Alcohol and Other Drugs) and "-

AOD", which are the new codes that will ultimately replace the "CD" (Chemical Dependency) codes.

Patient List Description: List of female patients with no documented alcohol screening.

Indicator Past Performance and Targets: No HP2010 indicator for Alcohol screening.

IHS FY 2004 Performance	7%
IHS target FY 2005	Increase over FY04

```
ADAM                                Apr 28, 2005                        Page 54
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Alcohol Screening (FAS Prevention)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
ages 15-44
(GPRA)                  390            372                     366

# w/any alcohol
 screening (GPRA)        13   3.3       11   3.0     +0.4      11   3.0     +0.3
A. # w/alcohol health
 factor/other
 screening                3   0.8        0   0.0     +0.8       1   0.3     +0.5
B. # w/alcohol related
 diagnosis                8   2.1       11   3.0     -0.9      10   2.7     -0.7
C. # w/alcohol related
 patient education        2   0.5        0   0.0     +0.5       0   0.0     +0.5

Female User Population
ages 15-44              532            531                     519

# w/any alcohol
 screening               14   2.6       11   2.1     +0.6      13   2.5     +0.1
A. # w/alcohol health
 factor or other
 screening                3   0.6        0   0.0     +0.6       1   0.2     +0.4
B. # w/alcohol related
 diagnosis                9   1.7       11   2.1     -0.4      12   2.3     -0.6
C. # w/alcohol related
 patient education        2   0.4        0   0.0     +0.4       0   0.0     +0.4
```

Figure 8-41: Sample Report, Alcohol Screening (FAS Prevention)

```
Alcohol Screening (FAS Prevention): List of female patients with no
documented screening.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,CHRISTINA       007001 COMMUNITY #1   F  15  UP;AC
PATIENT,EDITH           007002 COMMUNITY #1   F  15  UP;AC
PATIENT,ELOUISE         007003 COMMUNITY #1   F  15  UP;AC
PATIENT,LYLA            007004 COMMUNITY #1   F  15  UP;AC
PATIENT,SHEILA          007005 COMMUNITY #1   F  15  UP;
PATIENT,TAYLOR          007006 COMMUNITY #1   F  15  UP;AC
PATIENT,DARLENE         007007 COMMUNITY #1   F  15  UP;AC
PATIENT,STEPHANIE       007008 COMMUNITY #1   F  15  UP;
PATIENT,ALISON          007009 COMMUNITY #1   F  15  UP;AC
```

Figure 8-42: Sample Patient List, Alcohol Screening (FAS Prevention)

8.6.2 Intimate Partner (Domestic) Violence Screening

GPRA Indicator Description: During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate.

Denominators:

Female Active Clinical patients ages 13 and older.

GPRA Denominator: Female Active Clinical patients ages 15-40.

Female User Population patients ages 13 and older.

Numerators:

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

A: Patients with documented IPV/DV exam.

B: Patients with IPV/DV related diagnoses.

C: Patients provided with education or counseling about Domestic Violence

D: Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

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 Problem List:** 995.80, 995.81, 995.82, 995.83, 995.85, V15.41, V15.42, V15.49 **BHS POV**: 43.*, 44.*
IPV/DV Education		**Patient education codes:** containing "DV-" or "-DV" (Domestic Violence)
IPV/DV Counseling		**V POV:** V61.11
Refusals		Exam code 34 BHS IPV/DV exam Patient education codes containing "DV-" or "-DV"

Key Logic Changes from CRS Version 5.0 Patch 1: Removed child maltreatment codes 995.50-51, 995.53-54, and 995.59 since they are child abuse codes and not intimate partner violence/domestic violence codes.

Patient List Description: List of patients not screened and without documented refusal.

Indicator Past Performance and Targets: No HP2010 indicator for Intimate Partner Violence screening.

IHS FY 2004 Performance	4%
IHS Target FY 2010	25%

```
ADAM                                Apr 28, 2005                        Page 57
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Intimate Partner (Domestic) Violence Screening (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Female Active
Clinical ages
13 and older            682            656                     622

# w/IPV/DV screening
 or refusal              17   2.5        8   1.2     +1.3       9   1.4     +1.0
A. # w/documented
 IPV/DV exam              1   0.1        0   0.0     +0.1       0   0.0     +0.1
B. # w/ IPV/DV related
 diagnosis               11   1.6        8   1.2     +0.4       9   1.4     +0.2
C. # provided DV
 education                2   0.3        0   0.0     +0.3       0   0.0     +0.3
D.  # w/ documented
 refusal                  3   0.4        0   0.0     +0.4       0   0.0     +0.4

# Female Active Clinical
ages 15-40
(GPRA)                  342            321                     322

# w/IPV/DV screening
 or refusal (GPRA)       13   3.8        4   1.2     +2.6       5   1.6     +2.2
A. # w/ documented
 IPV/DV exam              1   0.3        0   0.0     +0.3       0   0.0     +0.3
B. # w/ IPV/DV related
 diagnosis                7   2.0        4   1.2     +0.8       5   1.6     +0.5
C. # provided DV
 education                2   0.6        0   0.0     +0.6       0   0.0     +0.6
D.  # w/ documented
 refusal                  3   0.9        0   0.0     +0.9       0   0.0     +0.9

# Female User Pop
13 and older            896            885                     837

# w/IPV/DV screening
 or refusal              17   1.9        8   0.9     +1.0      10   1.2     +0.7
A. # w/ documented
 IPV/DV exam              1   0.1        0   0.0     +0.1       0   0.0     +0.1
B. # w/ IPV/DV related
 diagnosis               11   1.2        8   0.9     +0.3      10   1.2     +0.0
C. # provided DV
 education                2   0.2        0   0.0     +0.2       0   0.0     +0.2
D.  # w/ documented
 refusal                  3   0.3        0   0.0     +0.3       0   0.0     +0.3
```

Figure 8-43: Sample Report, Intimate Partner (Domestic) Violence Screening

```
Intimate Partner (Domestic) Violence Screening: List of patients not
screened. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LINDA           005990 COMMUNITY #1   F  15  UP;AC
PATIENT,ANNIE           005991 COMMUNITY #1   F  15  UP;AC
PATIENT,SHAUNON L       005992 COMMUNITY #1   F  15  UP;
PATIENT,NALA            005993 COMMUNITY #1   F  15  UP;AC
PATIENT,PEGGY L         005994 COMMUNITY #1   F  15  UP;AC
PATIENT,MELANIE         005995 COMMUNITY #1   F  15  UP;AC
PATIENT,ALYSON          005996 COMMUNITY #1   F  15  UP;
PATIENT,JEAN F          005997 COMMUNITY #1   F  16  UP;
```

Figure 8-44: Sample Patient List, Intimate Partner (Domestic) Violence Screening

8.6.3 Depression/Anxiety Screening

Indicator Description: Increase the proportion of at risk patients who are screened for depressive, anxiety, and/or adjustment disorders.

Denominators:

Active Clinical patients ages 40 and older.

A. Active Clinical patients ages 65 and older.

User Population patients ages 40 and older.

⇨ Active Clinical patients ages 65 and older.

Active Diabetic 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.

All patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits during the Report period.

Numerators:

Patients screened/counseled/diagnosed with depression or anxiety disorders at any time during the Report period.

A: Patients screened for or counseled about depression during the Report period.

B: Patients with a diagnosis of depressive, anxiety and/or adjustment disorders during the Report period.

Logic Description: Age is calculated at beginning of the Report period.

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

	CPT Codes	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
Screening and Counseling		**V POV:** V79.0 **BHS Problem Code:** 14.1 (Screening for Depression) Patient education codes: "DEP-" (depression), "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), "SB-" (suicidal behavior), or "PDEP-" (postpartum depression)
Depressive, Anxiety, and Adjustment Disorders		**At least 2 visits in PCC or BHS with:** **V POV:** 296.*, 300.*, 301.13, 308.3, 309.*, 311.* **BHS POV**: 14, 15, 18, 24

Key Logic Changes from CRS Version 5.0 Patch 1: Added BHS Problem Code 14.1 (Screening for Depression) for depression screening.

Patient List Description: List of at-risk patients not screened for depressive/anxiety disorders.

Indicator Targets: TBD

```
ADAM                                Apr 28, 2005                        Page 59
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Depression/Anxiety Screening (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=>40                     522            501                     471

# w/ Depression screening
 or DX                    35   6.7       28   5.6     +1.1      24   5.1     +1.6
A. # screened/counseled
 for depression            5   1.0        0   0.0     +1.0       0   0.0     +1.0
B. # w/depression/
 anxiety DX               30   5.7       28   5.6     +0.2      24   5.1     +0.7

A. Active Clinical
Pts =>65                 145            150                     136

# w/ Depression screening
 or DX                     6   4.1        6   4.0     +0.1       6   4.4     -0.3
A. # screened/counseled
 for depression            2   1.4        0   0.0     +1.4       0   0.0     +1.4
B. # w/depression/
 anxiety DX                4   2.8        6   4.0     -1.2       6   4.4     -1.7

User Population Pts
=>40                     670            646                     592

# w/ Depression screening
 or DX                    35   5.2       29   4.5     +0.7      24   4.1     +1.2
A. # screened/counseled
 for depression            5   0.7        0   0.0     +0.7       0   0.0     +0.7
B. # w/depression/
 anxiety DX               30   4.5       29   4.5     -0.0      24   4.1     +0.4

A. User Population
Pts =>65                 170            167                     155

# w/ Depression screening
 or DX                     6   3.5        7   4.2     -0.7       6   3.9     -0.3
A. # screened/counseled
 for depression            2   1.2        0   0.0     +1.2       0   0.0     +1.2
B. # w/depression/
 anxiety DX                4   2.4        7   4.2     -1.8       6   3.9     -1.5
```

Figure 8-45: Sample Report, Depression/Anxiety Screening

```
Depression/Anxiety Screening: List of at-risk patients not screened for
depressive/anxiety disorders. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,JOSEPH          007700 COMMUNITY #1   M  45  UP;AC
PATIENT,OTIS            007701 COMMUNITY #1   M  45  UP;AC
PATIENT,GEORGE          007702 COMMUNITY #1   M  45  UP
PATIENT,GARCIA          007703 COMMUNITY #1   M  45  UP;AC
PATIENT,MICHAEL         007704 COMMUNITY #1   M  46  UP;AC;AD
PATIENT,ARNUM           007705 COMMUNITY #1   M  46  UP
PATIENT,SEAN            007706 COMMUNITY #1   M  46  UP;AC;AD
```

Figure 8-46: Sample Patient List, Depression/Anxiety Screening

8.7 Cardiovascular Disease Related Indicator Topics

8.7.1 Obesity Assessment

GPRA Indicator Description: During FY 2005, each Area will increase the number of patients for whom BMI data can be measured by 5%.

Denominators:

GPRA Denominator: Active Clinical patients ages 2 through 74. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.

All User Population patients ages 2 through 74.

Numerators:

GPRA Numerator: Patients for whom a BMI could be calculated.

For those with a BMI calculated, those considered overweight but not obese using BMI and standard BMI tables.

For those with a BMI calculated, those considered obese using BMI and standard BMI tables.

Total of overweight and obese.

Logic Description: Age is calculated at beginning of the Report Period. 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 5 years, not required to be on the same day. For over 50, height and weight within last 2 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 based on standard tables.

Key Logic Changes from CRS Version 5.0 Patch 1: Revised method for calculating percentages for overweight, obese, and total of overweight and obese numerators to use patients with BMI calculated numerator as the denominator, vs. the Active Clinical and User Population denominators.

Patient List Description: List of patients for whom BMI could NOT be calculated.

GPRA Indicator Targets: TBD

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.

Indicator Past Performance:

IHS FY 2004 Performance	60%

```
ADAM                                Apr 28, 2005                        Page 61
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Obesity Assessment

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
ages 2-74
(GPRA)                 1,451          1,438                  1,454

# w/BMI calculated
 (GPRA)                  211  14.5      222  15.4     -0.9     257  17.7     -3.1
A. # Overweight w/
 % of Total BMI           53  25.1       75  33.8     -8.7      56  21.8     +3.3
B. # Obese w/
 % of Total BMI           75  35.5       86  38.7     -3.2      91  35.4     +0.1
C. # Overweight/Obese w/
 % of Total BMI          128  60.7      161  72.5    -11.9     147  57.2     +3.5

Male Active Clinical
Pts 2-74                 630            623                    635

# w/BMI calculated
 (GPRA)                   97  15.4       92  14.8     +0.6     106  16.7     -1.3
A. # Overweight w/
 % of Total BMI           26  26.8       34  37.0    -10.2      23  21.7     +5.1
B. # Obese w/
 % of Total BMI           25  25.8       28  30.4     -4.7      29  27.4     -1.6
C. #Overweight/Obese w/
 % of Total BMI           51  52.6       62  67.4    -14.8      52  49.1     +3.5

Female Active Clinical
Pts 2-74                 821            815                    819

# w/BMI calculated       114  13.9      130  16.0     -2.1     151  18.4     -4.6
A. # Overweight w/
 % of Total BMI           27  23.7       41  31.5     -7.9      33  21.9     +1.8
B. # Obese w/
 % of Total BMI           50  43.9       58  44.6     -0.8      62  41.1     +2.8
C. #Overweight/Obese w/
 % of Total BMI           77  67.5       99  76.2     -8.6      95  62.9     +4.6

User Population
Pts 2-74               2,106          2,077                  2,053

# w/BMI calculated       228  10.8      243  11.7     -0.9     281  13.7     -2.9
A. # Overweight w/
 % of Total BMI           57  25.0       77  31.7     -6.7      64  22.8     +2.2
B. # Obese w/
 % of Total BMI           80  35.1       95  39.1     -4.0      98  34.9     +0.2
C. #Overweight/Obese w/
 % of Total BMI          137  60.1      172  70.8    -10.7     162  57.7     +2.4
```

Figure 8-47: 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       147    181    254    108    195    204    156    206
# w/ BMI calculated        38     31     44     14     25     21     19     19
% w/BMI calculated       25.9   17.1   17.3   13.0   12.8   10.3   12.2    9.2

# Overweight                5      3      8      5      8      6      9      9
% Overweight w/
 % Total BMI             13.2    9.7   18.2   35.7   32.0   28.6   47.4   47.4

# Obese                     7      5     14      6     14     13      9      7
% Obese w/
 % of Total BMI          18.4   16.1   31.8   42.9   56.0   61.9   47.4   36.8

# Overweight or Obese      12      8     22     11     22     19     18     16
% Overweight or Obese w/
 % Total BMI             31.6   25.8   50.0   78.6   88.0   90.5   94.7   84.2

PREVIOUS YEAR PERIOD
Total # Active Clin       157    198    247    101    200    194    145    196
# w/ BMI calculated        47     17     43     19     24     28     21     23
% w/BMI calculated       29.9    8.6   17.4   18.8   12.0   14.4   14.5   11.7

# Overweight               15      5     16      9      6     12      6      6
% Overweight w/
 % Total BMI             31.9   29.4   37.2   47.4   25.0   42.9   28.6   26.1

# Obese                    14      3     10      7     15     14     12     11
% Obese w/
 % of Total BMI          29.8   17.6   23.3   36.8   62.5   50.0   57.1   47.8

# Overweight or Obese      29      8     26     16     21     26     18     17
% Overweight or Obese w/
 % Total BMI             61.7   47.1   60.5   84.2   87.5   92.9   85.7   73.9

CHANGE FROM PREV YR %
w/ BMI calculated        -4.1   +8.5   -0.1   -5.8   +0.8   -4.1   -2.3   -2.5
Overweight              -18.8  -19.7  -19.0  -11.7   +7.0  -14.3  +18.8  +21.3
Obese                   -11.4   -1.5   +8.6   +6.0   -6.5  +11.9   -9.8  -11.0
Overweight or Obese     -30.1  -21.3  -10.5   -5.6   +0.5   -2.4   +9.0  +10.3
```

Figure 8-48: Sample Report, Age Breakout, Obesity Assessment

```
Obesity Assessment: List of patients for whom BMI could NOT be calculated.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,DOROTHY         000800 COMMUNITY #1   F  2   UP;AC
PATIENT,TANYA J         000801 COMMUNITY #1   F  2   UP;AC
PATIENT,PAULINDA        000802 COMMUNITY #1   F  2   UP;AC
PATIENT,ANNA            000803 COMMUNITY #1   F  2   UP
PATIENT,JACQUELINE C    000804 COMMUNITY #1   F  2   UP;AC
PATIENT,DAWN            000805 COMMUNITY #1   F  2   UP;AC
```

Figure 8-49: Sample Patient List, Obesity Assessment

8.7.2 Childhood Weight Control

Proposed GPRA FY 2006 Indicator Description: For FY 2006, establish the obesity rates in children, ages 2-5 years.

Denominator:

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

Numerators:

For those with a BMI calculated, patients with BMI 85-94%.

For those with a BMI calculated, patients with a BMI 95% and up.

For those with a BMI calculated, patients with a BMI =>85%.

Logic Description: All patients for whom a BMI could be calculated and 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 indicator. 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. 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 indicator 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 At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%.

BMI STANDARD REFERENCE DATA

LOW-HIGH AGES	SEX	BMI >= (RISK – OVERWT)	BMI >= (OVERWT)	DATA CHECK LIMIT BMI>	DATA CHECK LIMIT 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 5.0 Patch 1:

1. Renamed from Childhood Obesity Reduction to Childhood Weight Control.
2. Revised proposed GPRA indicator description.
3. Revised age range from 2-6 to 2-5.
4. Revised denominator from all children 2-6 to children to 2-5 with BMI.
5. Removed first denominator for BMI documented.
6. Revised logic to reflect new age range.
7. Revised patient list description.
8. Added “for whom BMI could be calculated” to logic definition.

Patient List Description: List of patients ages 2-5, with current BMI, if any.

Indicator Targets: TBD

```
ADAM                                Apr 28, 2005                        Page 71
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Childhood Weight Control

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
2-5 w/BMI                35             40                      42

# w/BMI 85-94%            3   8.6       10  25.0    -16.4       3   7.1     +1.4
# w/BMI =>95%             6  17.1       12  30.0    -12.9       5  11.9     +5.2
# w/BMI =>85%             9  25.7       22  55.0    -29.3       8  19.0     +6.7

Active Clinical Pts
Age 2                     6              7                       7

# w/BMI 85-94%            1  16.7        1  14.3     +2.4       1  14.3     +2.4
# w/BMI =>95%             0   0.0        2  28.6    -28.6       0   0.0     +0.0
# w/BMI =>85%             1  16.7        3  42.9    -26.2       1  14.3     +2.4

Active Clinical Pts
Age 3                     4              7                      15

# w/BMI 85-94%            0   0.0        1  14.3    -14.3       1   6.7     -6.7
# w/BMI =>95%             1  25.0        2  28.6     -3.6       2  13.3    +11.7
# w/BMI =>85%             1  25.0        3  42.9    -17.9       3  20.0     +5.0

Active Clinical Pts
Age 4                    20             22                      16

# w/BMI 85-94%            1   5.0        6  27.3    -22.3       1   6.3     -1.3
# w/BMI =>95%             5  25.0        6  27.3     -2.3       2  12.5    +12.5
# w/BMI =>85%             6  30.0       12  54.5    -24.5       3  18.8    +11.3

Active Clinical Pts
Age 5                     5              4                       4

# w/BMI 85-94%            1  20.0        2  50.0    -30.0       0   0.0    +20.0
# w/BMI =>95%             0   0.0        2  50.0    -50.0       1  25.0    -25.0
# w/BMI =>85%             1  20.0        4 100.0    -80.0       1  25.0     -5.0
```

Figure 8-50: Sample Report, Childhood Weight Control

```
Childhood Weight Control: List of patients ages 2-5, with current BMI.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,SUMMER LYNN     004500 COMMUNITY #1   F  2   AC          15.48:07/08/03 Age at
BMI: 3
PATIENT,ELLEN MAURICE   004501 COMMUNITY #1   F  2   AC          17.31:01/09/03 Age at
BMI: 2
PATIENT,JENNY           004502 COMMUNITY #1   F  2   AC          17.16:01/28/03 Age at
BMI: 2
PATIENT,EVA             004503 COMMUNITY #1   F  3   AC          15.13:10/06/03 Age at
BMI: 4
PATIENT,MARY T          004504 COMMUNITY #1   F  3   AC          16.47:03/12/03 Age at
BMI: 3
PATIENT,DARLENE         004505 COMMUNITY #1   F  4   AC          16.02:11/28/03 Age at
BMI: 5
```

Figure 8-51: Sample Patient List, Childhood Obesity Reduction

8.7.3 Nutrition and Exercise Education for At Risk Patients

Indicator Description: Increase the proportion of at risk patients who are provided patient education on nutrition and exercise.

Denominators:

Active Clinical patients ages 6 and older considered overweight (including obese). Breakdown by gender.

- ⇨ Obese patients only. Breakdown by gender and by the following age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74, based on HP 2010.

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 2 visits in the past year, AND 2 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. Overweight is defined as including both obese and overweight categories calculated by BMI. Overweight: Ages 19 and older, BMI equal to or greater than (=>) 25. Obese: Ages 19 and older, BMI equal to or greater than (=>) 30. For ages 18 and under, definition 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 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

CRS uses 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)).
Exercise education		**V POV**: V65.41 exercise counseling **Patient education codes:** ending "-EX" (exercise).
Related exercise and nutrition counseling		**Patient education codes:** ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).

Key Logic Changes from CRS Version 5.0 Patch 1: Added patient education codes ending in "-MNT" for nutrition education.

Patient List Description: A list of at risk patients with education, if any.

Indicator Targets for Diabetic Education:

HP 1997 data	42%
HP 2010 target to increase diet and nutrition counseling to patients with diabetes	75%

```
ADAM                                Apr 28, 2005                        Page 73
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Nutrition and Exercise Education for At Risk Patient (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

# Overweight Active Clinical
patients =>6            116            132                     138

# w/medical nutrition
 counseling              22  19.0       18  13.6     +5.3      29  21.0     -2.0
# specific nutrition
 education provided      29  25.0       19  14.4    +10.6      47  34.1     -9.1
# w/exercise educ          5   4.3        6   4.5     -0.2      16  11.6     -7.3
# w/ other exec
 or nutrition educ         2   1.7        1   0.8     +1.0       1   0.7     +1.0

# Male Overweight Active
Clinical pts =>6         45             44                      46

# w/medical nutrition
 counseling               9  20.0        4   9.1    +10.9      10  21.7     -1.7
# specific nutrition
 education provided      11  24.4        4   9.1    +15.4      16  34.8    -10.3
# w/exercise educ          1   2.2        1   2.3     -0.1       6  13.0    -10.8
# w/ other exec
 or nutrition educ         0   0.0        0   0.0     +0.0       1   2.2     -2.2

# Female Overweight Active
Clinical pts =>6         71             88                      92

# w/medical nutrition
 counseling              13  18.3       14  15.9     +2.4      19  20.7     -2.3
# specific nutrition
 education provided      18  25.4       15  17.0     +8.3      31  33.7     -8.3
# w/exercise educ          4   5.6        5   5.7     -0.0      10  10.9     -5.2
# w/ other exec
 or nutrition educ         2   2.8        1   1.1     +1.7       0   0.0     +2.8

A. # Obese Active Clinical
patients =>6             68             72                      87

# w/medical nutrition
 counseling              11  16.2       13  18.1     -1.9      21  24.1     -8.0
# specific nutrition
 education provided      16  23.5       14  19.4     +4.1      35  40.2    -16.7
# w/exercise educ          4   5.9        4   5.6     +0.3      12  13.8     -7.9
# w/ other exec
 or nutrition educ         2   2.9        1   1.4     +1.6       1   1.1     +1.8
```

Figure 8-52: 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           5       14       25       19        5
# Med Nutr Educ                   0        0        6        4        1
% w/Med Nutr Educ               0.0      0.0     24.0     21.1     20.0

# w/spec nutr educ                0        1        6        8        1
% w/spec nutr ed                0.0      7.1     24.0     42.1     20.0

# w/exercise educ                 0        0        0        4        0
% w/exercise ed                 0.0      0.0      0.0     21.1      0.0

# w/other educ                    0        0        1        1        0
% w/other educ                  0.0      0.0      4.0      5.3      0.0
```

Figure 8-53: Sample Age Breakout Report, Nutrition and Exercise Education for At Risk Patients

```
Nutrition and Exercise Education for At Risk Patients: List of at risk
patients, with education if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LANA            008225 COMMUNITY #1   F  10  OW;          10/28/03 WL-MNT SN;
PATIENT,GRACE           008226 COMMUNITY #1   F  14  AD;          06/25/03 DM-DT
SN;06/25/03 DM-EX EX;
PATIENT,RENAE           008227 COMMUNITY #1   F  15  OW;
PATIENT,JENNIFER        008228 COMMUNITY #1   F  17  OW;OB
PATIENT,ESTHER          008229 COMMUNITY #1   F  18  OW;OB
PATIENT,JOYCE           008230 COMMUNITY #1   F  20  OW;OB
PATIENT,PRICILLA        008231 COMMUNITY #1   F  25  OW;
PATIENT,NORA            008232 COMMUNITY #1   F  25  OW;OB        06/23/03 TO-LA OTH
PATIENT,LUCILLE         008233 COMMUNITY #1   F  26  AD;
PATIENT,SELINA          008234 COMMUNITY #1   F  27  OW;AD;OB     01/08/03 Prv:
29;03/11/03 V65.3 SN;
```

Figure 8-54: Sample Patient List, Nutrition, and Exercise Education for At Risk Patients

8.7.4 Cardiovascular Disease and Cholesterol Screening

GPRA Indicator Description: During FY 2005, establish the baseline cholesterol screening rate for adult patients.

Denominators:

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

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

Active Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

Numerators:

GPRA Numerator: Patients with documented blood cholesterol screening any time in the past 5 years.

Patients with high total cholesterol levels, defined as equal to or greater than (=>) 240.

Patients with LDL completed in the past 5 years, regardless of result.

Patients with LDL <= 100.

Patients with LDL 101-130.

Patients with LDL 131-160.

Patients with LDL > 160

Logic Description: Age is calculated at the beginning of the Report period. The difference between the age range 18 and older in the definition and 23 and older in the logic is because CRS looks back 5 years for a test, i.e., when a patient who was 23 at the beginning of the Report period would have been 18. Counts all Y instances reported, regardless of the results of the measurement.

CRS uses the following codes to define the IHD numerator.

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

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX
Total Cholesterol	82465		yes	DM AUDIT CHOLESTEROL TAX

Key Logic Changes from CRS Version 5.0 Patch 1:

1. Added IHD denominator (broken out by gender) and revised logic description to include definition of IHD.
2. Revised LOINC taxonomy for total cholesterol and LDL.

Patient List Description: List of patients with cholesterol or LDL value if any.

Indicator Targets:

HP 1998 baseline	67%
HP 2010 target for adults who have had blood cholesterol checked (12.15)	80%
HP 2010 target for adults with high cholesterol	17%

```
ADAM                                Apr 28, 2005                        Page 83
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Cardiovascular Disease and Cholesterol Screening (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 23
(GPRA)                  860            837                     813

# w/Cholesterol screen
 w/in 5 yrs (GPRA)      124  14.4      113  13.5     +0.9      79   9.7     +4.7
# w/ High Chol
 => 240                  11   1.3        8   1.0     +0.3       7   0.9     +0.4
# w/LDL done
 in past 5 yrs          126  14.7       39   4.7    +10.0      43   5.3     +9.4
# w/LDL =<100             8   0.9        6   0.7     +0.2       7   0.9     +0.1
# w/LDL 101-130          21   2.4       21   2.5     -0.1      20   2.5     -0.0
# w/LDL 131-160           7   0.8        8   1.0     -0.1       9   1.1     -0.3
# w/LDL >160              2   0.2        1   0.1     +0.1       2   0.2     -0.0

Male Active Clinical
Pts =>23                341            328                     312

# w/Cholesterol screen
 w/in 5 yrs              44  12.9       41  12.5     +0.4      32  10.3     +2.6
# w/ High Chol
 => 240                   3   0.9        3   0.9     -0.0       3   1.0     -0.1
# w/LDL done
 in past 5 yrs           58  17.0       19   5.8    +11.2      21   6.7    +10.3
# w/LDL =<100              3   0.9        2   0.6     +0.3       3   1.0     -0.1
# w/LDL 101-130          10   2.9       10   3.0     -0.1       9   2.9     +0.0
# w/LDL 131-160           4   1.2        5   1.5     -0.4       6   1.9     -0.8
# w/LDL >160              0   0.0        0   0.0     +0.0       0   0.0     +0.0

Female Active Clinical
Pts =>23                519            509                     501

# w/Cholesterol screen
 w/in 5 yrs              80  15.4       72  14.1     +1.3      47   9.4     +6.0
# w/ High Chol
 => 240                   8   1.5        5   1.0     +0.6       4   0.8     +0.7
# w/LDL done
 in past 5 yrs           68  13.1       20   3.9     +9.2      22   4.4     +8.7
# w/LDL =<100              5   1.0        4   0.8     +0.2       4   0.8     +0.2
# w/LDL 101-130          11   2.1       11   2.2     -0.0      11   2.2     -0.1
# w/LDL 131-160           3   0.6        3   0.6     -0.0       3   0.6     -0.0
# w/LDL >160              2   0.4        1   0.2     +0.2       2   0.4     -0.0
```

Figure 8-55: Sample Report, CVD and Cholesterol Screening

```
Cardiovascular Disease and Cholesterol Screening: List of patients with
cholesterol or LDL value, if any
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,MARY            007755 COMMUNITY #1   F  25  UP;AC       ;LDL 07/15/03
PATIENT,SHEILA          007756 COMMUNITY #1   F  25  UP
PATIENT,RACHEL          007757 COMMUNITY #1   F  26  UP;AC
PATIENT,MARLENE         007758 COMMUNITY #1   F  26  UP;AC       CHOL 11/13/02 172
PATIENT,NATESHA         007759 COMMUNITY #1   F  26  UP;AC       ;LDL 04/30/03
PATIENT,LUCILLE         007760 COMMUNITY #1   F  26  UP;AC       ;LDL 12/04/03 115
```

Figure 8-56: Sample Patient List, CVD and Cholesterol Screening

8.7.5 Cardiovascular Disease and Blood Pressure Control

Indicator Description: For FY 2005, increase the proportion of patients ages 18 and older whose blood pressure has been assessed in past two years.

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 Clinical patients diagnosed with ischemic heart disease prior to the Report period and with at least two IHD-related visits any time during the Report period. Broken down by gender.

Numerators:

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

Patients with normal Blood Pressure (BP), defined as < 120/80.

Patients with Pre Hypertension I BP, defined as => 120/80 and < 130/80.

Patients with Pre Hypertension II BP, defined as => 130/80 and <140/90.

Patients with Stage 1 Hypertension Blood Pressure (BP), defined as => 140/90 and <160/100.

Patients with Stage 2 Hypertension BP, defined as => 160/100.

Logic Description: Age of the patient is calculated at beginning of the Report period. The difference between the age range 18 and older in the definition and 20 and older in the logic is because CRS looks back 2 years for BP values.

For each of the numerators, CRS uses the last 2 Blood Pressures documented on non-ER visits in the 2 years prior to the end of the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean

Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

CRS uses the following codes to define the IHD numerator.

	CPT Codes	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 5.0 Patch 1: Added IHD denominator (broken out by gender) and revised logic description to include definition of IHD.

Patient List Description: 'List of Patients => 20 w/ denominator identified & mean BP, if any.

Indicator Targets:

HP 2010 target for adults with high blood pressure (140/90)	16%

```
ADAM                                Apr 28, 2005                        Page 87
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 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       931            902                     866

# w/ BPs
 documented             787  84.5      761  84.4     +0.2     693  80.0     +4.5
# w/Normal BP           156  16.8      143  15.9     +0.9     174  20.1     -3.3
# w/PRE HTN I BP        168  18.0      164  18.2     -0.1     149  17.2     +0.8
# w/PRE HTN II BP       252  27.1      243  26.9     +0.1     190  21.9     +5.1
# w/Stage 1
 HTN BP                 180  19.3      179  19.8     -0.5     156  18.0     +1.3
# w/Stage 2
 HTN BP                  31   3.3       32   3.5     -0.2      24   2.8     +0.6

Male Active Clinical Patients
ages 20 and older       372            357                     334

# w/ BPs
 documented             307  82.5      294  82.4     +0.2     250  74.9     +7.7
# w/Normal BP            34   9.1       32   9.0     +0.2      45  13.5     -4.3
# w/PRE HTN I BP         48  12.9       49  13.7     -0.8      39  11.7     +1.2
# w/PRE HTN II BP       110  29.6      106  29.7     -0.1      76  22.8     +6.8
# w/Stage 1
 HTN BP                 103  27.7       91  25.5     +2.2      81  24.3     +3.4
# w/Stage 2
 HTN BP                  12   3.2       16   4.5     -1.3       9   2.7     +0.5

Female Active Clinical Patients
ages 20 and older       559            545                     532

# w/ BPs
 documented             480  85.9      467  85.7     +0.2     443  83.3     +2.6
# w/Normal BP           122  21.8      111  20.4     +1.5     129  24.2     -2.4
# w/PRE HTN I BP        120  21.5      115  21.1     +0.4     110  20.7     +0.8
# w/PRE HTN II BP       142  25.4      137  25.1     +0.3     114  21.4     +4.0
# w/Stage 1
 HTN BP                  77  13.8       88  16.1     -2.4      75  14.1     -0.3
# w/Stage 2
 HTN BP                  19   3.4       16   2.9     +0.5      15   2.8     +0.6
```

Figure 8-57: Sample Report, CVD and Blood Pressure Control

```
Cardiovascular Disease and Blood Pressure Control: List of Patients => 20
w/ denominator identified & mean BP, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,EMERALD JEAN    010001 COMMUNITY #1   F  20  UP;AC;      134/69 PRE STG II
PATIENT,JEN             010002 COMMUNITY #1   F  20  UP;AC;      112/65 NORMAL
PATIENT,CHRISTINE       010003 COMMUNITY #1   F  20  UP;AC;      112/57 NORMAL
PATIENT,PAMELA          010004 COMMUNITY #1   F  20  UP;AC;      117/71 NORMAL
PATIENT,LACEY GRAHAM    010005 COMMUNITY #1   F  20  UP;AC;      122/66 PRE STG 1
PATIENT,REAGAN          010006 COMMUNITY #1   F  20  UP;         unknown
PATIENT,TAMARA          010007 COMMUNITY #1   F  20  UP;AC;      125/68 PRE STG 1
```

Figure 8-58: Sample Patient List, CVD and Blood Pressure Control

8.7.6 Controlling High Blood Pressure

Indicator Description: Increase the percentage of enrolled members 46–85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure (BP) was adequately controlled (less than 140/90) during the measurement year.

Denominator:

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

Numerators:

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

Patients with normal BP, defined as less than (<) 120/80, i.e., the mean systolic value is less than (<) 120 AND the mean diastolic value is less than (<) 80.

Patients with Pre Hypertension I BP, defined as equal to or greater than (=>) 120/80 and less than (<) 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.

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.

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.

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. The difference between the age range 44-85 in the definition and 46-85 in the logic is because CRS looks back 2 years for BP values. ESRD defined as CPT 90921, 90925 or POV 585. Hypertension is defined as diagnosis (POV or problem list) 401.* prior to the Report period, and at least one hypertension POV during the Report period.

For each of the numerators, CRS uses the last 2 Blood Pressures documented on non-ER visits during the Report period. The mean Systolic value is calculated by adding the last 2 systolic values and dividing by 2. The mean Diastolic value is calculated by adding the diastolic values from the last 2 blood pressures and dividing by 2. If the systolic and diastolic values do not BOTH meet the current category, then the value that is least controlled determines the category.

Key Logic Changes from CRS Version 5.0 Patch 1:

1. Added exclusion for patients with ESRD.
2. Revised logic to check for 2 BPs in past year. Previous logic checked for 2 BPs in past 2 years.

Patient List Description: List of patients with hypertension and BP value if any.

Indicator Targets:

HP 2010 target for adults with high blood pressure (140/90)	16%

ADAM Apr 28, 2005 Page 91

*** IHS 2005 Clinical Performance Report ***

DEMO HOSPITAL

Report Period: Jan 01, 2003 to Dec 31, 2003

Previous Year Period: Jan 01, 2002 to Dec 31, 2002

Baseline Period: Jan 01, 2000 to Dec 31, 2000

Controlling High Blood Pressure (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts								
46-85 w/HTN dx	150		134			117		
# w/ BPs documented	147	98.0	134	100.0	-2.0	113	96.6	+1.4
# w/Normal BP	16	10.7	7	5.2	+5.4	8	6.8	+3.8
# w/Pre HTN I BP	20	13.3	22	16.4	-3.1	14	12.0	+1.4
# w/Pre HTN II BP	43	28.7	44	32.8	-4.2	33	28.2	+0.5
# w/Stage 1 HTN BP	53	35.3	47	35.1	+0.3	46	39.3	-4.0
# w/Stage 2 HTN BP	15	10.0	14	10.4	-0.4	12	10.3	-0.3
Male Active Clinical Pts								
46-85 w/HTN	77		65			56		
# w/ BPs documented	74	96.1	65	100.0	-3.9	54	96.4	-0.3
# w/Normal BP	6	7.8	3	4.6	+3.2	4	7.1	+0.6
# w/Pre HTN I BP	10	13.0	11	16.9	-3.9	5	8.9	+4.1
# w/Pre HTN II BP	22	28.6	23	35.4	-6.8	18	32.1	-3.6
# w/Stage 1 HTN BP	32	41.6	20	30.8	+10.8	23	41.1	+0.5
# w/Stage 2 HTN BP	4	5.2	8	12.3	-7.1	4	7.1	-1.9
Female Active Clinical Pts								
46-85 w/HTN	73		69			61		
# w/ BPs documented	73	100.0	69	100.0	+0.0	59	96.7	+3.3
# w/Normal BP	10	13.7	4	5.8	+7.9	4	6.6	+7.1
# w/Pre HTN I BP	10	13.7	11	15.9	-2.2	9	14.8	-1.1
# w/Pre HTN II BP	21	28.8	21	30.4	-1.7	15	24.6	+4.2
# w/Stage 1 HTN BP	21	28.8	27	39.1	-10.4	23	37.7	-8.9
# w/Stage 2 HTN BP	11	15.1	6	8.7	+6.4	8	13.1	+2.0

Figure 8-59: Sample Report, Controlling High Blood Pressure

```
Controlling High Blood Pressure: List of patients with hypertension and BP
value. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,THOMAS          002500 COMMUNITY #1   M  68  HTN PT      158/81 STG 1 HTN
PATIENT,WILLIAM         002501 COMMUNITY #1   M  69  HTN PT      129/75 PRE STG 1
PATIENT,ZACH            002502 COMMUNITY #1   M  70  HTN PT      133/71 PRE STG II
PATIENT,ADRIAN          002503 COMMUNITY #1   M  72  HTN PT      147/78 STG 1 HTN
PATIENT,LARRY CARL      002504 COMMUNITY #1   M  73  HTN PT      157/86 STG 1 HTN
```

Figure 8-60: Sample Patient List, Controlling High Blood Pressure

8.7.7 Comprehensive CVD-Related Assessment

Indicator Description: Increase the proportion of at risk patients who have comprehensive assessment for all CVD-related risk factors.

Denominators:

Active Clinical patients ages 46 and older who are not diabetic (no diagnosis ever).

User Population patients ages 46 and older who are not diabetic (no diagnosis ever).

Active Diabetic patients ages 46 and older, defined as all Active Clinical patients diagnosed with diabetes prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever.

Active Clinical patients diagnosed with ischemic disease prior to the Report period and with at least two CVD-related visits any time during the Report period. Broken down by gender.

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.

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 screened/counseled/diagnosed with depression or anxiety disorders at any time during the Current Report period.

Patients with ALL assessments above.

Logic Description: Age of the patient is calculated at beginning of the Report period. Definition for patients without diabetes is no diabetes diagnosis ever (POV 250.00-250.93). Ischemic Heart Disease (IHD) defined as: One visit prior to the Report period AND 2 or more visits any time during the Report period with diagnosis of ischemic heart disease (Purpose of Visit 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file). For BP, CRS uses the mean of the last 2 Blood Pressures documented on non-ER visits in the previous 2 years prior to the end of the Report period. For LDL, finds the most recent test done in the last 5 years, regardless of the results of the measurement. For BMI, CRS calculates when the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

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

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX
Tobacco Screening		**Any health factor for category Tobacco (see table on next page)** **V POV or current Active Problem List:** 305.1, V15.82 **Patient education codes:** containing "TO-" or "-TO" or "-SHS" **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)).		
Exercise Education		**V POV**: V65.41 exercise counseling **Patient education codes:** ending "-EX" (exercise).		
Related Exercise and Nutrition Counseling		**Patient education codes:** ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity).		
Depression Screening and Counseling		**V POV:** V79.0 **BHS Problem Code:** 14.1 (screening for depression) Patient education codes: "DEP-" (depression), "BH-" (behavioral and social health), "GAD-" (generalized anxiety disorder), "SB-" (suicidal behavior)		

Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Depressive, Anxiety, and Adjustment Disorders		**V POV:** 296.*, 300.*, 301.13, 308.3, 309.*, 311.* **BHS POV**: 14, 15, 18, 24		

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 5.0 Patch 1:

1. Added IHD denominator and revised logic description to include definition of IHD.
2. Revised diagnosis code from 305.1* to 305.1 as there is no 5th digit for this code.
3. Added patient education codes containing "-MNT" for nutrition education.
4. Added BH problem code 14.1 as screening for depression.

Patient List Description: List of patients with assessments received, if any.

Indicator Targets: TBD

```
ADAM                                Apr 28, 2005                        Page 93
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 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 Clinical Pts =>46
w/no DM dx              257            254                     250

# w/ BPs documented
 w/in 2 yrs             224  87.2      221  87.0     +0.2     199  79.6     +7.6
# w/LDL done
 w/in 5 yrs              25   9.7        1   0.4     +9.3       2   0.8     +8.9
# w/Tobacco Screening
 w/in 1 yr                4   1.6        0   0.0     +1.6       2   0.8     +0.8
# w/BMI calculated       11   4.3       18   7.1     -2.8      16   6.4     -2.1
# w/ lifestyle
 educ w/in 1 yr          12   4.7       12   4.7     -0.1      27  10.8     -6.1
# w/ Depression screening
 or DX w/in 1 yr         16   6.2       17   6.7     -0.5      14   5.6     +0.6
# w/ ALL                   1   0.4        0   0.0     +0.4       0   0.0     +0.4

User Pop Pts =>46
w/no DM dx              338            337                     319

# w/ BPs documented
 w/in 2 yrs             231  68.3      228  67.7     +0.7     202  63.3     +5.0
# w/LDL done
 w/in 5 yrs              25   7.4        1   0.3     +7.1       2   0.6     +6.8
# w/Tobacco Screening
 w/in 1 yr                4   1.2        0   0.0     +1.2       3   0.9     +0.2
# w/BMI calculated       12   3.6       18   5.3     -1.8      16   5.0     -1.5
# w/ lifestyle
 educ w/in 1 yr          12   3.6       12   3.6     -0.0      28   8.8     -5.2
# w/ Depression screening
 or DX w/in 1 yr         16   4.7       18   5.3     -0.6      14   4.4     +0.3
# w/ ALL                   1   0.3        0   0.0     +0.3       0   0.0     +0.3

Active Diabetic Pts
=> 46                   113            106                      91

# w/ BPs documented
 w/in 2 yrs             113 100.0      105  99.1     +0.9      90  98.9     +1.1
# w/LDL done
 w/in 5 yrs              64  56.6       29  27.4    +29.3      26  28.6    +28.1
# w/Tobacco Screening
 w/in 1 yr                2   1.8        0   0.0     +1.8       1   1.1     +0.7
# w/BMI calculated       22  19.5       24  22.6     -3.2      54  59.3    -39.9
# w/ lifestyle
 educ w/in 1 yr          41  36.3       42  39.6     -3.3      62  68.1    -31.8
# w/ Depression screening
 or DX w/in 1 yr          3   2.7        3   2.8     -0.2       3   3.3     -0.6
# w/ ALL                   1   0.9        0   0.0     +0.9       0   0.0     +0.9
```

Figure 8-61: Sample Report, Comprehensive CVD-Related Assessment

```
Comprehensive CVD-Related Assessment: List of patients with assessments
received, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,LYNN            004575 COMMUNITY #1   F  46  UP;
PATIENT,DANIELLE LYN    004576 COMMUNITY #1   F  46  UP;AC;      BP: 164/89 STG 2 HTN
LDL: 07/09/99
PATIENT,ALICE           004577 COMMUNITY #1   F  46  UP;AC;      BP: 138/89 PRE STG II
PATIENT,JERALDINE       004578 COMMUNITY #1   F  46  AD;         BP: 140/85 STG 1 HTN
LDL: 07/21/03 BMI:  44.4
PATIENT,BERNICE         004579 COMMUNITY #1   F  46  UP;AC;      BP: 122/65 PRE STG 1
PATIENT,LEILA           004580 COMMUNITY #1   F  46  UP;
PATIENT,NADINE          004581 COMMUNITY #1   F  46  AD;         BP: 175/97 STG 2 HTN
LDL: 11/12/03 BMI:  33.6 LIFE: 08/26/03:DM-N SN
```

Figure 8-62: Sample Patient List: Comprehensive CVD-Related Assessment

8.7.8 Beta-Blocker Treatment After a Heart Attack (New Topic)

Indicator Description: For FY 2005, establish the baseline rate for patients receiving beta-blocker treatment after AMI.

Denominators:

Active Clinical patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

User Population patients 35 and older discharged for an AMI during the first 51 weeks of the Report period, were not readmitted for any diagnosis within seven days of discharge, and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

Numerator:

Patients with active prescription for beta-blockers no later than 7 days after first discharge (i.e. prescribed during stay or at discharge or current at time of admission).

Logic Description: Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as 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:

1. Patients with Discharge Type of Irregular (AMA), Transferred, or contains "Death."
2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge date: A) Asthma – 2 diagnoses (POV) of 493* on different

visit dates; B) Hypotension – 1 diagnosis of 458*; C) Heart block >1 degree – 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; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these codes, such as 1 visit with 491.20 and 1 with 496.

3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge date: A) POV 995.0-995.3 AND E942.0; B) “beta block*” entry in ART (Patient Allergies File); or C) “beta block*”, “bblock*” or “b block*” contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.
4. Patients readmitted for any diagnosis within seven days of discharge.

To be included in the numerator, patient must have an active prescription (not discontinued as of [discharge date + 7 days]) either 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).

Beta-blocker medication codes defined with medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.

Patient List Description: List of patients with AMI, with beta-blocker prescription, if any.

```
ADAM                                Apr 28, 2005                        Page 97
                   *** IHS 2005 Clinical Performance Report ***
                                   DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Beta-Blocker Treatment After a Heart Attack

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
hospitalized for
AMI                        3              0                       0

# w/beta-blocker Rx       2  66.7        0   0.0    +66.7       0   0.0    +66.7

User Pop Pts 35+
hospitalized for
AMI                        3              0                       0

# w/beta-blocker Rx       2  66.7        0   0.0    +66.7       0   0.0    +66.7
```

Figure 8-63: Sample Report, Beta-Blocker Treatment After a Heart Attack

```
Beta-Blocker Treatment After a Heart Attack: List of patients with AMI,
with beta-blocker prescription, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,JANICE          095001 COMMUNITY #1   F  53  UP;AC
PATIENT,MARCIE          095002 COMMUNITY #1   F  57  UP;AC       06/10/03 METOPROLOL
50MG TAB UD
PATIENT,ROBERTA         095003 COMMUNITY #1   F  63  UP;AC       02/01/03 ATENOLOL
25MG TAB**

Total # of Patients on list: 3
```

Figure 8-64: Sample Patient List: Beta-Blocker Treatment After a Heart Attack

8.7.9 Persistence of Beta-Blocker Treatment After a Heart Attack (New Topic)

Indicator Description: For FY 2005, establish the baseline rate for patients receiving persistent beta-blocker treatment after AMI.

Denominators:

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 and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

User Population patients 35 and older diagnosed with an AMI six months prior to the Report period through the first six months of the Report period and do not have a contraindication/previous adverse reaction to beta-blocker therapy.

Numerator:

Patients with a 180-day course of treatment with beta-blockers following first discharge date or visit date, including previous active prescriptions.

Logic Description: Age is calculated at the beginning of the Report period. Acute Myocardial Infarction (AMI) defined as POV 410.*0 or 410.*1, which may be diagnosed at inpatient or outpatient visit. Inpatient visit defined as Service Category of H (Hospitalization) and must occur between six months prior to Report period through first six months of the Report period. 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:

1. If inpatient visit, patients with Discharge Type of Irregular (AMA), Transferred, or contains “Death.”

2. Patients with contraindications to beta-blockers, defined as occurring anytime through discharge/visit date: A) Asthma – 2 diagnoses (POV) of 493* on different visit dates; B) Hypotension – 1 diagnosis of 458*; C) Heart block >1 degree – 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; D) Sinus bradycardia – 1 diagnosis of 427.81; or E) COPD – 2 diagnoses on different visit dates of 491.20, 491.21, 496, or 506.4, or a combination of any of these diagnoses, such as one visit with 491.20 and one with 496
3. Documented beta blocker allergy/ADR, defined as occurring anytime through discharge/visit date: A) POV 995.0-995.3 AND E942.0; B) "beta block*" entry in ART (Patient Allergies File); or C) "beta block*", "bblock*" or "b block*" contained within Problem List or in Provider Narrative field for any POV 995.0-995.3 or V14.8.

To be included in the numerator, patients must have a beta-blocker days' supply >= 135 days in the 180 days following discharge date for inpatient visits or visit date for ambulatory visits. Prior active beta-blocker prescriptions can be included if the treatment days fall within the 180 days following discharge/visit date. Prior active prescription defined as most recent beta-blocker 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.

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=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

Example of patient included in the numerator who has prior active prescription:

- Admission Date: 2/1/2004, Discharge Date: 2/15/2004
- Must have 135 days prescribed by 8/13/2004 (Discharge Date+180)
- Prior Beta-Blocker Rx Date: 1/15/2004
- # Days Prescribed: 60 (treats patient through 3/15/2004)
- Discharge Date minus Rx Date: 2/15/2004-1/15/2004 = 31,
- 60 is >= 31, prescription is considered Prior Active Rx
- 3/15/2004 is between 2/15 and 8/13/2004, thus remainder of Prior Active Rx can be counted toward 180-day treatment period
- # Remaining Days Prescribed from Prior Active Rx:
  (60-(Discharge Date-Prior Rx Date) = 60-(2/15/2004-1/15/2004) = 60-31 = 29
- Rx #2: 4/1/2004, # Days Prescribed: 90
- Rx #3: 7/10/2004, #Days Prescribed: 90
- Total Days Supply Prescribed between 2/15 and 8/13/2004: 29+90+90=209

Beta-blocker medication codes defined with medication taxonomy BGP CMS BETA BLOCKER MEDS or all meds with VA Drug Class CV100.

Patient List Description: List of patients with AMI, with all beta-blocker prescriptions during the 180-day timeframe, if any.

```
ADAM                                Apr 28, 2005                        Page 100
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Persistence of Beta-Blocker Treatment After a Heart Attack (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 35+
w/ AMI DX                 5              4                       1

# w/180 day beta-
 blocker treatment        2  40.0        3  75.0    -35.0       1 100.0    -60.0

User Pop Pts 35+
w/ AMI DX                 6              4                       1

# w/180-day beta-
 blocker treatment        2  33.3        3  75.0    -41.7       1 100.0    -66.7
```

Figure 8-65: Sample Report, Persistence of Beta-Blocker Treatment After a Heart Attack

```
Persistence of Beta-Blocker Treatment After a Heart Attack: List of
patients with AMI, with all beta-blocker prescriptions during the 180-day
timeframe, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ANGELA          000825 COMMUNITY #1   F  40  UP
PATIENT,MARIA           000826 COMMUNITY #1   F  57  UP;AC       YES, beta blocker
>135 06/10/03(90);09/15/03(90) total days beta blocker: 180
PATIENT,ROBERTA         000827 COMMUNITY #1   F  63  UP;AC
PATIENT,TRENTONT        000828 COMMUNITY #1   M  68  UP;AC
PATIENT,JACOB           000829 COMMUNITY #1   M  72  UP;AC       YES, beta blocker
>135 10/01/02(60);02/01/03(20);09/01/02(60) total days beta blocker: 140
PATIENT,CHARLES         000015 COMMUNITY #2   M  59  UP;AC

Total # of Patients on list: 6
```

Figure 8-66: Sample Patient List: Persistence of Beta-Blocker Treatment After a Heart Attack

8.7.10 Cholesterol Management After Acute CVD Event (New Topic)

Indicator Description: For FY 2005, establish the baseline rate for patients with LDL test after acute CVD event.

Denominators:

Active Clinical patients ages 18 to 75 diagnosed within the year prior to the beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.

User Population patients ages 18 to 75 diagnosed within the year prior to the beginning of the Report period with acute myocardial infarction (AMI), coronary artery bypass graft (CABG), or percutaneous transluminal coronary angioplasty (PTCA). Broken down by gender.

Numerators:

Patients with LDL completed 60-365 days after diagnosis, regardless of result.

Patients with LDL <=100, completed 60-365 days after diagnosis.

Patients with LDL 101-130, completed 60-365 days after diagnosis.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 18-75 in the indicator definition and 17-75 in the logic is because CRS looks back 1 year to determine if the patient had an AMI, CABG, or PTCA, i.e., when a patient who was 18 in the Report period would have been 17 in the year prior to the Report period.

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

Diagnosis or Test	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
AMI		**V POV:** 410.*0, 410.*1		
PTCA	33140, 92980-92982, 92984, 92995, 92996	**V Procedure:** 36.01, 36.02, 36.05, 36.09		
CABG	33510-33514, 33516-33519, 33521-33523, 33533-33536	**V Procedure:** 36.1*, 36.2		
LDL	83721		yes	DM AUDIT LDL CHOLESTEROL TAX

Patient List Description: List of patients with AMI, CABG, or PTCA w/LDL value, if any.

```
ADAM                                Apr 28, 2005                        Page 102
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Cholesterol Management After Acute Cardiovascular Event (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical pts 18-75
with dx of AMI, CABG,
or PTCA                  7              1                       1

# w/LDL done             2  28.6        0   0.0    +28.6       0   0.0    +28.6
# w/LDL <=100             1  14.3        0   0.0    +14.3       0   0.0    +14.3
# w/LDL 101-130           1  14.3        0   0.0    +14.3       0   0.0    +14.3

Male Active Clinical pts
18-75 with DX AMI, CABG
or PTCA                  6              1                       1

# w/LDL done             2  33.3        0   0.0    +33.3       0   0.0    +33.3
# w/LDL <=100             1  16.7        0   0.0    +16.7       0   0.0    +16.7
# w/LDL 101-130           1  16.7        0   0.0    +16.7       0   0.0    +16.7

Female Active Clinical pts
18-75 with DX AMI, CABG
or PTCA                  1              0                       0

# w/LDL done             0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/LDL <=100             0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/LDL 101-130           0   0.0        0   0.0     +0.0       0   0.0     +0.0

User Pop pts 18-75
with dx of AMI, CABG,
or PTCA                  8              1                       1

# w/LDL done             2  25.0        0   0.0    +25.0       0   0.0    +25.0
# w/LDL <=100             1  12.5        0   0.0    +12.5       0   0.0    +12.5
# w/LDL 101-130           1  12.5        0   0.0    +12.5       0   0.0    +12.5
```

Figure 8-67: Sample Report, Cholesterol Management AfterAcute Cardiovascular Event

```
Cholesterol Management After Acute Cardiovascular Event: List of patients
with AMI, CABG, or PTCA w/LDL value, if any. (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR      NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ALICIA          006522 COMMUNITY #1   F  32  UP;AMI DX
PATIENT,ALYSHA          006523 COMMUNITY #1   F  75  UP;AC;PTCA PROC
PATIENT,PATRICK         006524 COMMUNITY #1   M  18  UP;AC;CABG PROC  LDL 12/31/03 100
PATIENT,DEWAYNE         006525 COMMUNITY #1   M  61  UP;AC;AMI DX     LDL 06/10/03 120
PATIENT,JEREMY          006526 COMMUNITY #1   M  72  UP;AC;AMI DX
PATIENT,STEPHEN         000010 COMMUNITY #2   M  61  UP;AC;AMI DX
PATIENT,CHARLES         000708 COMMUNITY #3   M  59  UP;AC;AMI DX
PATIENT,ADAM            000709 COMMUNITY #3   M  69  UP;AC;AMI DX

Total # of Patients on list: 8
```

Figure 8-68: Sample Patient List: Cholesterol Management AfterAcute Cardiovascular Event

8.8 STD-Related Indicator Topics

8.8.1 Prenatal HIV Testing and Education

GPRA Indicator Description: In FY 2005, establish baseline screening rates for HIV in pregnancy.

Denominator:

GPRA Denominator: All pregnant female patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

Numerators:

Patients who received counseling and/or patient education about HIV in the past 20 months.

GPRA Numerator: Patients who received HIV test during the past 20 months, including refusals in past 20 months.

A: Number of documented refusals in past 20 months.

Logic Description: Pregnancy is defined as 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.

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, 640.*-648.*, 651.*-676.*		
Miscarriage (after 2nd pregnancy POV in past 20 months)	59812, 59820, 59821, 59830	**V POV:** 630, 631, 632, 633*, 634*		
Abortion (after 2nd pregnancy POV in past 20 months)	59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857	**V POV:** 635*, 636* 637*		

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
HIV diagnosis		**V POV or Problem List:** 042.0-044.9, V08, 795.71		
HIV test	antibody: 86689, 86701-86703, confirmatory test 86689 antigen 87390, 87391	**Refusal:** Lab Test HIV	yes	BGP GPRA HIV TESTS TAX
HIV Counseling		**V POV:** V65.44 HIV Counseling **Patient education codes:** containing "HIV-" or "-HIV" or HIV diagnosis 042.0-044.9, V08, 795.71		
Refusal of HIV test in past 20 months				Lab Test HIV

Key Logic Changes from CRS Version 5.0 Patch 1: Added logic to check for patient education codes containing "-HIV" (such as PN-HIV).

Patient List Description: List of pregnant patients without documented HIV test or refusal in past 20 months.

Indicator Targets:

HP2010 target for indicator 25-17 has not been developed	Developmental indicator
IHS target	TBD

```
ADAM                                Apr 28, 2005                        Page 104
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Prenatal HIV Testing

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Pregnant Female Pts
w/no HIV
(GPRA)                  44             50                      54

# w/HIV
 education               3   6.8        1   2.0     +4.8       0   0.0     +6.8
# w/HIV test
 (GPRA)                 29  65.9        5  10.0    +55.9       5   9.3    +56.6
A. # refusals w/
 % of total tests        2   6.9        0   0.0     +6.9       0   0.0     +6.9
```

Figure 8-69: Sample Report, Prenatal HIV Testing

```
Prenatal HIV Testing: List of pregnant patients without documented HIV
test or refusal in past 20 months.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,EMMA            000555 COMMUNITY #1   F  20  PREG          EDUC: 07/31/03 PN-
HIV
PATIENT,MAYA            000556 COMMUNITY #1   F  22  PREG
PATIENT,JANET MARIA     000557 COMMUNITY #1   F  24  PREG
PATIENT,ALEXA           000558 COMMUNITY #1   F  26  PREG
```

Figure 8-70: Sample Patient List, Prenatal HIV Testing

8.8.2 HIV Quality of Care

Indicator Description: Increase the proportion of HIV-infected adolescents and adults who received testing consistent with current Public Health Service treatment guidelines. [Based on HP 2010 developmental indicator 13-13a Viral Load Testing.]

Denominator:

All patients ages 13 and older with at least 2 direct care visits (i.e., not Contract/CHS) with HIV diagnosis during the Report Period, including 1 HIV diagnosis in last 6 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 tests.

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		042.0-044.9; V08; 795.71		
CD4	86361		yes	BGP GPRA CD4 TESTS TAX
HIV Viral Load	87536, 87539		yes	BGP GPRA HIV VIRAL LOAD TESTS TAX

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: For confidentiality reasons, no patient lists can be produced for this indicator.

Indicator Targets: TBD

HP2010 target for viral load testing (13-13a)	developmental
HP2010 baseline for CD4 testing	Nearly 100%

```
ADAM                                Apr 28, 2005                        Page 105
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
HIV Quality of Care

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Pts >13 w/HIV Dx          1              1                       1

# w/CD4 only              0   0.0        0   0.0     +0.0       0   0.0     +0.0
# w/viral load
 only                     1 100.0        1 100.0     +0.0       0   0.0   +100.0
# w/both                  0   0.0        0   0.0     +0.0       0   0.0     +0.0
TOTAL # w/
 any tests                1 100.0        1 100.0     +0.0       0   0.0   +100.0
```

Figure 8-71: Sample Report HIV Quality of Care

NOTE: No Patient List is available for this indicator.

8.8.3 Chlamydia Screening

Indicator Description: Increase the proportion of female patients ages 16 through 25 who have annual Chlamydia screening.

Denominators:

Female Active Clinical patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

Female User Population patients ages 16 through 25, broken down into age groups 16-20 and 21-25.

Numerator:

Patients tested for Chlamydia during the Report Period.

Logic Description. Age is calculated at beginning of Report period. The following codes are used to determine a test for Chlamydia.

	CPT Codes	ICD and Other Codes	LOINC Codes	Taxonomy
Chlamydia Test	87110, 87270, 87320, 87490-92, 87810	**V POV:** V73.88, V73.98	yes	BGP GPRA CHLAMYDIA TESTS TAX

Key Logic Changes from CRS Version 5.0 Patch 1:

1. Added breakdown by age groups of 16-20 and 21-25 to both denominators.
2. Revised codes included in LOINC taxonomy for Chlamydia tests.

Patient List Description: List of patients with no documented screening.

Indicator Targets: TBD

```
ADAM                                Apr 28, 2005                        Page 106
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Chlamydia Testing

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical
16-25                    130            129                     123

# w/Chlamydia Screen     38  29.2       15  11.6    +17.6      30  24.4     +4.8

A. Female Active Clinical
16-20                     70             67                      52

# w/Chlamydia Screen     21  30.0        7  10.4    +19.6       9  17.3    +12.7

B. Female Active Clinical
21-25                     60             62                      71

# w/Chlamydia Screen     17  28.3        8  12.9    +15.4      21  29.6     -1.2

Female User Population
16-25                    185            184                     181

# w/Chlamydia Screen     38  20.5       16   8.7    +11.8      31  17.1     +3.4

A. Female User Population
16-20                    103            101                      82

# w/Chlamydia Screen     21  20.4        8   7.9    +12.5       9  11.0     +9.4

B. Female User Population
21-25                     82             83                      99

# w/Chlamydia Screen     17  20.7        8   9.6    +11.1      22  22.2     -1.5
```

Figure 8-72: Sample Report Chlamydia Testing

```
List of patients with no documented screening.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ROSE MARIE      176500 COMMUNITY #3   F  17  UP;
PATIENT,NAGLEE          176501 COMMUNITY #3   F  18  UP;AC
PATIENT,LUCILLE         176502 COMMUNITY #3   F  20  UP;
PATIENT,FEMALE          176503 COMMUNITY #3   F  21  UP;AC
PATIENT,ARLENE          176504 COMMUNITY #3   F  24  UP;AC
PATIENT,LORRAINE        355555 COMMUNITY #4   F  21  UP;AC
PATIENT,LAURA MAE       400050 COMMUNITY #5   F  16  UP;AC
PATIENT,BARBARA M       400051 COMMUNITY #5   F  17  UP;AC
PATIENT,JUNE            400052 COMMUNITY #5   F  18  UP;AC
PATIENT,BRENDA MARIE    400053 COMMUNITY #5   F  19  UP;AC
```

Figure 8-73: Sample Patient List, Chlamydia Testing

8.9 Disease-Specific Related Indicator Topics

8.9.1 Osteoporosis Management (New Topic)

Indicator Description: For FY 2005, establish the baseline rate for patients treated or tested for osteoporosis after a fracture.

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.

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 who ALSO had a fracture within 60 days prior to the Index Episode Start Date.
3. Patients with a fracture diagnosed at an inpatient visit who ALSO had a fracture within 60 days prior to the ADMISSION DATE.

Osteoporosis treatment and testing is defined as: 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.

Fracture codes: 1) CPTs: 21800, 21805, 21810, 21820, 21825, 22305, 22310, 22315, 22318, 22319, 22325, 22326, 22327, 22328, 23500, 23505, 23515, 23570, 23575, 23585, 23600, 23605, 23615, 23616, 23620, 23625, 23630, 23665, 23670, 23675, 23680, 24500, 24505, 24515, 24516, 24530, 24535, 24538, 24545, 24546, 24560, 24565, 24566, 24575, 24576, 24577, 24579, 24582, 24586, 24587, 24620, 24635, 24650, 24655, 24665, 24666, 24670, 24675, 24685, 25500, 25505, 25515, 25520, 25525, 25526, 25530, 25535, 25545, 25560, 25565, 25574, 25575, 25600, 25605, 25611, 25620, 25622, 25624, 25628, 25630, 25635, 25645, 25650, 25651, 25652, 25680, 25685, 26600, 26605, 26607, 26608, 26615, 27193, 27194, 27200, 27202, 27215, 27216, 27217, 27218, 27220, 27222, 27226, 27227, 27228, 27230, 27232, 27235, 27236, 27238, 27240, 27244, 27245, 27246, 27248, 27254, 27500, 27501, 27502, 27503, 27506, 27507, 27508, 27509, 27510, 27511, 27513, 27514, 27520, 27524, 27530, 27532, 27535, 27536, 27538, 27540, 27750, 27752, 27756, 27758, 27759, 27760, 27762, 27766, 27780, 27781, 27784, 27786, 27788, 27792, 27808, 27810, 27814, 27816, 27818, 27822, 27823, 27824, 27825, 27826, 27827, 27828, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485; 2) POVs: 733.1, 805*-806*, 807.0-807.3, 808*-815*, 818*-825*, 827*, 828*; 3) V Procedure: 79.00-79.03, 79.05-79.07, 79.09, 79.10-79.13, 79.15-79.17, 79.19, 79.20-79.23, 79.25-79.27, 79.29, 79.30-79.33, 79.35-79.37, 79.39, 79.60-79.63, 79.65-79.67, 79.69.

BMD Test codes: 1) CPT: 76070, 76071, 76075, 76076, 76078, 76499, 76977, 76999, 78350, 78351; 2) V Procedure 88.98.

Treatment medication codes defined with medication taxonomy BGP OSTEO-POROSIS MEDS. (Medications are Alendronate, Risedronate, Calcitonin, Raloxifene, Estrogen, and Teriparatide.)

Patient List Description: List of female patients with new fracture who have had osteoporosis treatment or testing, if any.

```
ADAM                                Apr 28, 2005                        Page 109
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Osteoporosis Management (con't)

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Female Active Clinical Pts
67 and older
w/fracture                8             10                      11

# w/osteoporosis treatment
 or testing               1  12.5        3  30.0    -17.5       1   9.1     +3.4

Female User Pop Pts
67 and older
w/fracture                9             11                      11

# w/osteoporosis treatment
 or testing               2  22.2        4  36.4    -14.1       1   9.1    +13.1
```

Figure 8-74: Sample Report Osteoporosis Management

```
Osteoporosis Management: List of female patients with new fracture who
have had osteoporosis treatment or testing, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR    NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ALWENA          012005 COMMUNITY #1   F  68  UP,ACFracture:
                                                     DX: 733.13
                                                     on 06/18/03
PATIENT,SYBIL           012006 COMMUNITY #1   F  69  UP,ACFracture:
                                                     DX: 824.2
                                                     on 04/30/03
PATIENT,ELIZABETH       012007 COMMUNITY #1   F  78  UP,ACFracture:
                                                     DX: 820.8
                                                     on 05/03/03
PATIENT,KATIE           012008 COMMUNITY #1   F  80  UP,ACFracture:
                                                     DX: 820.8
                                                     on 10/23/03
PATIENT,LINDSAY         012009 COMMUNITY #1   F  81  UP,ACFracture:
                                                     DX: 820.8
                                                     on 10/02/02
PATIENT,ELIZABETH       012010 COMMUNITY #1   F  86  UPFracture:    osteo med:
                                                     DX: 805.9      04/23/03
                                                     on 04/23/03
PATIENT,HEATHER J       012011 COMMUNITY #1   F  88  UP,ACFracture: osteo med:
                                                     DX: 813.01     11/01/02
                                                     on 10/06/02
PATIENT,AMENDA          012012 COMMUNITY #2   F  77  UP,ACFracture:
                                                     DX: 733.13
                                                     on 03/23/03
PATIENT,CORRINA         012013 COMMUNITY #2   F  81  UP,ACFracture:
                                                     DX: 807.3
                                                     on 10/17/03

Total # of Patients on list: 9
```

Figure 8-75: Sample Patient List, Osteoporosis Management

8.9.2 Asthma

Indicator Description: Reduce percentage of asthmatic patients who are hospitalized for asthma. [Based on HP 2010 indicator 24-2.]

Denominators:

All Active Clinical patients, broken down into three age groups: under 5; 5 to 64; and 65 and older.

Numerators:

Patients who have had two asthma-related visits during the Report Period or categorized in ARS as persistent.

Patients from the first numerator who have been hospitalized at any hospital for asthma in the year prior to the end of the Report period.

Logic Description: Age is calculated at beginning of Report period. Asthma visits are defined as diagnosis (POV) 493.*. Persistent asthma is defined in ARS for Active patients as Severity 2, 3 or 4. Hospitalizations defined as service category H with primary admission diagnosis 493.*.

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of patients diagnosed with asthma and any asthma-related hospitalizations.

Indicator Targets:

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 target for hospitalizations for asthma:	
Under 5	25 per 10,000
5-64	7.7 per 10,000
65 and older	11 per 10,000

```
ADAM                                Apr 28, 2005                        Page 111
                   *** IHS 2005 Clinical Performance Report ***
                                  DEMO HOSPITAL
                   Report Period: Jan 01, 2003 to Dec 31, 2003
               Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                  Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Asthma

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Total Active Clinical
Patients              1,598          1,589                  1,603

# w/asthma               39   2.4       43   2.7     -0.3      47   2.9     -0.5
  under 5                 9  23.1        9  20.9     +2.1      11  23.4     -0.3
  5-64                   28  71.8       27  62.8     +9.0      28  59.6    +12.2
  65 and older            2   5.1        7  16.3    -11.2       8  17.0    -11.9

# w/asthma
 hospitalization          2   5.1        1   2.3     +2.8       1   2.1     +3.0
  under 5                 1  50.0        0   0.0    +50.0       1 100.0    -50.0
  5-64                    1  50.0        1 100.0    -50.0       0   0.0    +50.0
  65 and older            0   0.0        0   0.0     +0.0       0   0.0     +0.0
```

Figure 8-76: Sample Report, Asthma

```
Asthma: List of patients diagnosed with asthma and any asthma-related
hospitalizations.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-----------------------------------------------------------------------------
PATIENT,VIOLET          259205 COMMUNITY #1   F  0   AC          11/17/03 493.92
PATIENT,DEDE            250373 COMMUNITY #1   F  1   AC          05/25/03 493.92 H
05/25/03
PATIENT,CHARITY         256733 COMMUNITY #1   F  1   AC          03/13/03 493.90
PATIENT,SAMANTHA        258583 COMMUNITY #1   F  1   AC          11/13/03 493.92
PATIENT,DAWN            248836 COMMUNITY #1   F  2   AC          08/19/03 493.90
PATIENT,PRISCILLA       206382 COMMUNITY #1   F  10  AC          03/04/03 493.90
```

Figure 8-77: Sample Patient List, Asthma

8.9.3 Asthma Quality of Care (New Topic)

Indicator Description: For FY 2005, establish the baseline rate for patients with persistent asthma who have received primary asthma therapy medication.

Denominators:

Active Clinical patients ages 5-56 with persistent asthma within the year prior to the beginning of the Report period without a documented history of emphysema or chronic obstructive pulmonary disease (COPD), broken down by age groups.

User Population patients ages 5-56 with persistent asthma in the year prior to the Report period without a documented history of emphysema and chronic obstructive pulmonary disease (COPD).

Numerator:

Patients who had at least one dispensed prescription for primary asthma therapy medication during the Report period.

Logic Description: Age of the patient is calculated at the beginning of the Report period. The difference between the age range 5-56 in the indicator definition and 4-56 in the logic is because CRS looks back 1 year to determine if the patient had persistent asthma; i.e., when a patient who was 5 in the Report period would have been 4 in the year prior to the Report period. Emphysema defined as 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) define as any visit at any time on or before the end of the Report period with POV codes: 491.20, 491.21, 496, 506.*.

Persistent asthma defined as any of the following within the year prior to the beginning of 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), or
4. At least 4 asthma medication dispensing events (see definition below). If the sole medication was leukotriene modifiers, then MUST also meet criteria in 1-3 above or have at least one visit with POV 493.* within the year prior to the beginning of the Report period.

A dispensing event is 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=11/15/2003, Discontinued Date=11/19/2003, Recalculated # Days Prescribed=4.

To be included in the numerator, patient must have a non-discontinued prescription for primary asthma therapy (see list of medications below) during the Report period.

Primary asthma therapy medication codes defined with medication taxonomy BGP PRIMARY ASTHMA MEDS. (Medications are: Inhaled Corticosteroids, Nedocromil, Cromolyn Sodium, Leukotriene Modifiers or Methylxanthines.)

Patient List Description: List of asthmatic patients with primary asthma therapy medications, if any.

```
ADAM                                Apr 28, 2005                        Page 113
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Asthma Quality of Care

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts 5-56
w/persistent
asthma                  12             11                      20

# w/asthma control
 medication              6  50.0        3  27.3    +22.7       8  40.0    +10.0

A. Active Clinical
ages 5-9                 3              2                       2

# w/asthma control
 medication              1  33.3        0   0.0    +33.3       0   0.0    +33.3

B. Active Clinical
ages 10-17               4              3                       5

# w/asthma control
 medication              1  25.0        1  33.3     -8.3       1  20.0     +5.0

C. Active Clinical
ages 18-56               5              6                      13

# w/asthma control
 medication              4  80.0        2  33.3    +46.7       7  53.8    +26.2

User Pop Pts 5-56
w/persistent
asthma                  14             12                      24

# w/asthma control
 medication              6  42.9        3  25.0    +17.9       8  33.3     +9.5
```

Figure 8-78: Sample Report, Asthma Quality of Care

```
Asthma Quality of Care:  List of asthmatic patients with primary asthma
therapy medications, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,REGINA          002700 COMMUNITY #1   F  5   UP;AC DX    ERMONTELUKAST 10MG
                                                    ON HOSP/OR  TAB 03/15/03
PATIENT,SUSIE           002701 COMMUNITY #1   F  11  UP;AC DX
                                                    ON HOSP/OR ER
PATIENT,NANCY           002702 COMMUNITY #1   F  15  UP;AC DX    ERTRIAMCINOLONE
                                                    ON HOSP/OR  INHALER 01/24/03
PATIENT,MARION          002703 COMMUNITY #1   F  35  UP;AC DX    ERTRIAMCINOLONE
                                                    ON HOSP/OR  INHALER 02/05/03
```

Figure 8-79: Sample Patient List, Asthma Quality of Care

8.9.4 Chronic Kidney Disease Assessment

Developmental Indicator Description: During FY 2005, establish the baseline rate of patients who are assessed for chronic kidney disease.

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.

Logic Description: Age is calculated at 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
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 5.0 Patch 1: Revised codes included in LOINC taxonomy for Creatinine.

Patient List Description: List of patients with Creatinine test, with GFR and value, if any.

```
ADAM                                Apr 28, 2005                        Page 115
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Chronic Kidney Disease Assessment

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts
=> 18 with Serum
Creatinine test         404            292                      37

# w/Est GFR              92  22.8        0   0.0    +22.8       0   0.0    +22.8
# w/GFR <60              13   3.2        0   0.0     +3.2       0   0.0     +3.2

User Pop Pts
=>18 with Serum
Creatinine              428            317                      37

# w/ Est GFR             97  22.7        0   0.0    +22.7       0   0.0    +22.7
# w/GFR <60              13   3.0        0   0.0     +3.0       0   0.0     +3.0
```

Figure 8-80: Sample Report, Chronic Kidney Disease Assessment

```
List of patients with Creatinine test, with GFR and value, if any.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,JANET           000901 COMMUNITY #1   F  18  UP;AC
PATIENT,BERTHA          000902 COMMUNITY #1   F  18  UP;AC
PATIENT,CHARLOTTE       000903 COMMUNITY #1   F  19  UP;AC
PATIENT,JEAN            000904 COMMUNITY #1   F  20  UP;AC
PATIENT,JOYCE           000905 COMMUNITY #1   F  20  UP;AC       GFR: 12/16/03 214
PATIENT,LORETTA         000906 COMMUNITY #1   F  20  UP;AC
PATIENT,JUANITA         000907 COMMUNITY #1   F  20  UP;AC
PATIENT,ERLINDA         000908 COMMUNITY #1   F  21  UP;         GFR: 11/20/03 111
PATIENT,LEIGH           000909 COMMUNITY #1   F  21  UP;AC       GFR: 12/19/03 133
```

Figure 8-81: Sample Patient List, Chronic Kidney Disease Assessment

8.10 Other Clinical Indicators

8.10.1 Medications Education

Indicator Description: Increase the proportion of patients taking medications who are receiving patient education about their medications. This indicator contributes to the IHS national Patient Safety initiative.

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 numerators:

Medication Education	M-I (Medication information) M-DI (Drug interaction) M-FU (Medication follow up) M-L (Medication patient information literature) DMC-IN (Diabetes Medicine - Insulin) any Patient Education code containing "-M" (medication)

Key Logic Changes from CRS Version 5.0 Patch 1: None

Patient List Description: List of patients receiving medications with med education, if any.

Indicator Targets:

HP 2010 target for patients receiving verbal counseling on appropriate use and potential risks of medications (17-5)	95%

```
ADAM                                Apr 28, 2005                        Page 116
                  *** IHS 2005 Clinical Performance Report ***
                                 DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------
Medications Education

                     REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                     PERIOD        PERIOD        PREV YR % PERIOD       BASE %

Active Clinical Pts receiving
medications           1,094          1,026                  1,059

# receiving
 medication educ          4   0.4        8   0.8     -0.4       1   0.1     +0.3

User Pop Pts receiving
medications           1,232          1,158                  1,180

# receiving
 medication educ          4   0.3        8   0.7     -0.4       1   0.1     +0.2
```

Figure 8-82: Sample Report, Medications Education

```
List of patients receiving medications with med education, if any (con't)
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ALFRED          004400 COMMUNITY #1   M  65  UP;AC
PATIENT,CARLOS          004001 COMMUNITY #1   M  65  UP;AC
PATIENT,JOHNNY          004002 COMMUNITY #1   M  66  UP;AC
PATIENT,JERALD          004003 COMMUNITY #1   M  66  UP;AC
PATIENT,DAN             004004 COMMUNITY #1   M  66  UP;AC
PATIENT,DEON            004005 COMMUNITY #1   M  67  UP;AC       02/05/03 HTN-M
```

Figure 8-83: Sample Patient List, Medications Education

8.10.2 Public Health Nursing

Indicator Description: During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and preventive services) provided to individuals in all settings at the FY 2004 workload levels.

PATIENT-RELATED INDICATORS:

Denominator: All User Population patients.

Numerators : Patients served by PHNs in any setting.

Patients served by a PHN driver/interpreter in any setting.

Patients served by PHNs in Home setting.

Patients served by a PHN/driver/interpreter in Home setting.

VISIT-RELATED INDICATORS:

Denominators:

GPRA Denominator: Number of visits by PHNs in any setting, including Home, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

A: Number of PHN driver/interpreter (provider code 91) visits).

GPRA Denominator: Number of visits by PHNs in Home setting, broken out by age groups: Neonates (0-28 days) Infants (29 days – 12 months), Ages 1-64 years, and Elders (65 and older).

A: Number of PHN driver/interpreter (provider code 91) visits).

Numerators: 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 5.0 Patch 1:

1. Removed GPRA indicator for PHN home visits.
2. Revised logic definition for a PHN visit by removing provider code 32 (Contract PHN) and clinic code 45 (PHN Clinic Visit) and adding provider code 91 (PHN driver/interpreter).
3. Revised logic definition for a PHN home visit by requiring primary or secondary provider code of 13 or 91 if clinic code is 11 or if location of encounter is equal to Home.

Patient List Description: List of patients with PHN visits documented.

GPRA Indicator Past Performance and Targets:

	All PHN visits	PHN Home visits
IHS FY 2004 Performance	423,379	192,121
IHS FY 2003 Performance	359,089	160,650
IHS FY 2002 Performance	343,874	156,263
IHS 2010 Goal	None currently	None currently

```
ADAM                                Apr 28, 2005                        Page 118
                  *** IHS 2005 Clinical Performance Report ***
                                DEMO HOSPITAL
                  Report Period: Jan 01, 2003 to Dec 31, 2003
              Previous Year Period:  Jan 01, 2002 to Dec 31, 2002
                 Baseline Period:  Jan 01, 2000 to Dec 31, 2000
-------------------------------------------------------------------------------

Public Health Nursing (con't)

                      REPORT    %   PREV YR    %  CHG from  BASE      %  CHG from
                      PERIOD        PERIOD        PREV YR % PERIOD       BASE %

All User Population
patients               2,284          2,256                  2,232

# served by PHNs in
 any Setting            406  17.8      455  20.2     -2.4     491  22.0     -4.2
# served by PHN drivers/
 interpreter - in
 any Setting             67   2.9      163   7.2     -4.3      81   3.6     -0.7
# served by PHNs in
 a Home Setting         215   9.4      220   9.8     -0.3     206   9.2     +0.2
# served by PHN
 drivers/interpreters
 in Home Setting         67   2.9       54   2.4     +0.5      79   3.5     -0.6

Total # PHN Visits -
 Any Setting
 (GPRA Indicator)     1,366          1,707           -341   1,358           +8

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days -
 12 months              114            186           -72      109           +5

C. Ages 1-64
 years                  794            968           -174     709           +85

D. Ages 65+             458            553           -95      540           -82

E. Driver/Interpreter
 visits -
 any setting            238            329           -91      209           +29


Total # PHN Visits -
 Home Setting           809            997           -188     787           +22

A. Ages 0-28 days         0              0           +0         0           +0

B. Ages 29 days-
 12 months               76            117           -41      104           -28
```

Figure 8-84: Sample Report, Public Health Nursing

```
List of patients with PHN visits documented (con't)

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.
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female

PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NUMERATOR
-------------------------------------------------------------------------------
PATIENT,ADRIENNE        008911 COMMUNITY #1   F  11  UP          4 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,VIRGINIA        008912 COMMUNITY #1   F  12  UP          2 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,MARJORIE        008913 COMMUNITY #1   F  12  UP          2 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,CARMELITA       008914 COMMUNITY #1   F  13  UP          1 all PHN; 0 home; 0
driver all; 0 driver home
PATIENT,SALLY           008915 COMMUNITY #1   F  13  UP          2 all PHN; 0 home; 0
driver all; 0 driver home
```

Figure 8-85: Sample Patient List, Public Health Nursing

9.0 Glossary

Active Clinical Patients	One of the two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance indicators because it was felt to be more representative of the active clinical population than the standard User Population definition. See section 3.2.2 for detailed description of the denominator.
AI/AN	Abbreviation for American Indian and Alaska Natives.
ASUFAC number	Area Service Unit Facility; A unique identifier for each facility within IHS. A six-digit number comprised of 2 digits for Area, 2 digits for Service Unit, and 2 digits for Facility.
Banner	A line of text with a user's name and domain.
Baseline Year	CRS calculates and reports on results for and comparisons between three time periods for each indicator: the Current Year (defined by the user); the Previous Year; and the Baseline Year. Baseline is defined by the user at the time he or she runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same Baseline Year; otherwise the Area's aggregate report will not calculate properly.
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.
CRS	CRS Clinical Indicator Reporting System is a component of the RPMS (Resource and Patient Management System) software suite. CRS provides sites with the ability to report on GPRA and developmental clinical indicators from local RPMS databases.

Denominator	The denominator for an indicator is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the indicator. Different indicators have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.
Developmental Indicators	For IHS, these are performance measures that are being tested for possible inclusion as formal GPRA indicators. The purpose of developmental indicators is to test over two to three years whether accurate data can be reported and measured.
Device	A device that either displays or prints information.
Enter Key	Used interchangeably with the Return key. Press the Enter key to show the end of an entry such as a number or a word. Press the Enter key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Enter key without entering a response. This will take you back to the previous menu screen. The Enter key on some keyboards are shown as the Return Key. Whenever you see [ENT] or the Enter key, press the Enter or Return Key.
Entry Point	Entry point within a routine that is referenced by a “DO” or “GOTO” command from a routine internal to a package.
File	A set of related records or entries treated as a single unit.
FileMan	The database management system for RPMS.
FY	Abbreviation for Fiscal Year. The fiscal year for the federal government is October 1 through September 30.
Global	In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).
GPRA	Abbreviation for Government Performance and Results Act, a Federal law requiring Federal agencies to document annually their goals and progress towards their goals. See section 3.1.1 for detailed description.

GPRA Indicator	Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each indicator has one denominator and one numerator. For FY 2005, the IHS has 39 GPRA indicators in four main categories: Treatment (21), Prevention (12), Capital Programming/Infrastructure (2) and Partnerships/Core Functions/ Advocacy (4). These indicators address the most significant health problems facing the AI/AN population.
GPRA Report (CRS)	In CRS, the GPRA Report is a report that only includes clinical indicators from the IHS GPRA performance plan (no developmental indicators). The GPRA Report is simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
GPRA Report to Congress	IHS, as well as all other Federal agencies, provides an annual report to Congress in conjunction with its next year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts: 1) reporting on how many of the previous fiscal year indicators were met and explanations for those indicators not met; 2) providing final definitions for performance indicators for the current fiscal year; and 3) providing any proposed additions, deletions and definition changes to indicators for the following fiscal year.
Health Record Number (HRN)	Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification 'ASUFAC' make a unique identifier within all of IHS.
Healthy People 2010 (HP 2010)	HP 2010 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. HP 2010 performance indicator definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.
HEDIS	Health Plan Employer Data and Information Set (HEDIS®). HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed health care plans. HEDIS has evolved into focusing on healthcare prevention standards.

ICD Codes	One of several code sets used by the healthcare industry to standardize data. The International Classification of Disease 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.
INDEX (%INDEX)	A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).
Indicator	A specific performance measure with one defined denominator and numerator. Indicators are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic and/or performance plans.
Indicator Topic	An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each indicator topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: 1) how many diabetic patients had a minimum of two (2) blood pressure values in the past year; 2) how many patients had controlled BP, defined as mean BP value less than 130/80; and 3) how many patients had uncontrolled BP. Out of these three, the GPRA indicator is Controlled Blood Pressure.
Init	Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.
I/T/U	Abbreviation referring to all IHS direct, tribal, and urban facilities. Using the abbreviation I/T/U generally means that all components of the Indian health care system are being referred to.

Kernel	The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.
Local Report (CRS)	CRS produces reports for each indicator (GPRA and developmental) that documents the number of patients in the denominator and the numerator as well as the percentage of patients meeting the indicator. The report compares performance for three time periods: Current Year (user defined), Previous Year, and Baseline Year (user defined). Local reports can also produce patient lists at user request.
Logic	The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.
LOINC	Logical Observations, Identifiers, Names, and Codes. A standard coding system originally initiated for Laboratory values, the system is being extended to include non-laboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating LOINC values into RPMS in several pilot sites in 2002.
Mandatory	Required. A mandatory field is a field that must be completed before the system will allow you to continue.
Menu	A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word “Select” and followed by the word “option” as in Select Menu Management option: (the menu’s select prompt).
Mnemonic	A short cut that designated to access a particular party, name, or facility.
Namespace	A unique set of 2 to 4 alpha characters that are assigned by the database administrator to a software application.

National GPRA Report	In CRS, the National GPRA Report is a report that includes the specific denominator and numerator from each of the clinical indicator topics included in the IHS GPRA performance plan and other key developmental (i.e., non-GPRA) indicators. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area for use in an Area aggregate report.
Numerator	The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for an indicator.
Option	An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, non-interactively, by TaskMan.
Patient List	CRS will produce for each indicator a list of patients related to the specific indicator. Most patient lists include patients from the denominator with any visit dates and/or codes that identifies them as meeting the indicator. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients ages 50 and older who have not received Influenza vaccinations.
PIT (Performance Improvement Team)	Facilities will have different names for their PITs, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc), medical records staff, data entry staff, quality assurance staff, Site Managers or other information technology staff, etc.
QI	Abbreviation for quality improvement.
Quarter Ending (for CRS reports)	Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are pre-defined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).
Queuing	Requesting that a job be processed at a later time rather than within the current session.
Receipt dates	The date that the party received the information

Receiving Party	The person or organization that is receiving the information.
Report Period	CRS reports analyze and report on a minimum of one year's data for all indicators. Users define the Report period by selecting one of the pre-defined end dates and the appropriate year, e.g., selecting FY 2003 Quarter 2 will define April 1, 2002 through March 30, 2003 as the Report Period. All CRS reports also display the Previous and Baseline period for comparison.
Return key	Press the Return key to show the end of an entry such as a number or a word. Press the Return key each time you respond to a computer prompt. If you want to return to the previous screen, simply press the Return key without entering a response. This will take you back to the previous menu screen. The Return key on some keyboards are shown as the Enter Key. Whenever you see [RET] or the Return key, press the Return or Enter Key.
Routine	A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.
Sequential	Arranged in a particular order
Site Specific	Particular to a specific site
STAT	Immediately
Tagged	Marked with a specific identifier
Taxonomy	Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets a certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS indicator logic as possible is based on standard national codes, such as CPTs or ICD-9. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.
UCI	User Class Identification: a computing area.
Up-Hat (^)	A circumflex, also know as a "hat" or "caret," that is used as a piece delimiter in a global. The up-hat is denoted as "^" and is typed by pressing Shift+6 on the keyboard.

User Population	CRS uses two main denominators for its reports, GPRA User Population and Active Clinical patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. User Population is defined as any AI/AN patient who is alive on the last day of the Report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the Report period. See section 3.2.2 for detailed description of the two denominators.
Utility	A callable routine line tag or function. A universal routine usable by anyone.
Variable	A character or group of characters that refers to a value. MUMPS recognizes 3 types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

10.0 Appendix A: FY04 - FY06 GPRA Indicators

The table displayed on the following pages provides definitions, indicator leads or "owners," data source for indicator performance reporting and performance targets for each indicator.

FY 2004, 2005, 2006 GPRA INDICATORS

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
TREATMENT INDICATORS				
Diabetes Group				
Diabetes: Poor Glycemic Control: Assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase [intermediate outcome]	During FY 2004, establish the baseline of patients with diagnosed diabetes that have poor glycemic control.	During FY 2005, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase above the FY 2004 level.	During FY 2006, assure that the proportion of patients with diagnosed diabetes that have poor glycemic control does not increase over FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
Diabetes: Ideal Glycemic Control: Address the proportion of patients with diagnosed diabetes that have demonstrated glycemic control at the ideal level. [intermediate outcome]	During FY 2004, increase the proportion of I/T/U clients with diagnosed diabetes that have demonstrated improved glycemic control (defined as ideal control) by 1% over FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have demonstrated ideal glycemic control at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
Diabetes: Blood Pressure Control: Address the proportion of patients with diagnosed diabetes that have achieved blood pressure. [intermediate outcome]	During FY 2004, increase the proportion of I/T/U clients with diagnosed diabetes that have achieved blood pressure control by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes that have achieved blood pressure control at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
Diabetes: Dyslipidemia Assessment: Address the proportion of patients with diagnosed diabetes assessed for dyslipidemia. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol) at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
Diabetes: Nephropathy Assessment: Address the proportion of patients with diagnosed diabetes assessed for nephropathy. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes assessed for nephropathy by 1% over the FY 2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2004 level.	During FY 2006, maintain the proportion of patients with diagnosed diabetes assessed for nephropathy at the FY 2005 level.	Kelly Acton, OCPS/DDTP, 505-248-4182
Diabetic Retinopathy: Address the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites by 3% over the FY 2003 rate.	During FY 2005, maintain the proportion of patients with diagnosed diabetes who receive an annual diabetic retinal examination at designated sites at the FY 2004 rate.	During FY 2006, maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at the FY 2005 level.	Mark Horton PIMC 602-263-2217 602-820-7654 (cell)
Cancer Screening Group				
Cancer Screening: Pap Smear Rates: Address the proportion of eligible women patients who have had a Pap screen within the previous three years. [intermediate outcome]	During FY 2004, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2003 levels.	During FY 2005, maintain the proportion of eligible women patients who have had a Pap screen within the previous three years at the FY 2004 levels.	During FY 2006, maintain 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 at the FY 2005 level.	Nat Cobb, OPHS/Epi, 505-248-4132
Cancer Screening: Mammogram Rates: Address the proportion of eligible women who have had mammography screening within the last 2 years. [intermediate outcome]	During FY 2004, maintain the proportion of eligible women patients who have had mammography screening within the last 2 years at the FY 2003 level.	During FY 2005, maintain the proportion of eligible women patients who have had mammography screening at the FY 2004 rate.	During FY 2006, maintain the proportion of female patients ages 50 through 64 who have had mammography screening within the last 2 years at the FY 2005 level.	Nat Cobb,/OPHS/Epi, 505-248-4132
Cancer Screening: Colorectal Rates: Address the proportion of eligible patients who have had appropriate colorectal cancer screening. [intermediate outcome]	No indicator.	No indicator.	During FY 2006, establish baseline rate of colorectal screening for clinically appropriate patients ages 50 and older.	Nat Cobb, /OPHS/Epi, 505-248-4132
Alcohol and Substance Abuse Group				
RTC Improvement/Accreditation: Assure quality and effectiveness	**RTC Improvement:** During FY 2004, YRTCs will show improvement in 4 criteria	**RTC Accreditation:** During FY 2005, the Youth Regional Treatment Centers that	**RTC Accreditation:** During FY 2006, the Youth Regional Treatment Centers that	Wilbur Woodis, OCPS/DBH, 301- 443-6581

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
of Youth Regional Treatment Centers. [intermediate outcome; changes to output in 05]	by 2% over FY 2003.	have been in operation for 18 months or more will achieve 100% accreditation either through CARF or a comparable accreditation process.	have been in operation for 18 months or more will achieve 100 % accreditation either through CARF, or a comparable accreditation process.	
Alcohol Screening (FAS Prevention): Address screening for alcohol use in appropriate female patients. [intermediate outcome]	During FY 2004, establish a baseline screening rate for alcohol use in women of childbearing age.	During FY 2005, increase the screening rate for alcohol use in women of childbearing age over the FY 2004 rate.	During FY 2006, increase the screening rate for alcohol use in females ages 15 to 44 over the FY2005 rate.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Oral Health Group				
Fluoridated Water: Address access to optimally fluoridated water for the AI/AN population. [intermediate outcome] **In 2005, changes to Fluoridation: Address American Indian and Alaska Native patients' access to topical fluoridation.**	During FY 2004, increase the proportion of AI/AN population receiving optimally fluoridated water by 1% over the FY 2003 levels for all IHS Areas.	During FY 2005, establish (1) the baseline number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the baseline number of American Indian and Alaska Native patients receiving at least one topical fluoride application.	During FY 2006, increase by 1% (1) the number of topical fluoride applications provided to American Indian and Alaska Native patients, with a maximum number of four applications per patient per year and (2) the number of American Indian and Alaska Native patients receiving at least one topical fluoride application above the FY 2005 levels.	Patrick Blahut, OCPS/DOH, 301-443-1106
Dental Access: Address the proportion patients who obtain access to dental services. EFFICIENCY MEASURE	During FY 2004, maintain the proportion of patients that obtain access to dental services at the FY 2003 level.	During FY 2005, maintain the proportion of patients that obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients that obtain access to dental services at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
Dental Sealants: Address the number of sealants placed per year in American Indian and Alaska Native patients. [intermediate outcome]	During FY 2004, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2003 level.	During FY 2005, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2004 level.	During FY 2006, maintain the number of dental sealants placed per year in American Indian and Alaska Native patients at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
Diabetes: Dental Access: Address the proportion of patients diagnosed with diabetes who obtain access to dental services. [intermediate outcome]	During FY 2004, increase the proportion of patients with diagnosed diabetes who obtain access to dental services by 1% over the FY2003 level.	During FY 2005, maintain the proportion of patients with diagnosed diabetes who obtain access to dental services at the FY 2004 level.	During FY 2006, maintain the proportion of patients diagnosed with diabetes who obtain access to dental services at the FY 2005 level.	Patrick Blahut, OCPS/DOH, 301-443-1106
Family Abuse, Violence, and Neglect Indicator				
Domestic (Intimate Partner) Violence Screening: Address the proportion of women who are screened for domestic violence at health care facilities. [intermediate outcome]	During FY 2004, the IHS will screen at least 15% of female patients ages 16-24 for domestic violence at health care facilities.	During FY 2005, the IHS will maintain the screening rate for domestic violence in females ages 15 through 40 at the FY 2004 rate.	During FY 2006, increase the screening rate for domestic violence in females ages 15 through 40 over the FY 2005 rate.	Theresa Cullen, ITSC/DIR/ OMS 520-670-4803 Ramona Williams, OCPS/DBH, 301-443-2038
Information Technology Development Group				
Data Quality Improvement: Expand the automated extraction of GPRA clinical performance measures and improve data quality. EFFICIENCY MEASURE 05/06	During FY 2004, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by a. Implementing quality training in all Areas b. Expanding the current automated data quality assessment "package" to include 2 additional clinical measures.	During FY 2005, implement a national program to improve the quality, accuracy and timeliness of Resource Patient Management System (RPMS) Patient Care Component (PCC) clinical data to support the Agency's GPRA clinical measures by expanding the current automated data quality assessment "package" to include two new additional clinical measures.	During FY 2006, continue the automated extraction of GPRA clinical performance measures through ongoing development and deployment of CRS (clinical reporting system) software.	Mike Gomez IHPES, 505-248-4152
Behavioral Health: Expand the Behavioral Health Data System by increasing use of appropriate software applications.	During FY 2004, improve the Behavioral Health (BH) Data System by assuring at least an additional 5% of the programs will report minimum agreed-to behavioral health-related data into the national data warehouse.	During FY 2005, expand the Behavioral Health (BH) Data System by increasing the number of sites using the RPMS Behavioral Health (BH) software application over the FY 2004 level.	A new behavioral health clinical indicator will be developed for FY 2006 that utilizes the enhanced functionality in the IHS Integrated Behavioral Health (IBH) application and reflects patient outcomes. The IBH application will be deployed within the IHS	Wilbur Woodis, OCPS/DBH, 301-443-6581

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
			Electronic Health Record by the end of FY 2005.	
Urban IS Improvement: Expand Urban Indian Health Program capacity for securing mutually compatible automated information system that captures health status and patient care data for the Indian health system.	During FY 2004, IHS will develop a specific minimum data set as well as appropriate language for the urban C&G.	During FY 2005, IHS will have in place contract and grant requirements for all urban Indian programs to provide a specified data set in a standard format.	During FY 2006, IHS will establish baseline participation in urban data sharing.	Denise Exendine /OD/OUIHP, 301-443-4680
Quality of Care Group				
Accreditation: Maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2004, maintain 100% accreditation of all IHS hospitals and outpatient clinics.	During FY 2005, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	During FY 2006, maintain 100% accreditation of all IHS-operated hospitals and outpatient clinics.	Balerma Burgess, ORAP/BOE, 301-443-1016
Medication Error Improvement: Address medication errors by developing a reporting system to reduce medication error. [intermediate outcome] **In 2006, changes to Medical Error Improvement: Address medical errors through development and implementation of a medical error reporting system.**	During FY 2004, a. Establish baseline data for medication error reporting for all IHS Areas, and; b. Pilot test standardized medication error reporting system in two additional areas.	During FY 2005, all direct care facilities shall be using the NCCMERP nationally recognized medication error definition, and shall have a non-punitive multi-disciplinary medication error reporting system in place.	During FY 2006, IHS will establish and evaluate a medical error reporting system at 3 areas.	Robert Pittman, OCPS/DCCS, 301-443-1190
Customer Satisfaction: Assess consumer satisfaction with the acceptability and accessibility of health care	By the end of FY 2004, improve consumer satisfaction rates by 3% over the FY 2003 baseline.	Eliminated in FY 2005. (subsumed by accreditation indicator)	Eliminated effective FY 2005.	Ben Muneta Phil Smith, OPHS 301-443-6528
PREVENTION INDICATORS				
Public Health Nursing Indicator				
Public Health Nursing: Address the number of public health nursing services (primary and secondary treatment and	During FY 2004, maintain the total number of public health nursing services (primary and secondary treatment and	During FY 2005, maintain the total number of public health nursing services (primary and secondary treatment and	During FY 2006, a new interim outcome indicator will be developed.	Francis Frazier, OCPS/DNS, 301-443-1840

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
preventive services) provided by public health nursing. EFFICIENCY MEASURE	preventive services) provided to individuals in all settings and the total number of home visits at the FY 2003 workload levels.	preventive services) provided to individuals in all settings at the FY 2004 workload levels.		
Immunization Group				
Childhood Immunizations: Address rates for recommended immunizations for AI/AN children 19-35 months. [intermediate outcome]	During FY 2004, establish baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months AND increase 3-27 month rates by 2% over FY 2003.	During FY 2005, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY2004.	During FY 2006, maintain baseline rates for recommended immunizations for American Indian and Alaska Native children 19-35 months compared to FY 2005.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi, 505-248-4226
Adult Immunizations: Influenza: Address influenza vaccination rates among non-institutionalized adult patients aged 65 years and older. [intermediate outcome]	In FY 2004, maintain FY 2003 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older.	In FY 2005, maintain the FY 2004 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older. **(ON HOLD in FY 2005 due to influenza vaccine shortage)**	In FY 2006, maintain FY 2005 rate for influenza vaccination levels among non-institutionalized adult patients aged 65 years and older.	Amy Groom, OPHS/Epi. 505-248-4226 Jim Cheek, DPHS/Epi, 505-248-4226
Adult Immunizations: Pneumovax: Address pneumococcal vaccination rates among non-institutionalized adult patients age 65 years and older. [intermediate outcome]	In FY 2004, maintain the FY 2003 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	In FY 2005, maintain the FY 2004 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	In FY 2006, maintain the FY 2005 rate for pneumococcal vaccination levels among non-institutionalized adult patients age 65 years and older.	Amy Groom, OPHS/Epi 505-248-4226 Jim Cheek, OPHS/Epi 505-248-4226
Injury Prevention Group				
Injury Intervention: Support community-based injury prevention programs.	**Injury Intervention Projects:** During FY 2004, maintain at least 36 community-based, proven injury prevention intervention projects across I/T/U settings.	**Web-based reporting:** During FY 2005, develop a web-based data collection system to report injury prevention projects.	**Web Based Reporting:** During FY 2006, implement web-based data collection system to report injury prevention projects.	Nancy Bill, OEHE/DEHS, 301-443-0105
Unintentional Injury Rates: Address the number of unintentional injuries for AI/AN people. [outcome]	During FY 2004, reduce deaths caused by unintentional injuries to no higher than the FY 2003 level.	During FY 2005, reduce deaths caused by unintentional injuries to no higher than the FY 2004 level.	During FY 2006, reduce deaths caused by unintentional injuries to no higher than the FY 2005 level.	Nancy Bill, OEHE/DEHS, 301-443-0105

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
Suicide Prevention Indicator				
Suicide Surveillance: Support suicide prevention by collecting comprehensive data on the incidence of suicidal behavior. [Changes to intermediate outcome in FY 2006]	During FY 2004, implement national reporting plan to support national performance management of AI/AN suicide.	During FY 2005, integrate the Behavioral Health suicide reporting tool into RPMS.	During FY 2006, establish baseline data on suicide using the RPMS suicide reporting tool.	Wilbur Woodis, OCPS/DBH, 301-443-6581
Developmental Prevention and Treatment				
CVD Prevention: Cholesterol: Support clinical and community-based cardiovascular disease prevention initiatives. [Changes to intermediate outcome in FY 2005]	**CVD Prevention Pilots:** During FY 2004, support clinical and community-based cardiovascular disease prevention initiatives through the addition of one pilot site and appropriate evaluation of the pilot projects.	**CVD Prevention: Cholesterol:** During FY 2005, establish the number of patients ages 23 and older that receive blood cholesterol screening.	During FY 2006, increase the number of patients ages 23 and older that receive blood cholesterol screening.	James Galloway, PAO/Native American Cardiology Program, 928-214-3920
Obesity Assessment: Support clinical and community-based obesity prevention initiatives. [intermediate outcome]	During FY 2004, establish baseline BMI measures.	During FY 2005, each area will increase the number of patients for whom BMI data can be measured by 5%.	During FY 2006, decrease the obesity rates in children, ages 2-5 years. **(Under review; may be revised)**	Jean Charles-Azure, OCPS/DCCS, 301-443-0576
Tobacco Use Assessment: Support local level initiatives directed at reducing tobacco usage. [intermediate outcome]	By the end of 2004, the IHS will have established rates of screening for tobacco use.	During 2005, rates of screening for tobacco use in patients will be maintained at FY 2004 rates.	During 2006, establish the rates of tobacco using patients that receive tobacco cessation intervention.	Nat Cobb, OPHS/Epi , 505-248-4132
HIV/AIDS Group				
HIV Screening/Status: Support screening for HIV infections in appropriate population groups. [intermediate outcome]	**HIV Status:** During FY 2004, determine the percentage of high-risk sexually active persons who have been tested for HIV at an additional 10 sites.	**Prenatal HIV Screening:** In FY 2005, establish the baseline number of women screened for HIV in pregnancy.	**Prenatal HIV Screening:** In FY 2006, increase the screening rates for HIV in pregnant female patients.	Jim Cheek, DPHS/Epi, 505-248-4226

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
Environmental Surveillance: Implement automated web-based environmental health surveillance data collection system in tribal systems.	During FY 2004, the IHS will increase the number of active tribal user accounts for the automated Web-based environmental health surveillance system by 15% over the FY 2003 level for American Indian and Alaska Native tribes not currently receiving direct environmental health services.	By the end of FY 2005, 12 environmental health programs will have reported the regionally appropriate environmental health priorities based on current community data into WebEHRS.	By the end of FY 2006, 50% more environmental health programs above FY 2005 level will have reported the regionally appropriate environmental health priorities based on current community data (a total of 18 programs in FY 2006) into WebEHRS.	Kelly Taylor, OEHE,OPHS, 301-443-1593
CAPITAL PROGRAMMING/INFRASTRUCTURE INDICATORS				
Sanitation Improvement: Provide sanitation facilities to new or like-new homes and existing Indian homes. EFFICIENCY MEASURE	During FY 2004, provide sanitation facilities projects to 22,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2005, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	During FY 2006, provide sanitation facilities projects to 20,000 Indian homes with water, sewage disposal, and/or solid waste facilities.	James Ludington, OEHE/DSFC 301-443-1046
Sanitation Improvement A. During FY 2006 20% of the homes served will be at Deficiency Level 4 or above as defined by 25 USC 1632.	No indicator.	No indicator.	During FY 2006 20% of the homes served by the Sanitation Facilities Construction Program funding for the backlog of needs for existing homes will be at Deficiency Level 4 or above as defined by 25 USC 1632.	James Ludington, OEHE/DFSC , 301-443-1046
Health Care Facility Construction: Improve access to health care by construction of the approved new health care facilities. EFFICIENCY MEASURE 05/06	During FY 2004, increase the modern health care delivery system to improve access and efficiency of health care by construction of the following health care facilities: a. Pinon, AZ – continue construction of a new health center, including supporting staff quarters.	During FY 2005, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – revise method of providing Drug Dependency Unit portion of project since renovation of old	During FY 2006, increase the modern health care delivery system to improve access and efficiency of health care by assuring the timely phasing of construction of the following health care facilities: a. Winnebago, NE – continue providing Drug Dependency Unit portion of project. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory	Jose Cuzme, OEHE/DFPC/, 301-443-8616

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
	b. Red Mesa, AZ – continue construction of a new health center, including staff quarters. c. Metlakatla, AK – continue construction of a replacement tribal health center, including supporting staff quarters. d. Sisseton, SD – complete design of a replacement health center, including supporting staff quarters.	structure no longer considered feasible. b. Phoenix Indian Medical Center (PIMC) System, SE Ambulatory Care Center (ACC), Upper Santan, AZ – continue planning of this satellite health center. c. PIMC, SW ACC, Komatke, AZ – continue planning of this satellite health center. d. Barrow, AK – commence site acquisition and design of replacement hospital. e. Pinon, AZ – complete construction of new health center and supporting staff quarters. f. Red Mesa, AZ –continue construction of a new health center and supporting staff quarters. g. St. Paul, AK – continue construction of replacement health center and supporting staff quarters. h. Metlakatla, AK – continue construction of replacement health center and supporting staff quarters. i. Sisseton, SD –continue construction of replacement health center and supporting staff quarters. j. Clinton, OK – complete design and commence construction of replacement health center. k. Eagle Butte, SD – complete planning for replacement health center.	Care Center (ACC), Upper Santan, AZ – complete planning and commence design of new satellite health center. c. PIMC System, SW ACC, Komatke, AZ – complete planning and commence design of new satellite health center. d. Barrow, AK – complete site acquisition and continue design of replacement hospital. e. Red Mesa, AZ – complete construction of new health center and supporting staff quarters. f. St. Paul, AK – complete construction of replacement health center and supporting staff quarters. g. Metlakatla, AK – complete construction of replacement health center and supporting staff quarters. h. Sisseton, SD – continue construction of a replacement health center and supporting staff quarters. i. Clinton, OK – continue construction of replacement health center. j. Eagle Butte, SD – commence design of replacement health center. k. Kayenta, AZ – prepare to commence design of replacement health center. l. San Carlos, AZ – prepare to commence design of replacement health center. m. Zuni, NM – complete design and construction of staff quarters	

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
		l. Kayenta, AZ – complete planning of replacement health center. m. San Carlos, AZ – complete planning of replacement health center. n. Bethel, AK – complete design-build of staff quarters supporting the existing health care facility. o. Zuni, NM –continue design and construction of staff quarters supporting existing health care facility. p. Wagner, SD – commence design and construction of staff quarters supporting existing health care facility. q. Ft. Belknap, MT – complete planning update of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT, and commence design and construction of Harlem units. r. Wadsworth, NV – continue design and construction of Phoenix-Nevada satellite Youth Regional Treatment Center (YRTC). s. Central-Southern California – complete YRTC project planning and commence site acquisition. t. Northern California – complete YRTC project planning and commence site acquisition. u. Joint Venture Construction Program (JVCP) – negotiate JVCP Agreement and issue	supporting existing health care facility. n. Wagner, SD – continue design and construction of staff quarters supporting existing health care facility. o. Ft. Belknap, MT – continue design and construction of staff quarters supporting existing health care facility in Harlem, MT, and satellite health care facility in Hays, MT. p. Phoenix-Nevada Youth Regional Health Center (YRTC) – continue construction of this satellite YRTC. q. Central-Southern California YRTC – continue site acquisition. r. Northern California YRTC – continue site acquisition. s. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FY 2003 awards. Award additional competitively selected tribally owned health center SAP projects using FY 2005 funding.	

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
		funding for initial equipment for tribally provided and owned health center. t. Small Ambulatory Program (SAP) – until completed, continue to monitor tribal construction projects receiving FY 2001, FY 2002, and FYP 2003 awards. With tribal consultation, update administration procedures and solicit FY 2005 SAP applications for tribally owned health center projects. u. Dental Facilities Program – using FY 2005 funding, provide additional dental units.		
CONSULTATION, PARTNERSHIPS, CORE FUNCTIONS, AND ADVOCACY INDICATORS				
Consultation Improvement Indicator				
Consultation Process Improvement: Improve the level of satisfaction with the processes for consultation and participation provided by the IHS, as measured by a survey of I/T/Us.	During FY 2004, the IHS will increase stakeholder satisfaction with the agency's consultation process by 3% over the FY 2003 baseline.	Eliminated effective FY 2005.	Eliminated effective FY 2005.	Dave Byington, OTP/OD, 301-443-1104
Administrative Efficiency, Effectiveness, and Accountability Group				
CHS Procurement Improvement: Improve the level of Contract Health Service (CHS) procurement of inpatient and outpatient hospital services for routinely used providers under contracts or rate quote agreements at the IHS-wide reporting level.	During the FY 2004 reporting period, the IHS will improve the level of CHS procurement of inpatient and outpatient hospital services for routinely used providers by at least +1% over the FY 2003 level of the total dollars paid to contract providers or rate quote agreements at the IHS-wide reporting level.	Eliminated in FY 2005 due to the Medicare Modernization Act that makes CHS negotiated contracts obsolete. **Moves to Treatment group in FY 2006.**	IHS will develop a new indicator for FY 2006. **Moves to Treatment group in FY 2006.**	Clayton Old Elk Brenda Jeanotte, ORAP/DCC, 301-443-2694

Performance Indicator	FY 2004 Target	2005 Target	2006 Target	Headquarters Lead
Public Health Infrastructure Assure appropriate administrative and public health infrastructure is in place in response to agency reorganization and accountability requirements.	By the end of FY 2004, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in one additional Area Office.	By the end of FY 2005, the IHS will have completed a systematic assessment of the public health infrastructure for Headquarters in an additional three Area Offices.	Eliminated effective FY 2006.	Nat Cobb, OPHS/Epi, 505-248-4132
Compliance Plans: Increase the proportion of I/T/Us who have implemented Hospital and Clinic Compliance Plans to assure that claims meet the rules, regulations, and medical necessity guidance for Medicare and Medicaid payment.	Eliminated in FY 2004.	Eliminated in FY 2004.	Eliminated effective FY 2004.	
Tribal SD Process: Support Tribal Self-Determination through technical assistance	Eliminated in FY 2004.	Eliminated in FY 2004.	Eliminated effective FY 2004.	
Quality of Work Life and Staff Retention Group				
Scholarships: Assess scholarship program for placement and efficiency. EFFICIENCY MEASURE.	By the end of FY 2004, the IHS will establish a baseline for the proportion of Health Profession Scholarship recipients that are placed in I/T/U programs within 90 days of graduation from their health/allied health discipline program.	During FY 2005, the IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation by 2% over the established FY 2004 baseline. **Moves to Treatment Group in 2006**	During FY 2006, IHS will increase its efficiency in placing Health Profession Scholarship recipients in Indian health settings within 90 days of graduation over the established FY 2004 baseline. **Moves to Treatment Group in 2006**	Jess Brien, OPHS/DHP, 301-443-2545

11.0 Appendix B: Working with Delimited Files

Sites that want more flexibility than a printed report to be able to rearrange their report data into a different format and perform other types of calculations on the numbers will need to use the delimited file option.

> **Note**: This option is particularly useful for manipulating pages of patient lists so that the user can sort them by any column they want to.

11.1 Producing a Delimited File

See section 6.0 for detailed instructions on running reports and producing a delimited file.

1. Type the corresponding letter for your output at the "Select an Output Option:" prompt

   - P (Print) will send the report file to your printer, your screen or an electronic file.
   - D (Delimited Output) will produce an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation. The delimited output is particularly useful for patient lists because they can be sorted in multiple ways. (See Appendix B for detailed instructions.)
   - B (Both) will produce both a printed report and a delimited file.

```
                 SUMMARY OF NATIONAL GPRA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:         Jul 01, 2004 to Jun 30, 2005
     Previous Year Period:     Jul 01, 2003 to Jun 30, 2004
     Baseline Period:          Jul 01, 1999 to Jun 30, 2000

The COMMUNITY Taxonomy to be used is: LB_Lodge_Yellow

The HOME location is: HOME 404295

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// P  Print Report on Printer or Screen

DEVICE: HOME//     Right Margin: 80//
```

Figure 11-1: Selecting Output Options for Reports

2. If you select D (Delimited) at the "Select an Output Option" prompt, you will be prompted to print your file to the screen (S) or to an electronic file (F). If this report will take several hours to run, it is recommended to print to a file.

   If you select F File, type the name of the delimited file at the "Enter a filename for the delimited output:" prompt. File names cannot exceed 40 characters and will automatically be given the extension .txt. Most sites will be set up to automatically print the file to your network's Public directory. You may need to FTP the delimited file from Pub to your computer. Ask your Site Manager for additional information about retrieving files from your local network.

   You will be prompted to queue the report to run at a later time. You can specify another day or another time.

```
Select an Output Option: P// d  Create Delimited output file (for use in Excel)

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): mytestfile

When the report is finished your delimited output will be found in the
q:\ directory.  The filename will be mytestfile.txt


Won't you queue this ? Y// y  YES
Requested Start Time: NOW//20:00:00  (APR 27, 2004@20:00:00)
Tasked with 2033810
```

Figure 11-2: Running Reports: Delimited Reports

11.2 Opening Text Files in Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.

2. Select FILE, then OPEN from the menu bar.

3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your Site Manager.

4. Ensure that the “Files of type” box at the bottom is set to “Text Files” or “All Files.” Highlight and double-click on the name of the text file you want to open.

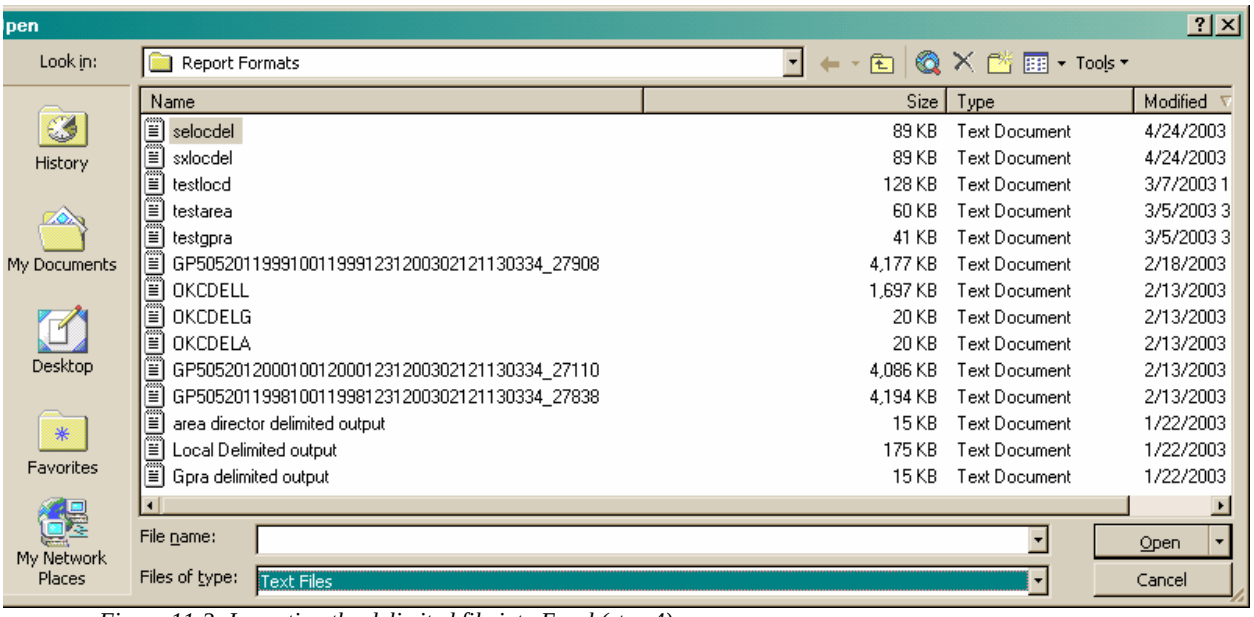


Figure 11-3: Importing the delimited file into Excel (step 4)

5. The Text Import Wizard dialog box should appear automatically.

6. Check to make sure that the “Delimited” radio button is selected for Original Data Type. Click the Next button at the bottom right to proceed.

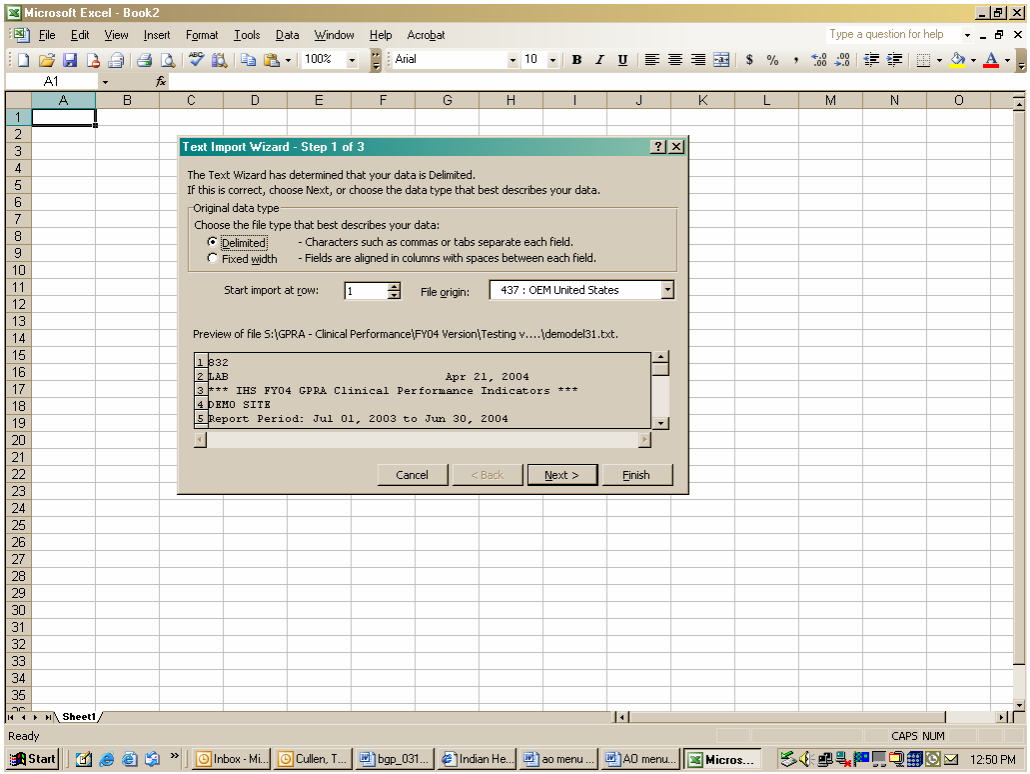


Figure 11-4: Importing the delimited file into Excel (step 6)

7. In the Delimiters box on the Step 2 screen:

    - Deselect “Tab” by clicking the check box off
    - Select “Other” by clicking the check box on
    - Type a caret (^) in the box next to Other. This tells Excel that the file you are importing separates (delimits) the fields with a “^” character.

8. Click the Next button to continue.

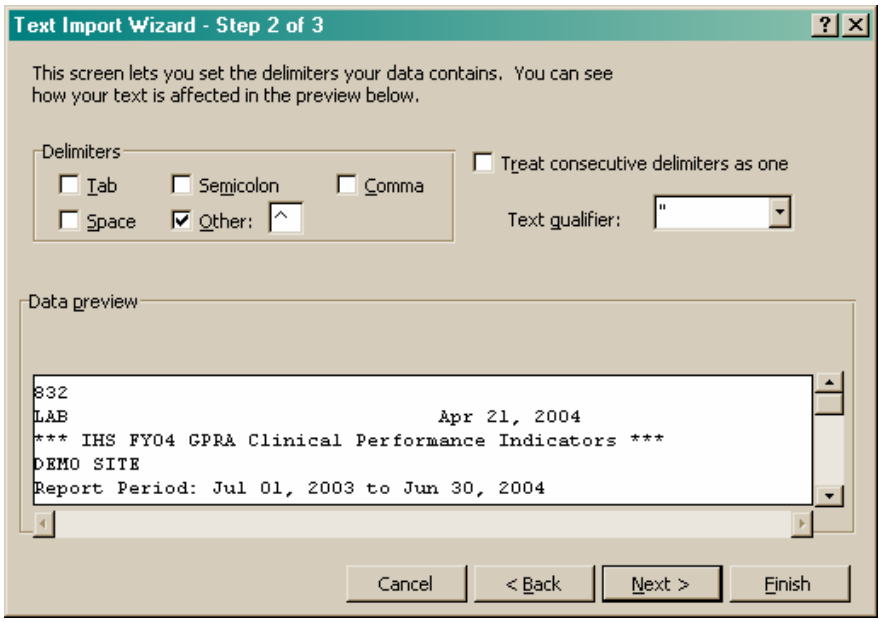


Figure 11-5: Importing the delimited file into Excel (step 8)

9. On the Step 3 screen, highlight all the columns by scrolling down until you see multiple columns in the Data Preview screen, hold the shift key down, and click on the last column. All columns should now be highlighted.

   Change the Column data format selected to "Text." If you leave the format set to "General," Excel will reformat some of the cells, e.g., change age ranges to dates.

   Click the Finish button.

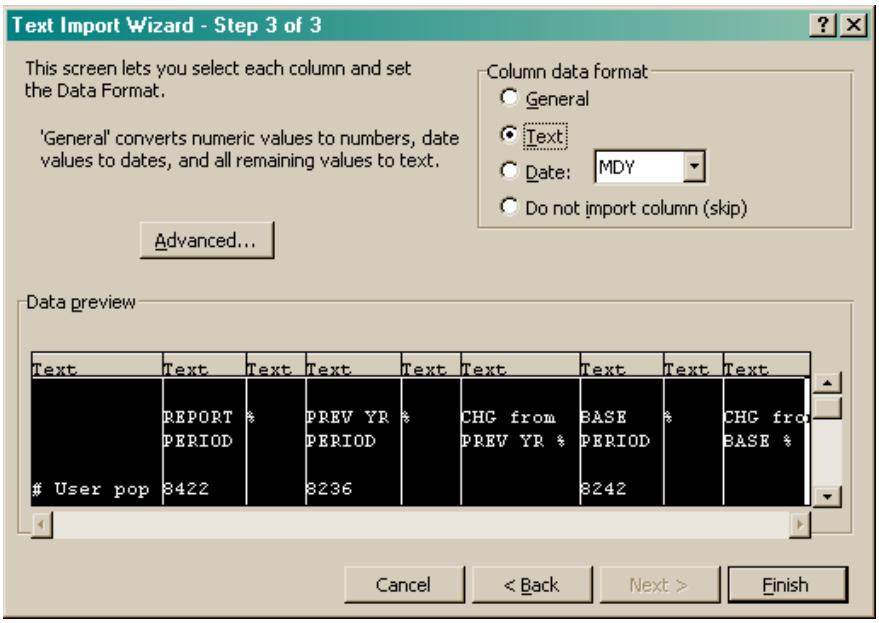


Figure 11-6: Importing the delimited file into Excel (step 9)

10. The file will appear on the Excel screen. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.

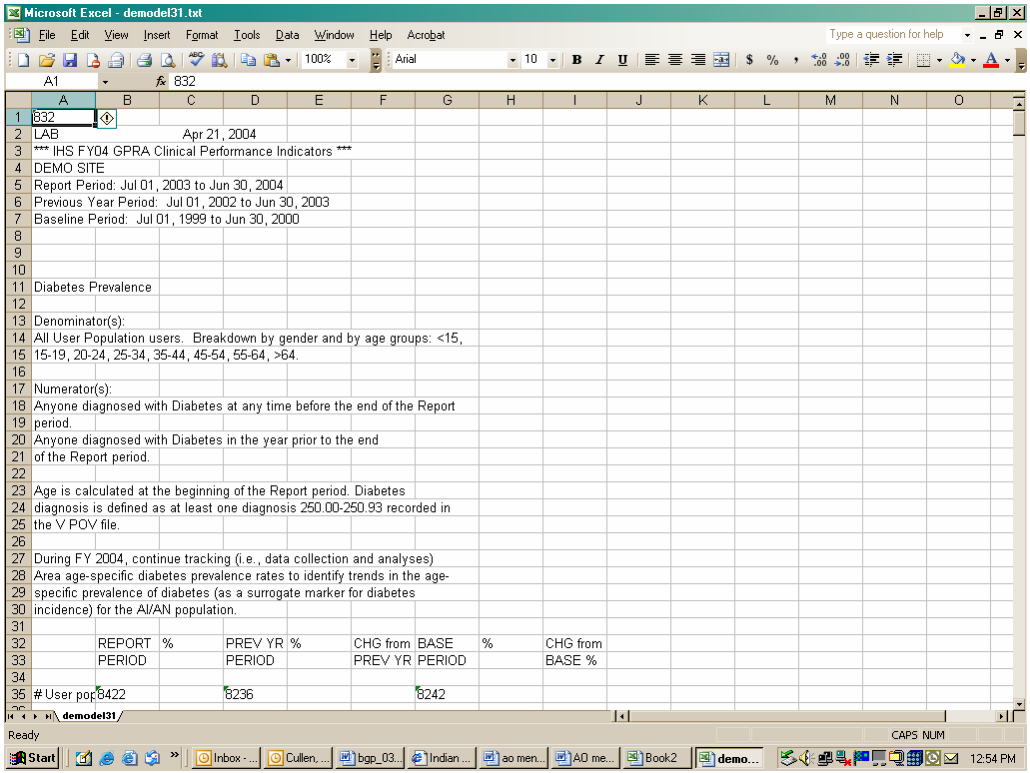
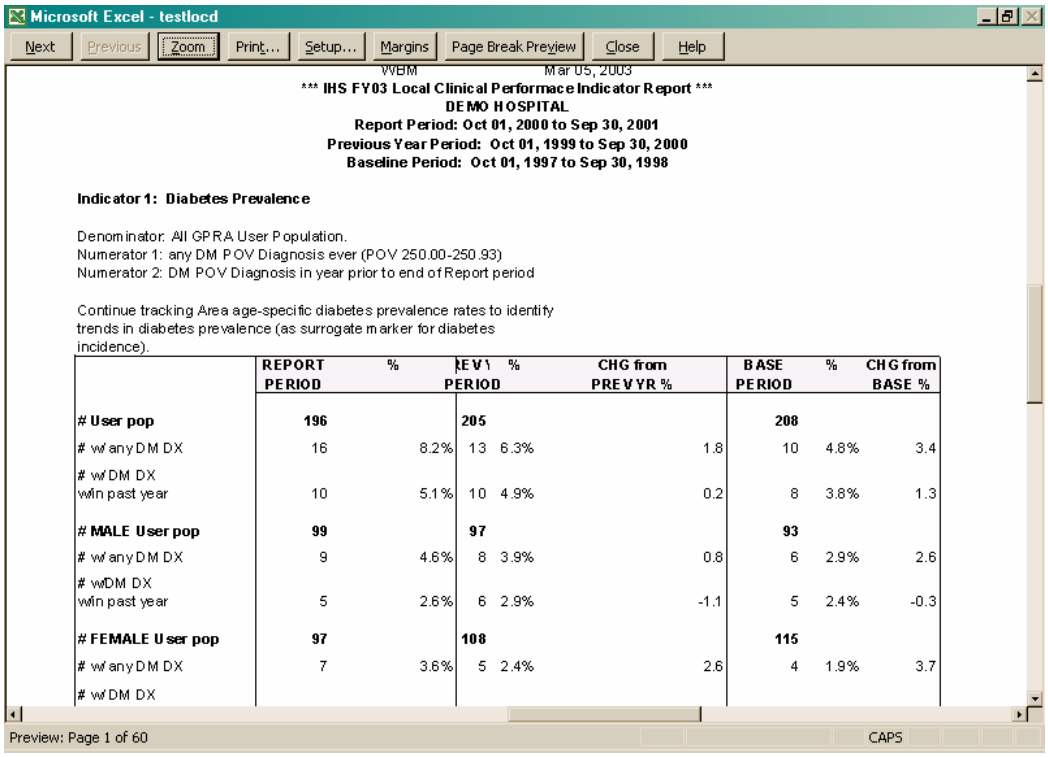


Figure 11-7: Importing the delimited file into Excel (step 10)

11. Below is an example of a spreadsheet that has been formatted.



Microsoft Excel - testlocd

Next | Previous | Zoom | Print... | Setup... | Margins | Page Break Preview | Close | Help

WBM Mar 05, 2003

*** IHS FY03 Local Clinical Performace Indicator Report ***
DEMO HOSPITAL
Report Period: Oct 01, 2000 to Sep 30, 2001
Previous Year Period: Oct 01, 1999 to Sep 30, 2000
Baseline Period: Oct 01, 1997 to Sep 30, 1998

Indicator 1: Diabetes Prevalence

Denominator: All GPRA User Population.
Numerator 1: any DM POV Diagnosis ever (POV 250.00-250.93)
Numerator 2: DM POV Diagnosis in year prior to end of Report period

Continue tracking Area age-specific diabetes prevalence rates to identify trends in diabetes prevalence (as surrogate marker for diabetes incidence).

	REPORT PERIOD	%	PREV PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User pop	**196**		**205**			**208**		
# w/ any DM DX	16	8.2%	13	6.3%	1.8	10	4.8%	3.4
# w/ DM DX w/in past year	10	5.1%	10	4.9%	0.2	8	3.8%	1.3
# MALE User pop	**99**		**97**			**93**		
# w/ any DM DX	9	4.6%	8	3.9%	0.8	6	2.9%	2.6
# w/DM DX w/in past year	5	2.6%	6	2.9%	-1.1	5	2.4%	-0.3
# FEMALE User pop	**97**		**108**			**115**		
# w/ any DM DX	7	3.6%	5	2.4%	2.6	4	1.9%	3.7
# w/ DM DX								

Preview: Page 1 of 60 CAPS

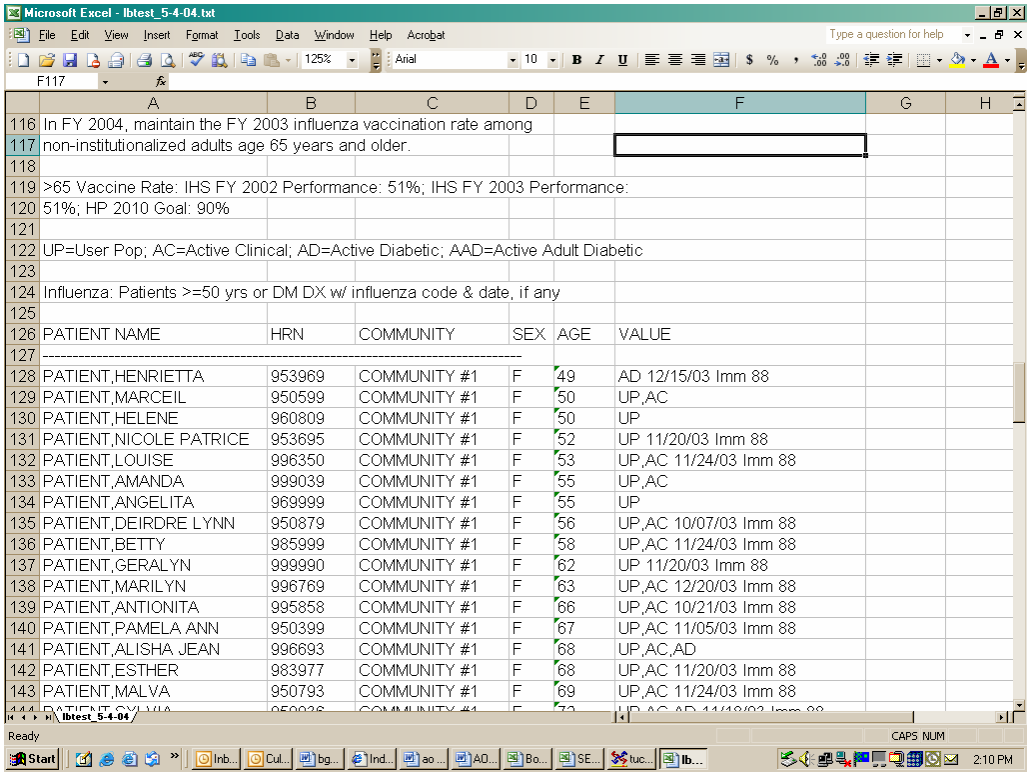
Figure 11-8: Formatted Performance Report

11.3 Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the Selected Indicators reports (SEL, PP, or ALL menu options) and select Patient Lists. Then select Delimited as your report output option.

Follow the steps above to open your delimited report in Excel. The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

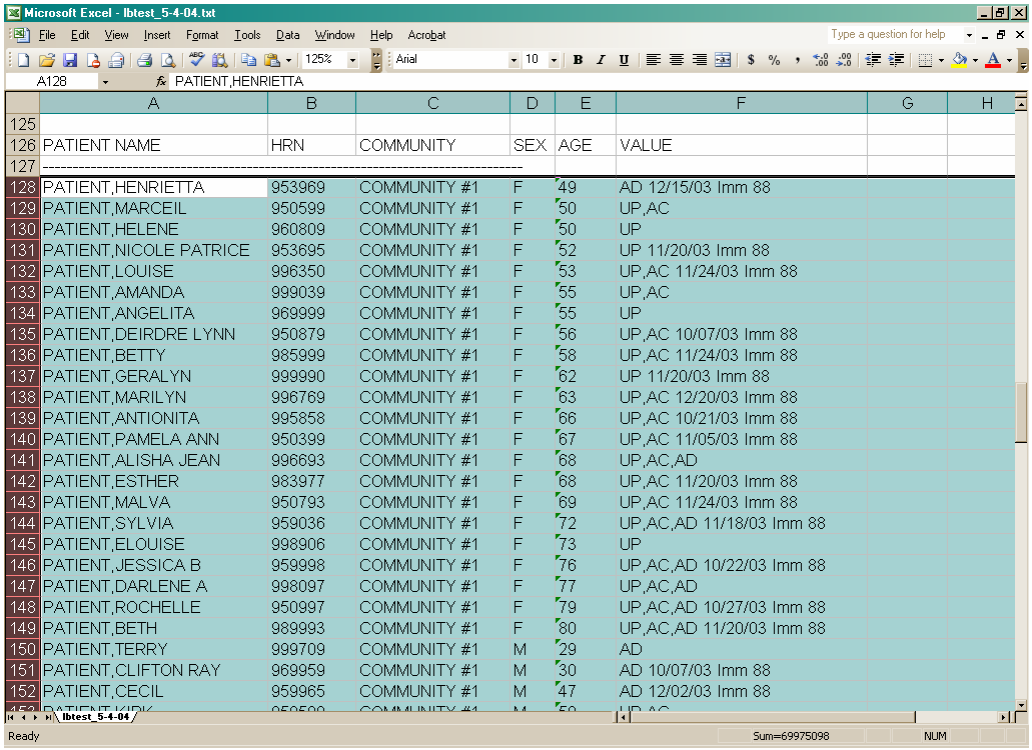
1. In Excel, scroll down to the patient list that you want to sort.
2. Format the spreadsheet to see the data more clearly, e.g., change the width of some columns (Figure 11-9)



	A	B	C	D	E	F
116	In FY 2004, maintain the FY 2003 influenza vaccination rate among					
117	non-institutionalized adults age 65 years and older.					
118						
119	>65 Vaccine Rate: IHS FY 2002 Performance: 51%; IHS FY 2003 Performance:					
120	51%; HP 2010 Goal: 90%					
121						
122	UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic					
123						
124	Influenza: Patients >=50 yrs or DM DX w/ influenza code & date, if any					
125						
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
127	---					
128	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
129	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
130	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
131	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
132	PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
133	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
134	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
135	PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
136	PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
137	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
138	PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
139	PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
140	PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
141	PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
142	PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
143	PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88

Figure 11-9: Formatted Patient List in Excel

3. Highlight all of the rows containing patient names and information (Figure 11-10).



	A	B	C	D	E	F
125						
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
127	---					
128	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
129	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
130	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
131	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
132	PATIENT,LOUISE	996350	COMMUNITY #1	F	53	UP,AC 11/24/03 Imm 88
133	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
134	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
135	PATIENT,DEIRDRE LYNN	950879	COMMUNITY #1	F	56	UP,AC 10/07/03 Imm 88
136	PATIENT,BETTY	985999	COMMUNITY #1	F	58	UP,AC 11/24/03 Imm 88
137	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
138	PATIENT,MARILYN	996769	COMMUNITY #1	F	63	UP,AC 12/20/03 Imm 88
139	PATIENT,ANTIONITA	995858	COMMUNITY #1	F	66	UP,AC 10/21/03 Imm 88
140	PATIENT,PAMELA ANN	950399	COMMUNITY #1	F	67	UP,AC 11/05/03 Imm 88
141	PATIENT,ALISHA JEAN	996693	COMMUNITY #1	F	68	UP,AC,AD
142	PATIENT,ESTHER	983977	COMMUNITY #1	F	68	UP,AC 11/20/03 Imm 88
143	PATIENT,MALVA	950793	COMMUNITY #1	F	69	UP,AC 11/24/03 Imm 88
144	PATIENT,SYLVIA	959036	COMMUNITY #1	F	72	UP,AC,AD 11/18/03 Imm 88
145	PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP
146	PATIENT,JESSICA B	959998	COMMUNITY #1	F	76	UP,AC,AD 10/22/03 Imm 88
147	PATIENT,DARLENE A	998097	COMMUNITY #1	F	77	UP,AC,AD
148	PATIENT,ROCHELLE	950997	COMMUNITY #1	F	79	UP,AC,AD 10/27/03 Imm 88
149	PATIENT,BETH	989993	COMMUNITY #1	F	80	UP,AC,AD 11/20/03 Imm 88
150	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD
151	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88
152	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88

Figure 11-10: Highlight Rows

4. Select Data/Sort from the Menu options. The Sort dialog box will display on the screen.

5. Select the columns that you want to sort by. The example displayed here will sort the list by the data (last) column, to produce a list that will display patients with no immunizations, organized by denominator type, community and age.

   If you have formatted your spreadsheet as text, the Sort Warning dialog box will display. Select the first option.

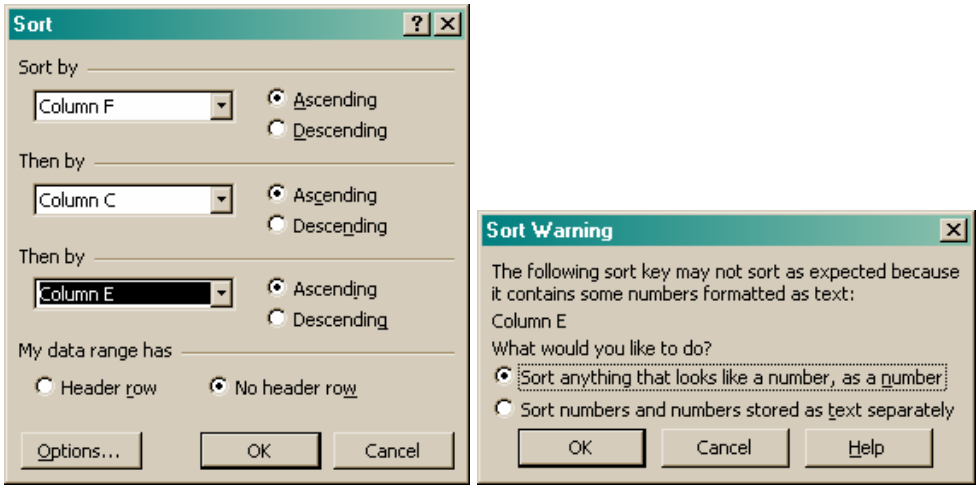
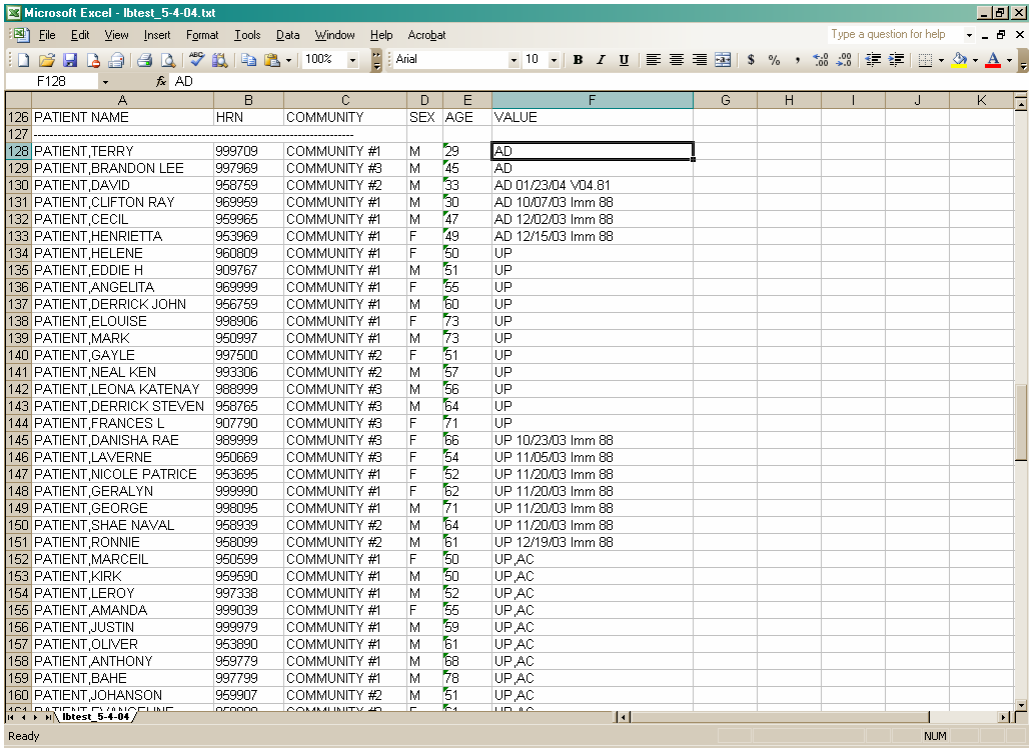


Figure 11-11: Sort Dialog boxes.

6. The spreadsheet now displays the list of patients organized by denominator type (Active Diabetic, User Population, Active Clinical or multiple denominators). Within each denominator type, you can easily see the patients with no influenza immunization documented.



	A	B	C	D	E	F
126	PATIENT NAME	HRN	COMMUNITY	SEX	AGE	VALUE
127	----------					
128	PATIENT,TERRY	999709	COMMUNITY #1	M	29	AD
129	PATIENT,BRANDON LEE	997969	COMMUNITY #3	M	45	AD
130	PATIENT,DAVID	958759	COMMUNITY #2	M	33	AD 01/23/04 V04.81
131	PATIENT,CLIFTON RAY	969959	COMMUNITY #1	M	30	AD 10/07/03 Imm 88
132	PATIENT,CECIL	959965	COMMUNITY #1	M	47	AD 12/02/03 Imm 88
133	PATIENT,HENRIETTA	953969	COMMUNITY #1	F	49	AD 12/15/03 Imm 88
134	PATIENT,HELENE	960809	COMMUNITY #1	F	50	UP
135	PATIENT,EDDIE H	909767	COMMUNITY #1	M	51	UP
136	PATIENT,ANGELITA	969999	COMMUNITY #1	F	55	UP
137	PATIENT,DERRICK JOHN	956759	COMMUNITY #1	M	60	UP
138	PATIENT,ELOUISE	998906	COMMUNITY #1	F	73	UP
139	PATIENT,MARK	950997	COMMUNITY #1	M	73	UP
140	PATIENT,GAYLE	997500	COMMUNITY #2	F	51	UP
141	PATIENT,NEAL KEN	993306	COMMUNITY #2	M	57	UP
142	PATIENT,LEONA KATENAY	988999	COMMUNITY #3	M	56	UP
143	PATIENT,DERRICK STEVEN	958765	COMMUNITY #3	M	64	UP
144	PATIENT,FRANCES L	907790	COMMUNITY #3	F	71	UP
145	PATIENT,DANISHA RAE	989999	COMMUNITY #3	F	66	UP 10/23/03 Imm 88
146	PATIENT,LAVERNE	950669	COMMUNITY #3	F	54	UP 11/05/03 Imm 88
147	PATIENT,NICOLE PATRICE	953695	COMMUNITY #1	F	52	UP 11/20/03 Imm 88
148	PATIENT,GERALYN	999990	COMMUNITY #1	F	62	UP 11/20/03 Imm 88
149	PATIENT,GEORGE	998095	COMMUNITY #1	M	71	UP 11/20/03 Imm 88
150	PATIENT,SHAE NAVAL	958939	COMMUNITY #2	M	64	UP 11/20/03 Imm 88
151	PATIENT,RONNIE	958099	COMMUNITY #2	M	61	UP 12/19/03 Imm 88
152	PATIENT,MARCEIL	950599	COMMUNITY #1	F	50	UP,AC
153	PATIENT,KIRK	959590	COMMUNITY #1	M	50	UP,AC
154	PATIENT,LEROY	997338	COMMUNITY #1	M	52	UP,AC
155	PATIENT,AMANDA	999039	COMMUNITY #1	F	55	UP,AC
156	PATIENT,JUSTIN	999979	COMMUNITY #1	M	59	UP,AC
157	PATIENT,OLIVER	953890	COMMUNITY #1	M	61	UP,AC
158	PATIENT,ANTHONY	959779	COMMUNITY #1	M	68	UP,AC
159	PATIENT,BAHE	997799	COMMUNITY #1	M	78	UP,AC
160	PATIENT,JOHANSON	959907	COMMUNITY #2	M	51	UP,AC

Figure 11-12: Resorted Patient List, Showing Patients with No Influenza Vaccination Documented

12.0 Appendix C: Creating a Patient Panel

The following demonstrates an example of using QMan to create a list, or panel, of patients. Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Indicators with Patient Panel Population report (see Section 6.1.4 for detailed description). Patient panels must be created as FileMan search templates.

The example below shows how to create a list of all female patients seen in the past year by a specific provider designated as the primary provider for a visit.

```
                         *****  Q-MAN OPTIONS  *****

     Select one of the following:

          1         SEARCH PCC Database (dialogue interface)
          2         FAST Facts (natural language interface)
          3         RUN Search Logic
          4         VIEW/DELETE Taxonomies and Search Templates
          5         FILEMAN Print
          9         HELP
          0         EXIT

     Your choice: SEARCH//  PCC Database (dialogue interface)


                *****  SEARCH CRITERIA  *****

What is the subject of your search?  LIVING PATIENTS //   LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
       M       MALE
       F       FEMALE
Value: F  FEMALE
Computing Search Efficiency Rating.....................................................

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]
      SEX: FEMALE     [SER = .66]

Attribute of LIVING PATIENTS: VISIT

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365  (APR 22, 2003)
Exact ending date: T  (APR 21, 2004)

Next condition of "VISIT": PROVIDER
            *****  PROVIDER-RELATED CRITERIA  *****

You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty, etc)
to be used as selection criteria.
```

```
     Select one of the following:

          1         NAME(S) of providers
          2         ATTRIBUTE(S) of providers

     Your choice: NAME(S)//  of providers

Enter PROVIDER: USER,LORI
Enter ANOTHER PROVIDER:

The following have been selected =>

     BUTCHER,LORI A
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

     Select one of the following:

          1         PRIMARY provider only
          2         SECONDARY providers only
          3         ALL providers

     Your choice: ALL// 1  PRIMARY provider only

         Subject of subquery: VISIT
         BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
         PRIMARY PROVIDERS  (ADAM)

Next condition of "VISIT": [ENT]

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
      ALIVE TODAY   [SER = .04]
      SEX: FEMALE     [SER = .66]
         Subject of subquery: VISIT
         BETWEEN BETWEEN APR 22,2003 and APR 21,2004@23:59:59
         PRIMARY PROVIDERS  (BUTCHER)

Attribute of LIVING PATIENTS: [ENT]

                     *****  Q-MAN OUTPUT OPTIONS  *****

     Select one of the following:

          1         DISPLAY results on the screen
          2         PRINT results on paper
          3         COUNT 'hits'
          4         STORE results of a search in a FM search template
          5         SAVE search logic for future use
          6         R-MAN special report generator
          9         HELP
          0         EXIT


     Your choice: DISPLAY// 4  STORE results of a search in a FM search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)
```

Press the Enter key when done with attributes

```
Enter the name of the SEARCH TEMPLATE: LAB SEEN BY LORI IN PAST YR
  Are you adding 'LAB SEEN BY LORI IN PAST YR' as
    a new SORT TEMPLATE? No// Y  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO//

Want to run this task in background? No//   (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS         SANTA  SEX     VISIT
(Alive)          NUMBER
-------------------------------------------------------------------------------
LASTNAME,AMY LY* 123456 FEMALE  +
ROBERTSON,EMILY* 234567 FEMALE  +
BROWN,GRETA*     345678 FEMALE  +
MOUSE,MINNIE     456789 FEMALE  +
UPDOWN,FIRST     654321 FEMALE  +


Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS
```

name your template, using your initials as the first 3 characters

Figure 12-1: Creating a list of all female patients

13.0 Appendix D: AI/AN Clinical Information on Measures

13.1 Childhood Immunization

In recent years, vaccination coverage has increased significantly among young children. In the 1990s, government and private sector initiatives helped to remove barriers to routine childhood vaccinations. Childhood deaths from diseases preventable through routine immunization are now very unusual.[12]

Among all US children aged 19-35 months, vaccine coverage in 2003 reached an all-time high. National coverage levels are now over 90 percent for each vaccine recommended through age 35 months, except the Varicella and Pneumococcal vaccines, and the fourth dose of DTaP.[13] The Healthy People 2010 goal is 90% coverage for all routine immunizations for children aged 19-35 months.[14] Routine immunizations represent a cost-effective public health measure that significantly improves the health of children.[15]

Yet much work remains to be done. Poorer children are still less likely to have received full vaccination than their wealthier counterparts.[16] In 2003, 83.3% of children aged 19-35 months from households with incomes at or above the poverty line received the 4:3:1:3 series of recommended immunizations, compared with 76.2 percent of children living below the poverty line.[17] One study found, however, that poor children with regular access to a primary care provider achieved vaccination rates similar to wealthier children.[18]

The National Immunization Survey collects information on children 19-35 months. NIS statistics show that AI/AN children have vaccination rates that are below the national averages.[19]

A full series (4:3:1:3:3) of vaccines for ages 19-35 months includes:

---

[12] Rodewald LE, Santoli JM. The challenge of vaccinating vulnerable children. *The Journal of Pediatrics*; 2001 Nov;139(5):613-5

[13] National, State, and Urban Area Vaccination Coverage Among Children Aged 19-35 Months—United States, 2003. *MMWR*: *Morbidity and Mortality Weekly Report* 2004;July 30;53(29):658-661. National rates for vaccination not reaching 90% are: Varicella: 84.8%, Pneumoccocal (3 doses): 68.1%, (4 doses): 36.7%, and 4th DTaP: 84.8%.

[14] Healthy People 2010

[15] For example, see: Lieu TA, Cochi SL, Black SB, Halloran ME, Shinefield HR, Holmes SJ, Wharton M, Washington AE. Cost-effectiveness of a routine varicella vaccination program for US children. *Journal of the American Medical Association;* 1994 Feb 2;271(5):375-81.

[16] Healthy People 2010

[17] National Immunization Survey 2003 tables. http://www.cdc.gov/nip/coverage/NIS/03/toc-03.htm The 4:3:1:3 series includes four or more doses of diphtheria, tetanus, and pertussis vaccine (DTaP), three or more doses of poliovirus vaccine (IPV), one or more doses of measles-containing vaccine such as MMR, and three or more doses of Hib vaccine.

[18] Vivier PM, Alario AJ, Peter G, Leddy T, Simon P, Mor V. An analysis of the immunization status of preschool children enrolled in a statewide Medicaid managed care program. *Journal of Pediatrics* 2001;139:630-5.

[19] National Immunization Survery 2003 tables. http://www2a.cdc.gov/nip/coverage/nis/nis_iap.asp?fmt=v&rpt=tab30_race_nat&qtr=Q1/2003-Q4/2003

- 4 or more doses of DTaP (diphtheria, tetanus, and pertussis vaccine)
- 3 or more doses of IPV (poliovirus vaccine)
- 1 or more doses of MCV (measles-containing vaccine such as the MMR)
- 3 or more doses of the Hib vaccine (Haemophilus influenzae type b)
- 3 or more doses of HepB (hepatitis B vaccine)

13.2 Mammography Screening

Breast cancer is the second most commonly diagnosed cancer among American women, after skin cancer. Breast cancer is also the second leading cause of cancer death among U.S. women, after lung cancer. An estimated 40,580 women died from breast cancer in 2004.[20] The American Cancer Society estimates that in 2005, 211,240 women will be diagnosed with breast cancer, and 40,410 will lose their lives to the disease.[21]

Although the incidence of breast cancer among AI/AN women has been reported to be lower than that for other racial and ethnic groups, breast cancer is still the second leading cause of cancer death among AI/AN women.[22] Lack of physical activity, alcohol consumption, and obesity, health risks often found in the AI/AN community, have been linked to increased risk of breast cancer.[23]

Numerous trials and evaluations have shown that early detection of breast cancer through mammography increases the number of treatment options, improves the chance of successful treatment, and raises survival rates. Mammography is a low-dose x-ray procedure that allows visualization of the internal structure of the breast. Mammography detects an average of 90% of breast cancers in women without symptoms.[24] Through mammography, breast cancer can be detected at its earliest, most treatable stage, an average of 1–4 years before a woman can feel a lump. Mammography also locates cancers too small to be felt during a clinical breast examination.[25]

Regular mammography screening has been shown to reduce overall breast cancer mortality. One major review study found an average 24% percent mortality reduction associated with regular screening.[26] In 2002, the US Preventative Services Task Force concluded there was fair evidence

---

[20] American Cancer Society, *Cancer Facts and Figures, 2004*
http://www.cancer.org/downloads/STT/CAFF_finalPWSecured.pdf
[21] American Cancer Society, *Cancer Facts and Figures, 2005*
http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf
[22] MMWR Cancer mortality among American Indians and Alaska natives—United states, 1994-1998. 8/1/2003 53 (30);704-707. The mortality rate for breast cancer among AI/AN women is 17.0 per 100,000, compared to 29.4 for all races.
[23] American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*
http://www.cancer.org/downloads/STT/BrCaFF2001.pdf
[24] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004*
http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf
[25] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm
[26] Smith et al, American Cancer Society guidelines for breast cancer screening: update 2003. *Cancer: A Journal for Clinicians*. 2003 May-Jun;53(3):141-69. http://caonline.amcancersoc.org/cgi/reprint/53/3/141.pdf

that mammography screening every 1-2 years could reduce breast cancer mortality by approximately 20 percent to 25 percent over 10 years.[27] According to the CDC, regular mammography screening of women ages 40 and over could reduce breast cancer mortality by approximately 16 percent overall.[28] One Swedish study found a mortality reduction of 30% for women ages 40-74, and 34% for women ages 50-74 through regular mammography screening.[29]

Thanks to more widespread use of mammography, since the late 1980s, breast cancer mortality has declined among women of all races. Between 1990 and 2000, the death rate declined 2.3% annually. The biggest improvement in the mortality rate was among younger women; among women under 50, the death rate declined by 3.7% from 1991 to 2000; among women over 50, the rate declined by 2.0 between 1990 and 2000. These decreases are thought to be the result of increased awareness, earlier detection through screening, and improved treatment. [30]

The CDC recommends that women between the ages of 50 and 74 receive a mammogram every 1-2 years. Because seventy-five percent of all diagnosed cases of breast cancer are among women aged 50 years or older, biennial screening of women between the ages of 50 and 69 has been shown to be a particularly cost-effective way to decrease the breast cancer mortality rate.[31] The US Preventative Services Task Force recommends screening mammography every 1-2 years for women aged 40 and older**.** The USPSTF "found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer." The USPSTF also found that "evidence is strongest for women aged 50-69."[32]

According to the Behavioral Risk Factor Surveillance System (BRFFS), in the year 2000, 62.2% of all women age 40 and over had had a mammogram. Women with less than a high school education, without heath insurance, or members of an ethnic minority were less likely to have had a recent mammogram.[33]

---

[27] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

[28] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm

[29] Tabar L, Fagerberg G, Chen HH, Duffy SW, Smart CR, Gad A, Smith RA Efficacy of breast cancer screening by age. New results from the Swedish Two-County Trial. Cancer. 1995 May 15;75(10):2507-17.

[30] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004* http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf
The most significant improvement in the mortality rate came in the late 1990s. Between 1989 and 1995, there was a 1.6% annual reduction in breast cancer mortality. However, there was a 3.4% annual reduction from 1995 and 1998. The biggest mortality decline occurred among women under 50, with an average decline of 3.1% per year from 1990-1998 (2.1% for over 50). See American Cancer Society, *Breast Cancer Facts and Figures 2001-2002*

[31] The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening 2004/2005 Fact Sheet http://www.cdc.gov/cancer/nbccedp/about2004.htm
American Cancer Society, Breast Cancer Facts and Figures 2001-2002; Cost Effectiveness of Extending Screening Mammography Guidelines to Include Women 40-49 Years of Age *Annals of Internal Medicine* 1997; 127:955-965.

[32] U.S. Preventive Services Task Force. *Screening for Breast Cancer: Recommendations and Rationale*. February 2002. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/clinic/3rduspstf/breastcancer/brcanrr.htm

[33] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004* http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf

According to the CDC, in the year 2000, 70.3% of all women over age 40 reported that they had received mammograms within the past two years, including 78.6% of women aged 50-64 and 68% of women aged 65 and older. However, reported rates of mammography were much lower among poorer women. While 72.2% of "near poor or non poor" women aged 40 and over reported having a mammogram within the past two years, only 55.2% of poor women aged 40 and over did. Deaths from breast cancer occur disproportionately among women who are uninsured or underinsured, and therefore do not receive regular mammograms.[34]

American Indian and Alaska Native women report significantly lower rates of mammograms than other races. While 71.4% of white women 40 and over reported having a mammogram within the past two years, only 47.3% of AI/AN women 40 and over did.[35] Another survey found that 54% percent of American Indian and Alaska Native women aged 50 years and older had not had a mammogram in the past 24 months.[36]

Low screening rates often result in poorer outcomes for AI/AN women diagnosed with breast cancer. While the incidence of breast cancer among AI/AN women is lower than other groups, AI/AN women diagnosed with breast cancer have lower five-year survival rates in comparison to U.S. whites, mainly because their cancers are less likely to be found in earlier stages.[37] As a result, the breast cancer *mortality* rate among AI/AN women is higher, relative to the *incidence* rate, when compared to other ethnic groups.[38]

Although there has been overall improvement in breast cancer mortality rates since 1990, AI/AN women have not shared these gains. From 1992 to 2000, death rates from breast cancer declined by 2.6% for whites, 1.4% for Hispanics, and 1.1% for African Americans and Asian Americans, but did not change for American Indians and Alaska Natives.[39]

Regular screenings can be difficult for American Indian and Alaska Native women who live far from health clinics or who are too poor to have routine access to health care. However, the death rate from breast cancer could be reduced by more than 30% in American Indian women if

---

[34] CDC National Center for Health Statistics "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000." http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf

[35] CDC National Center for Health Statistics "Use of Mammography for women 40 years of age and over according to selected characteristics; United States, selected years, 1987-2000." http://www.cdc.gov/nchs/data/hus/tables/2003/03hus080.pdf Note: some women mistake other procedures such as a chest x-ray for a mammogram. Therefore the actual mammogram screening rate is often lower than the self-reported rate.

[36] Dept. of Health and Human Services. The Health of American Indian & Alaska Native Women. Information Sheet. Washington, DC: June 1999.

[37] Frost F, Tollestrup K, Hunt WC, Gilliland F, Key CR, Urbina CE. Breast cancer survival among New Mexico Hispanic, American Indian, and non-Hispanic white women (1973-1992). Cancer Epidemiology Biomarkers and Prevention 1996 Nov; 5(11):861-6.

[38] The incidence of breast cancer among AI/ANs is 54.2 per 100,000 vs. 141.7 for whites, 96.8 for Asians, and 89.6 for Hispanics/Latinas. The breast cancer mortality rate for AI/AN women is 13.6, versus 26.4 for whites, 12.6 for Asians, and 17.3 for Hispanics/Latinas. American Cancer Society, *Cancer Facts and Figures, 2005* *http://www.cancer.org/downloads/STT/CAFF2005f4PWSecured.pdf*

[39] American Cancer Society, *Breast Cancer Facts and Figures, 2003-2004* http://www.cancer.org/downloads/STT/CAFF2003BrFPWSecured.pdf

current recommendations for biennial screening were followed. Increased screening will result in earlier diagnosis and improved survival for Indian women.[40]

13.3 Colorectal Cancer Screening

Colorectal cancers are the third most common cancers in the United States, and are the third leading cause of cancer death. An estimated 145,290 new cases of colorectal cancer and 56,290 colorectal cancer-related deaths are projected to occur in 2005 in the US.[41]

Colorectal cancer rates among the Alaska Native population are well above the national average. Studies have tracked rates of 69.3 to 79.7 per 100,000 among Alaska Native men, and 67.4 to 71.4 per 100,000 among Alaska Native women.[42] [43] Alaska Native women, in particular, have colorectal cancer rates of more than twice the US average. Among all Alaska Natives, mortality from colorectal cancer is also much higher than the US average.[44]

Although colorectal cancer rates among American Indians are low compared to the overall US average, there is strong evidence that the number of colorectal cancer cases has been rising in recent years. Since the 1980s, the incidence of colon and rectum cancers among American Indian men in New Mexico has more than tripled.[45]

Moreover, while overall combined AI/AN colorectal cancer incidence and mortality rates are lower than the all races rate, AI/AN mortality rates are proportionally higher when compared to incidence rates. Among AI/AN men, for example, the overall colorectal cancer incidence rate is 38.3 per 100,000, compared to 63.4 per 100,000 for men of all races. However, the mortality rate among AI/AN men is 17.1 versus 25.3 for men of all races. Therefore, while AI/ANs have an *incidence* rate that is 60% of the all races average, their *mortality* rate is 68% of the all races average. By comparison, Asian American/Pacific Islander men have a colorectal cancer incidence rate of 56.3 (88% of the all races rate), but have a mortality rate of just 15.8 (62% of the all races rate).[46]

---

[40] Risendal B, Roe D, DeZapien J, Papenfuss M, Giuliano A. Influence of health care, cost, and culture on breast cancer screening: issues facing urban American Indian women. *Preventative Medicine* 1999 Dec;29(6 Pt 1):501-9.

[41] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005* Colorectal cancers are the second leading cause of cancer death among men, after lung cancer, and third leading cause of cancer death among women, after lung and breast cancer.

[42] Brown MO, Lanier AP, and Becker TM, Colorectal cancer incidence and survival among Alaska Natives, 1969-1993, *International Journal of Epidemiology* 1998 Jun; 27 (3); 388-396.

[43] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

[44] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

[45] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996.* New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html

[46] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

American Indians and Alaska Natives are less likely to be diagnosed with colorectal cancer at the earliest, localized stage, and more likely to be diagnosed at the "distant" stage, compared to whites and Asian Americans. Between 1992 and 2000, over 23% of the colorectal cancers found in AI/ANs were at the distant stage, compared to 19% of those in non-Hispanic whites. Patients diagnosed at the local stage have a five-year relative survival rate of about 90%, those diagnosed at the regional stage have a 67% five-year relative survival rate, and those diagnosed at the distant stage have a 10% five-year relative survival rate. Overall, AI/ANs have a "lower probability of survival and a higher risk of death once diagnosed with colorectal cancer, compared with non-Hispanic whites."[47]

Studies have demonstrated that lifestyle, dietary, and environmental factors play a large role in increasing the risk for colon and rectum cancers. Low levels of exercise, high-fat, low-fiber diets, and low consumption of fruits and vegetables, are all associated with an increased risk of colon and rectum cancers. Surveys of the Alaska Native diet have reported several risk factors, including very low intake of fruit and vegetables, low levels of dietary fiber, and high intake of refined carbohydrates and sugars.[48] Other risk factors for colorectal cancers include a family history of the disease, a history of inflammatory bowel disease, high alcohol use (rectum cancers) and tobacco use.[49]

Overall, 91% of new cases and 94% of deaths from colorectal cancers occur in people over age 50. The incidence rate of colorectal cancer is more than 50 times higher in people aged 60-79 than in people under age 40.[50] The CDC recommends that men and women begin regular colorectal cancer screening when they reach age 50. Screening should include one or a combination of four recommended screening tests: fecal occult blood test, sigmoidoscopy, colonoscopy, and/or barium enema. In 2001, only 53.1% of people aged 50 years and older received colorectal cancer testing within the recommended screening periods.[51]

Screening and preventative measures such as removal of polyps have been well proven to reduce the rates and lethality of colorectal cancer. Colorectal cancer mortality rates declined between the mid 1970s and mid 1990s for most groups, and most experts attribute this to the increased use of screening and earlier diagnoses of colorectal cancer. Colorectal cancers have long asymptomatic periods during which they can be diagnosed and treated. Yearly screening has been shown to result in a 33.4 percent reduction in colorectal cancer mortality.[52]

---

[47] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

[48] Miller BA, Kolonel LN, Bernstein L, Young, Jr. JL, Swanson GM, West D, Key CR, Liff JM, Glover CS, Alexander GA, et. al. (eds). *Racial/Ethnic Patterns of Cancer in the United States, 1988-1992*, National Cancer Institute. NIH Pub. No. 96-4103. (SEER Program) Bethesda, MD , 1996.

[49] Athas, W. Colon and Rectum Cancer. *Cancer in New Mexico: Changing Patterns and Emerging Trends, 1970-1996.* New Mexico Tumor Registry, New Mexico Department of Health, 1997. Retrieved on 9/1/2004 from hsc.unm.edu/epiccpro/cancerstats.html

[50] American Cancer Society, *Colorectal Cancer Facts and Figures, 2005*

[51] CDC Study Finds Colorectal Cancer Screening Rates Remain Low. CDC Press Release, March 13, 2003 http://www.cdc/gov/od/oc/media/pressrel/r030313.htm

[52] Ederer TR, Church F, Mandel JS. Fecal occult blood screening in the Minnesota study: sensitivity of the screening test. *Journal of the National Cancer Institute.* 1997 Oct 1;89(19):1440-8.

13.4 Tobacco Use and Assessment

It is well documented that smoking cigarettes causes chronic lung and heart disease, and cancers of the lung, esophagus, larynx, mouth, and bladder. Cigarette smoking also contributes to cancers of the pancreas, kidney, and cervix.[53] Smokeless tobacco can lead to cancers of the gum and mouth, and contributes to periodontitis, and tooth loss.[54] Tobacco use causes more than 440,000 deaths every year among adults in the United States and costs $157 billion in annual health-related economic losses.[55]

Studies have also demonstrated that women who use tobacco during pregnancy are more likely to have spontaneous miscarriages. Smoking during pregnancy has also been linked to Sudden Infant Death Syndrome (SIDS) and low birth weight. Low birth weight is a leading cause of death among infants.[56]

Nonsmokers are also adversely affected by environmental tobacco smoke. Each year, because of exposure to environmental tobacco smoke, an estimated 3,000 nonsmoking Americans die of lung cancer, and 300,000 children suffer from lower respiratory tract infections. Exposure to secondhand smoke is associated with an increased risk for SIDS, asthma, bronchitis, and pneumonia in young children.[57] If current tobacco use rates continue, an estimated 5 million to 6.4 million children alive today will die prematurely from a smoking-related disease.[58] [59]

More than 3 million people under age 18 smoke cigarettes and over half of them consider themselves addicted to cigarettes. About half of people who begin smoking under the age of 18 continue to use tobacco products as adults.[60]

Lung cancer is the leading cause of cancer death among American Indians and Alaska Natives. The rate of death from cancers of the lung, trachea, and bronchus among American Indian and Alaska Native men is 33.5 per 100,000. Among AI/AN women, the rate is 18.4 per 100,000. Cardiovascular disease is the leading cause of death among American Indians and Alaska Natives, and tobacco use is an important risk factor for this disease.[61]

---

[53] *The Health Benefits of Smoking Cessation. A Report of the Surgeon General*. HHS Pub. No. (CDC) 90-8416. Atlanta,GA:1990.

[54] *The Health Consequences of Using Smokeless Tobacco. A Report of the Advisory Committee to the Surgeon General*. NIH Pub. No. 86-2874. Bethesda, MD: 1986.

[55] Annual Smoking-Attributable Mortality, Years of Potential Life lost, and economic costs—United States, 1995-1999. *MMWR: Morbidity and Mortality Weekly Report*. 2002 Apr 12;51(14):300-3.

[56] DiFranza, J.R., and Lew, R.A. Effect of maternal cigarette smoking on pregnancy complications and sudden infant death syndrome. *Journal of Family Practice* 1995;40(4):385-394.

[57] U.S. Environmental Protection Agency (EPA). *Respiratory Health Effects of Passive Smoking: Lung Cancer and Other Disorders*. EPA Pub. No. EPA/600/6-90/006F. Washington, DC: EPA, 1992.

[58] Smoking-attributable mortality and years of potential life lost--United States, 1984. *Morbidity & Mortality Weekly Report* 1997; May 23;46(20):444-51.

[59] Projected smoking-related deaths among youth—United States. *MMWR*: *Morbidity and Mortality Weekly Report* 1996;Nov 8;45(44):971-4.

[60] CDC. *Preventing Tobacco Use Among Young People, A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, 1994.

[61] U.S. Department of Health and Human Services. *Tobacco Use Among U.S. Racial/Ethnic Minority Groups — African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A*

Data from the 1997 National Health Interview Survey show that 34.1% of American Indians and Alaska Natives reported that they smoked; this rate was higher than any other group. In 1997, 37.9% of American Indian and Alaska Native men smoked, compared with 27.4% of white men. The smoking rate among American Indian and Alaska Native women was 31.3% compared with 23.3% among white women.[62]

American Indians and Alaska Natives have the highest rates of smokeless tobacco use among Americans. Among men, American Indians/Alaskan Natives and whites had the highest rates, and among women, American Indians/Alaskan Natives and blacks had the highest rates.[63] Among AI/AN men and women, the rate of use of chewing tobacco or snuff was 4.5%. Among American Indian men, the highest rates of smokeless tobacco use are found in the northern plains (24.6%), and the lowest in the pacific northwest (1.8%). Pipe and cigar smoking is also more common among AI/AN men than in other populations.[64]

American Indian women have the highest rate of smoking during pregnancy (19.9%) of all race and ethnic groups. American Indian women also reported the smallest decline (11%) in maternal smoking rates between 1990 and 2001. By contrast, in the same period, maternal smoking rates declined over 26% among non-Hispanic whites, 43% among non-Hispanic blacks, and 49% among Asians.[65]

Tobacco users who quit enjoy longer and healthier lives, on average, than those who do not. Even a long-time smoker can significantly reduce their risk of heart disease and other complications by quitting. Advice from a health care provider and group and individual cessation counseling can help smokers quit. Smoking cessation treatments, including nicotine replacement therapy and bupropion SR (e.g. Wellbutrin) have been found to be safe and effective.[66] Documenting tobacco use on a patient's medical record and offering cessation assistance are important components of comprehensive health care. Moreover, tobacco cessation programs are more cost-effective than other common prevention interventions. Cost analyses have shown tobacco cessation programs to be either cost-saving or cost-neutral.[67]

Report of the Surgeon General. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

[62] Cigarette smoking among adults–United States, 1997. *MMWR: Morbidity and Mortality Weekly Report*. 1999 Nov 5;48(43):993-6.

[63] Use of Smokeless Tobacco Among Adults -- United States, 1991 *MMWR: Morbidity and Mortality Weekly Report*. 1993 Apr 16;42(14):263-6.

[64] *Tobacco Use Among U.S. Racial/Ethnic Minority Groups —African Americans, American Indians and Alaska Natives, Asian Americans and Pacific Islanders, and Hispanics: A Report of the Surgeon General*. Atlanta: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 1998.

[65] American Lung Association. *Trends in Tobacco Use* American Lung Association Epidemiology and Statistics Unit, Research and Scientific Affairs. June 2003.

[66] Fiore MC, Bailey WC, Cohen SJ, et al. *Treating Tobacco Use and Dependence: Clinical Practice Guideline.* Rockville, MD: U.S. Department of Health and Human Services, Public Health Service; 2000.

[67] Warner KE, Smith RJ, Smith DG, Fries BE. Health and economic implications of a work-site smoking-cessation program: a simulation analysis. *Journal of Occupational and Environmental Medicine* 1996;38(10):981–92. Harris JR, Schauffler HH, Milstein A, Powers P, Hopkins DP. Expanding health insurance coverage for smoking cessation treatments: experience of the Pacific Business Group on Health.

13.5 Alcohol Screening (FAS Prevention)

Heavy drinking during pregnancy can cause significant birth defects, including Fetal Alcohol Syndrome (FAS). Children with FAS have abnormal facial features, growth retardation, and central nervous system problems. They may exhibit learning disabilities, social and behavioral problems, memory and attention span difficulties, and vision and hearing deficiencies. FAS is a permanent condition and is the leading known cause of mental retardation. FAS can be prevented completely, if a woman does not drink alcohol while she is pregnant. [68]

While FAS is the most devastating result of heavy alcohol use during pregnancy, there are other prenatal alcohol-related conditions, including Alcohol-Related Neurodevelopmental Disorder (ARND) and Alcohol-Related Birth Defects (ARBD) that can result from alcohol consumption. ARND manifests itself as central nervous system developmental abnormalities and/ or behavioral or cognitive abnormalities. ARBD defects include those of the heart, kidneys, and vision and hearing defects. These conditions are believed to occur approximately three times as often as FAS.[69]

Rates of FAS are higher among American Indians and Alaska Natives than the general population. FAS cases have been reported at a rate of 9.8 per 1000 live births among southwestern Plains Indians living on reservations.[70] Another study found an AI/AN FAS rate of 5.6 per 1000 in Alaska, and 2.5 per 1000 in Arizona, well above that of any other race or ethnicity in those states. [71] The prevalence of FAS in the general US population ranges from 0.5 to 2 cases per 1000 live births.[72]

Studies have found alcohol consumption rates among AI/AN women of childbearing age to be higher than average. One study of alcohol consumption in Alaska found that the prevalence of heavy drinking among AI/AN women was 32%, compared to 15% of non-AI/AN women. AI/AN women were also found to have less knowledge of the harmful effects of alcohol on developing fetuses than non-AI/AN women.[73]

A study of Northern Plains Indians also identified alcohol consumption during early pregnancy as an increased risk factor for Sudden Infant Death Syndrome (SIDS). The study found a six-fold increased risk of SIDS among mothers who had used any alcohol in the first trimester, and an eight-fold increased risk among mothers who had engaged in binge drinking (five or more drinks

[68] CDC. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at www.cdc.gov/ ncbddd/fas/fasask.htm

[69] Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

[70] May PA, Hymbaugh KJ, Aase JM, Samet JM Epidemiology of fetal alcohol syndrome among American Indians of the Southwest. *Social Biology*. 1983 Winter;30(4):374-87.

[71] Fetal alcohol syndrome: Alaska, Arizona, Colorado, and New York, 1995-1997: *MMWR. Morbidity and Mortality Weekly Report*. 2002 May 24;51(20) 433-5.

[72] May PA, and Gossage JP. Estimating the prevalence of Fetal Alcohol Syndrome: A Summary. *Alcohol Research & Health*. 2001;25(3):159-67.

[73] Prevalence and characteristics of alcohol consumption and fetal alcohol syndrome awareness--Alaska, 1991 and 1993. *MMWR. Morbidity and Mortality Weekly Report*. 1994 Jan 14;43(1):3-6.

at a time) in the first trimester. The rate of SIDS among American Indians is consistently above the US national average (1.5 per 1000 compared to 0.7 per 1000 for whites in 1999.)[74]

The CDC recommends prevention efforts be targeted at both pregnant women who are currently drinking, but also women who could become pregnant, are drinking at high-risk levels, and are engaging in unprotected sex.[75] The US Preventative Services Task Force recommends screening and behavioral counseling interventions to reduce alcohol misuse by adults, including pregnant women, in primary care settings. Studies in the general population show that behavioral counseling interventions on alcohol misuse are effective among women of childbearing age.[76]

Screening with intervention has been shown to be effective in reducing alcohol misuse in pregnancy. Studies have shown that brief intervention with counseling significantly reduces the rate of alcohol use during pregnancy among women with a history of heavy drinking.[77]

13.6 Domestic Violence Screening

Approximately 4.4 million adult American women are abused by their spouse or partner each year.[78] 30% of women in the United States experience domestic violence at some time in their lives.[79] While men also experience abuse from partners, women are 7 to 14 times more likely to suffer a severe physical injury from an intimate partner than men.[80] The health consequences of intimate partner violence are numerous. Symptoms of domestic violence may appear as injuries or chronic conditions related to stress. Intimate partner violence is usually chronic and repetitive.[81] Women who experience domestic violence are more often victims of nonconsensual sex, have higher levels of smoking, chronic pain syndromes, depression, generalized anxiety, substance abuse, and Post-Traumatic Stress Disorder.[82]

Native American women experience domestic violence at rates similar to or higher than the national average. A survey of Navajo women seeking routine care at an IHS facility revealed that 13.5% had experienced physical abuse in the past year, and 41.9% had experienced physical

---

[74] Iyasu S, Randall LL, Welty TK, Hsia J, Kinney HC, Mandell F, McClain M, Randall B, Habbe D, Wilson H, Willinger M. Risk factors for sudden infant death syndrome among northern plains Indians. *Journal of the American Medical Association* 2002 Dec 4;288(21):2717-23.

[75] CDC. Fetal Alcohol Information web page. Information retrieved on 8/24/2004 at www.cdc.gov/ ncbddd/fas/fasask.htm

[76] US Preventative Services Task Force. Screening and Behavioral Counseling Interventions in Primary Care to Reduce Alcohol Misuse, April 2004. http://www.ahrq.gov/clinic/uspstf/uspsdrin.htm

[77] Hankin, JR. Fetal Alcohol Syndrome Prevention Research. *Alcohol research & health : the journal of the National Institute on Alcohol Abuse and Alcoholism*. 2002;26(1):58-65

[78] Plichta S. The effects of women abuse on health care utilization and health status: A literature review. *Women's Health Issues*, 2 (3), 154-164.

[79] Wilt S, Olson S. Prevalence of domestic violence in the United States. *Journal of the American Medical Women's Association* 1996; 51(3):77-82.

[80] Muelleman RL, Lenaghan PA, Pakieser RA. Battered women: injury locations and types. *Annals of Emergency Medicine* 1996;28(5):486-92.

[81] Barrier PA. Domestic violence. *Mayo Clinic Proceedings.* 1998 Mar;73(3):271-4.

[82] Ganley A, Warshaw C, eds. *Improving the Health Care Response to Domestic Violence: A resource manual for health care providers.* Family Violence Prevention Fund. 1995.

abuse from a male partner at least once in their lives.[83] A study of the San Carlos Apache tribe reservation found that 75% of women reported violence in their current relationship.[84]

Screening for intimate partner violence during pregnancy is especially important, as women may experience the start or escalation of violence during pregnancy.[85] One review study found that an average of 4 to 8% of women had experienced intimate partner violence during pregnancy.[86] In one survey of pregnant women at the Albuquerque Indian Hospital, 16% of women reported experiencing domestic violence within the last year.[87] Abused pregnant women are at higher risk for infections, low birth weight babies, smoking, use of alcohol and drugs, maternal depression and suicide than non-abused pregnant women. Routine screening for violence with appropriate intervention during pregnancy can help prevent more trauma.[88]

13.7 Obesity Assessment

An estimated 65% of U.S adults aged 20 years and older are either overweight or obese, defined as having a body mass index (BMI) of 25 or more. About 31% of U.S. adults, over 61 million people, are obese, defined as having a BMI of 30 or more.[89] BMI measures a person's weight in relationship to their height. BMI can indicate whether a person is overweight (BMI of 25-30), obese (BMI of over 30) or at a healthy weight (BMI of 20-25). The US Preventative Services Task Force has found good evidence that BMI is a reliable and valid way to identify adults at increased risk for mortality and morbidity due to overweight and obesity.[90]

Rates of obesity and overweight among American Indian and Alaska Native populations in many cases exceed the national averages. Among Pima Indians, estimates of the prevalence of overweight range from 61% to 78% for men, and 81% to 87% for women. One study of Pima Indians found rates of overweight and obesity of 54% to 67% in men aged 45 to 74, and 66% to 80% of women aged 45 to 74.[91] The Navajo Health and Nutrition Survey found that one third of Navajo men aged 20-39 and one half of men aged 40-59 were overweight. Two-thirds or more of

---

[83] Fairchild D, Fairchild M, Stoner S. Prevalence of adult domestic violence among women seeking routine care in a Native American health care facility. *American Journal of Public Health.* 1998;88:1515-7.

[84] Hamby S, Skupien M. Domestic violence on the San Carlos Apache reservation: Rates, associated psychological symptoms, and current beliefs. *IHS Provider* 1998, August.

[85] Saunders E. Screening for domestic violence during pregnancy *International journal of trauma nursing.* 2000 Apr-Jun;6(2):44-7.

[86] Gazmararian, J.A.; Lazorick, S.; Spitz, A.M.; et al. Prevalance of violence against pregnant women. *Journal of the American Medical Association* 275:1915-1920, 1996.

[87] Lapham SC, Henley E, Kleyboecker K. Prenatal behavioral risk screening by computer among Native Americans. *Family Medicine* 1993;25:197-202.

[88] McFarlane J, Gondolf E.Preventing abuse during pregnancy: a clinical protocol. MCN *American Journal of Maternal Child Nursing* 1998 Jan-Feb;23(1):22-6.

[89] Flegal KM, Carroll MD, Ogden CL, Johnson CL. Prevalence and trends in obesity among US adults, 1999-2000. *Journal of the American Medical Association*. 2002 Oct 9;288(14):1723-7.

[90] US Preventative Services Task Force. Screening for Obesity in Adults: Recommendations and Rationale. *Annals of Internal Medicine.* 2003 Dec 2;139(11):930-2.

[91] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition.* 1999 Apr;69(4 Suppl):747S-754S.

Navajo women in all age groups were overweight. These averages represent a vast increase over the relatively low rates of overweight found among the Navajo a half-century ago.[92]

Rates of overweight and obesity have also increased among children. In the US, 15% of children between ages 6 and 19 are overweight and about 10% of children between ages 2 and 5 are overweight.[93] American Indian children have overweight and obesity rates that are higher than the US average. Studies have found that the percentage of AI children with a BMI above the 85th percentile is consistently higher than that of children of other races. The overall prevalence of overweight for AI children ages 6 to 19 has been estimated at 39% (versus 15% for all races combined). The next closest rate is found among Mexican American children (29%).[94] A study of schoolchildren in seven American Indian communities found that the percentage of AI children ages 6-11 with a BMI above the 95th percentile was higher than the national average (28.6% of AI children versus 11% overall).[95] Among American Indian children ages 2 to 5, overweight/obesity rates have been reported at 12 to 39 percent.[96] Obesity in childhood has been linked to increased risk for type 2 diabetes and cardiovascular disease. Obesity in childhood often persists into adulthood and is associated with significant health risks.

Obesity increases the risk of developing a number of health conditions including type 2 diabetes, high blood pressure, high cholesterol, asthma, arthritis, coronary heart disease, stroke, colon cancer, post-menopausal breast cancer, endometrial cancer, gall bladder disease, and sleep apnea.

Obesity is a major risk factor for type 2 diabetes among all races and ethnic groups, and particularly among American Indians. Type 2 diabetes affects over 25 percent of the AI adult population. One-half of adult Pima Indians have diabetes and 95% of those with diabetes are overweight.[97]

Studies have demonstrated that a structured intervention consisting of dietary change, weight loss, and increased physical activity can reduce the risk of impaired glucose tolerance progressing to diabetes mellitus.[98] Research has also shown that structured programs that focus

---

[92] White LL, Ballew C, Gilbert TJ, Mendlein JM, Mokdad AH, Strauss KF. Weight, body image, and weight control practices of Navajo Indians: findings from the Navajo Health and Nutrition Survey. *Journal of Nutrition.* 1997 Oct;127(10 Suppl):2094S-2098S.

[93] Ogden CL, Flegal KM, Carroll MD, Johnson CL Prevalence and trends in overweight among US children and adolescents, 1999-2000. *Journal of the American Medical Association*. 2002 Oct 9;288(14):1728-32.

[94] Story M, Evans M, Fabsitz RR, Clay TE, Holy Rock B, Broussard B. The epidemic of obesity in American Indian communities and the need for childhood obesity-prevention programs. *American Journal of Clinical Nutrition.* 1999 Apr;69(4 Suppl):747S-754S.

[95] Caballero B, Himes JH, Lohman T, Davis SM, Stevens J, Evans M, Going S, Pablo J; Pathways Study Research Group. Body composition and overweight prevalence in 1704 schoolchildren from 7 American Indian communities. *The American journal of clinical nutrition.* 2003 Aug;78(2):308-12.

[96] Indian Health Service. *IHS Report to Congress: Obesity Prevention and Control for American Indians and Alaska Natives* April 2001; 9.

[97] National Institute of Diabetes and Digestive and Kidney Diseases. *The Pima Indians: Pathfinders for Health.* NIH Publication No. 95-3821. Washington, DC: U.S. Government Printing Office; 1995.

[98] Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM; Diabetes Prevention Program Research Group. Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*. 2002 Feb 7;346(6):393-403.

on lifestyle changes in exercise and diet can improve fitness, decrease BMI, and lower cholesterol.[99]

13.8 Prenatal HIV Testing

The HIV/AIDS epidemic represents a growing threat to American women of childbearing age. In 1992, women made up 14% of adults and adolescents living with AIDS; by the end of 2003, they made up 22%. In 2001, HIV infection was the 6th leading cause of death among women aged 25-34 years, and the 4th leading cause of death among women aged 35-44.[100] Although the rate of HIV infection has stabilized among adult women since 2000, women accounted for 27% of all new HIV and AIDS diagnoses among adults and adolescents in 2003. From 1999 through 2003, the estimated number of AIDS cases increased 15% among women and 1% among men.[101]

HIV infections in newborn children are one potential consequence of higher HIV infection rates among women of childbearing age. In 2003, the CDC reported that 92% of HIV and AIDS cases in children and virtually all new HIV infections in children in the United States were the result of perinatal transmission of HIV.[102] In the year 2000, the CDC estimated that 280-370 infants contracted HIV from their mothers in the United States.[103] The CDC estimates that over 8,700 children have contracted HIV through perinatal transmission cumulatively through the year 2003.[104]

In 1994, Zidovudine (ZDV) was found to reduce perinatal transmission of HIV infection, and the US Public Health Service published guidelines regarding the use of ZDV and routine testing and counseling of HIV positive pregnant women. These guidelines have been effective in reducing rates of HIV in newborns. Studies have shown transmission rates of less than 2% among HIV infected mothers who started antiretroviral treatment during pregnancy; those who did not begin treatment until labor or after birth had transmission rates of 12-13%.[105] By contrast, studies have shown that infants whose mothers receive no preventative treatment contract HIV at a rate of

Tuomilehto J, et al.; Finnish Diabetes Prevention Study Group. Prevention of type 2 diabetes mellitus by changes in lifestyle among subjects with impaired glucose tolerance. *New England Journal of Medicine*. 2001 May 3;344(18):1343-50.

[99] For example, see Riebe D, Greene GW, Ruggiero L, Stillwell KM, Blissmer B, Nigg CR, Caldwell M. Evaluation of a healthy-lifestyle approach to weight management. *Preventative Medicine*. 2003 Jan;36(1):45-54.

[100] CDC Fact Sheet: *HIV/AIDS Among Women.* (2004) http://www.cdc.gov/hiv/pubs/facts/women.pdf

[101] CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[102] CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[103] CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation MMWR Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm

[104] CDC. *HIV/AIDS Surveillance Report*, 2003 (Vol. 15). Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004 http://www.cdc.gov/hiv/stats/hasrlink.htm

[105] CDC. HIV Testing Among Pregnant Women—United States and Canada, 1998-2001 *MMWR: Morbidity and Mortality Weekly Report*. 2002. November 15/51(45);1013-1016.

25%.[106] The CDC believes routine prenatal HIV testing of all pregnant women is the best way to avoid transmission of HIV from mother to infant.[107]

Although ZDV can reduce perinatal transmission below 2%, HIV testing of all pregnant women is critical in identifying women who will need treatment during pregnancy. In 2000, 1 in 8 HIV-infected women did not receive prenatal care, and 1 in 9 was not tested for HIV before birth.[108] Since 1995, the CDC has recommended that all pregnant women be tested for HIV, and if found to be infected, offered treatment. In 2001 it updated its recommendations to "emphasize HIV testing as a routine part of prenatal care and strengthen the recommendation that all pregnant women be tested for HIV; recommend simplifying the testing process so that pretest counseling is not a barrier to testing; [and] increase the flexibility of the consent process to allow for various types of informed consent."[109]

In 2002, the CDC published information on HIV testing rates in the US and Canada. Specifically, it compared two types of testing approaches, "opt-in" testing, where pregnant women must agree to getting an HIV test, usually in writing, and "opt-out" testing, where pregnant women are told that an HIV test will be included in the standard group of prenatal tests and that they may decline the test. Unless they decline, they receive an HIV test.

In eight states using the opt-in approach in 1998-1999, testing rates ranged from 25% to 69%. However, in Tennessee, which used an opt-out approach, the testing rate was 85%. The CDC concluded from this study, and other information on prenatal HIV testing, that more women are tested with the opt-out approach, and that the opt-out approach can increase the number of HIV-infected women who are offered treatment, and reduce HIV transmission to infants during birth.[110]

[106] Connor EM, Sperling RS, Gelber R, et al. Reduction of maternal-infant transmission of human immunodeficiency virus type 1 with zidovudine treatment. *New England Journal of Medicine.* 1994;331:1173-80.
[107] CDC. US Public Health Service recommendations for human-immunodeficiency virus counseling and voluntary testing for pregnant women. *MMWR Recommendations and Reports*. 1995 Jul 7;44(RR-7):1-15.
[108] CDC. Enhanced Perinatal Surveillance—United States, 1999–2001. Atlanta: US Department of Health and Human Services, Centers for Disease Control and Prevention; 2004. Special Surveillance Report 4. http://www.cdc.gov/hiv/STATS/SpecialReport10-7.pdf
[109] CDC. Revised Recommendations for HIV Screening of Pregnant Women: Perinatal Counseling and Guidelines Consultation MMWR Recommendations and Reports 11/9/01;50(RR19);59-86. http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5019a2.htm
[110] CDC Fact Sheet: Reducing HIV Transmission from Mother to Child: An Opt-Out Approach to HIV Screening. 2004. http://www.cdc.gov/hiv/projects/perinatal/materials/OptOut.pdf

14.0 Appendix E: Using the CRS GUI

Beginning with CRS Version 5.1, an optional graphical user interface (GUI) is available for the CRS software, in addition to the existing character-based user interface (CHUI), also known as the "roll and scroll" version. The GUI contains all of the same basic functionality as the CHUI version, including setting up site parameters and taxonomies, running reports and patient lists at the facility level, and running reports at the Area level. However, the taxonomy setup in the GUI version is not as robust as the CHUI version and is not organized by report. In addition, all of the taxonomies are listed, including both site-defined and the hard-coded taxonomies. Additional functionality for the GUI is planned to be included in CRS Version 6.0, including the synchronization of the GUI taxonomy setup with the CHUI setup.

In order to reduce redundancy, this section only includes the steps for using the CRS GUI and does not include background information such as report content and indicator logic, which is included in prior sections of the User Manual.

14.1 Opening the CRS GUI

1. After the CRS GUI software has been installed, a shortcut will be placed on your Windows desktop that is labeled "Visual CRS." Double-click that icon to open the CRS GUI.

2. At the RPMS Server Address window, type (1) the IP address and (2) the port number of the machine you are connecting to. Click OK. You will only have to enter this information once if you always connect to the same machine.

3. At the RPMS Login window, type your (1) RPMS Access Code and (2) Verify Code. Click OK.

4. After a few moments, the Select Division window is displayed. Select a Division and click OK.

5. The Visual CRS window is displayed, as shown in Figure 14-1 below.

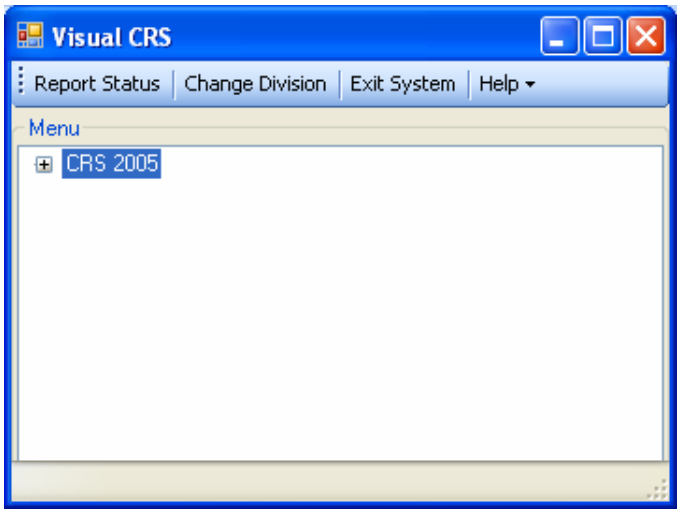


Figure 14-1: Visual CRS Window

There are four toolbar options and one menu option of CRS 2005. The four toolbar options are described below.

- **Report Status** – Displays a list of reports that are currently running and those that have completed. You may click a report to have it automatically opened in Word or Excel, depending on the output option selected when the report was run. For additional information on Report Status, section 14.5.

- **Change Division** – Allows you to change to a different facility on the RPMS database, in the event data for multiple facilities is stored on the same RPMS database.

- **Exit System** – Exits the Visual CRS application. You may also exit by clicking the red "X" in the top right corner of the window.

- **Help** – Provides online help for the Visual CRS application. Within the Help tab, there are two help options: Help and About. The Help option provides information about the Visual CRS toolbar options and CRS 2005 menu options. In addition, online help is available from the window for each menu option. The About option shows the version and build number of the Visual CRS application.

6. Click the + at the left of the CRS 2005 folder to open the CRS 2005 menu, as shown in Figure 14-2 below.

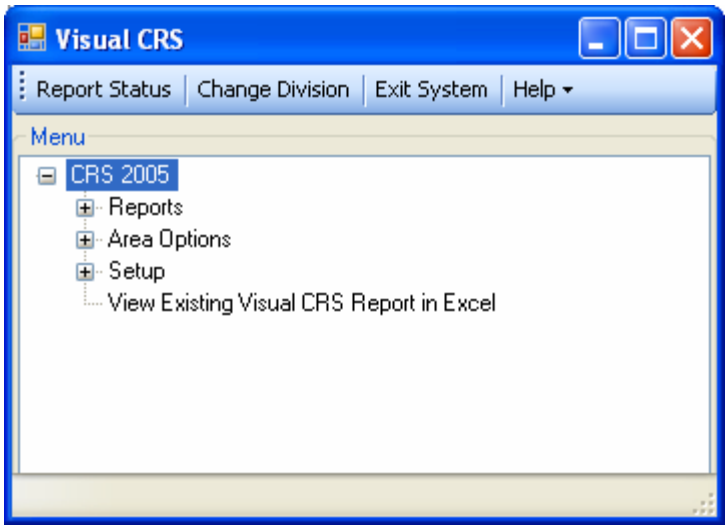


Figure 14-2: CRS 2005 Menu

There are four menu options, as described below.

- **Reports** – Run National GPRA, local, and other national (e.g. HEDIS) reports and patient lists.
- **Area Options – NOTE: This option is only displayed for users with the BGPZAREA security key.** Upload and run Area aggregate reports from individual sites, list all CRS 2005 files in a specified directory).
- **Setup** – Run taxonomy checks, view and set up site-defined taxonomies, set up site parameters (i.e. define facility location, default Community taxonomy, Home location, and choose whether or not to export National GPRA data for EISS reporting purposes).
- **View Existing Visual CRS Report in Excel** – View a report created in Visual CRS in Excel. Users may open either text or Excel report files in Excel.

14.2 Getting Started: System Setup

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2005 folder to open the CRS 2005 menu.
2. Click the + at the left of the Setup folder to open the Setup menu, as shown in Figure 14-3.

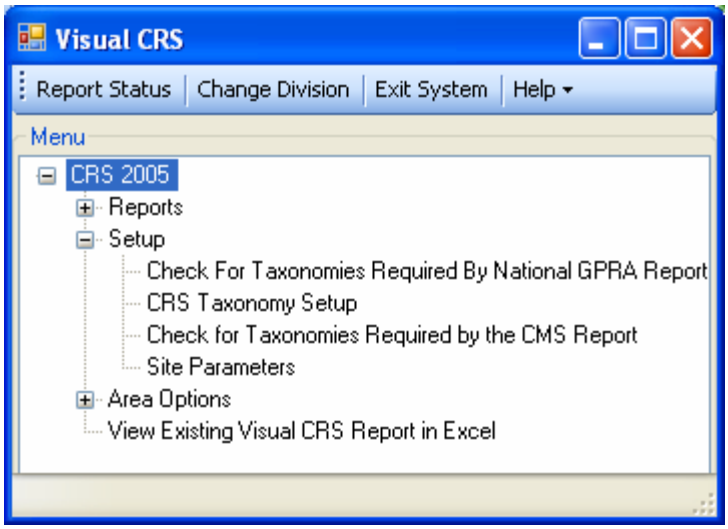


Figure 14-3: Setup Menu

14.2.1 Site Parameters

Refer to section 4.2 for background information on site parameters.

1. From the Setup Menu (Figure 14-3), click the Site Parameters option.

2. The CRS Site Parameters window is displayed, as shown in Figure 14-4 below.

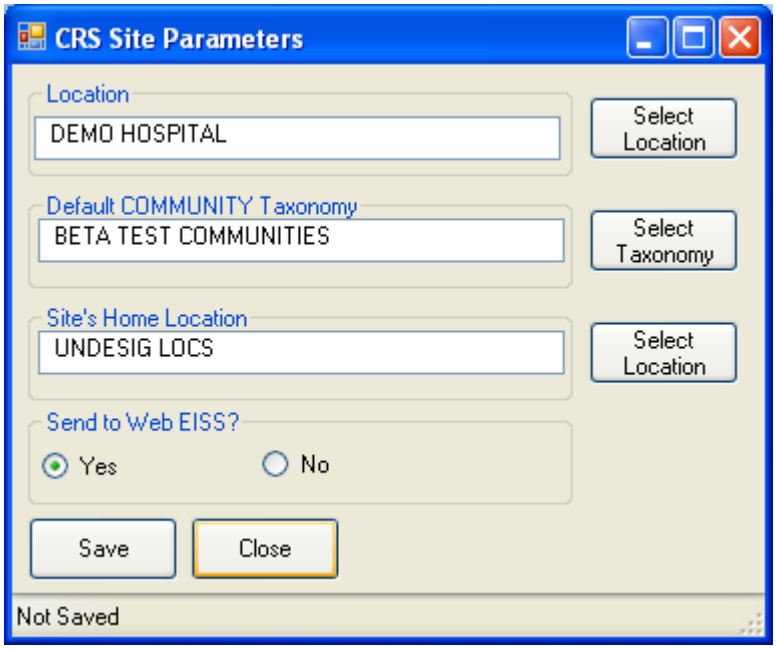


Figure 14-4: CRS Site Parameters Window

3. Click Select Location to select the location of the facility that will be running CRS.

4. The Locations window is displayed. Due to the size of the Locations file, no locations are displayed. To search for a location, type either the first few characters or the full facility name in the Begin String box. The default is to display the first 100 records that begin with the search string you entered. However, you may change the number of records that are displayed by clicking the down arrow in the list box and selecting one of the values. Then click Search to display the list of locations. In Figure 14-5 shown below, a search string of "DE" was entered, and 10 locations were found. If more than 100 locations were found, you could view the remainder of the locations by clicking the More button, which is only enabled if there are more locations to view than are displayed.

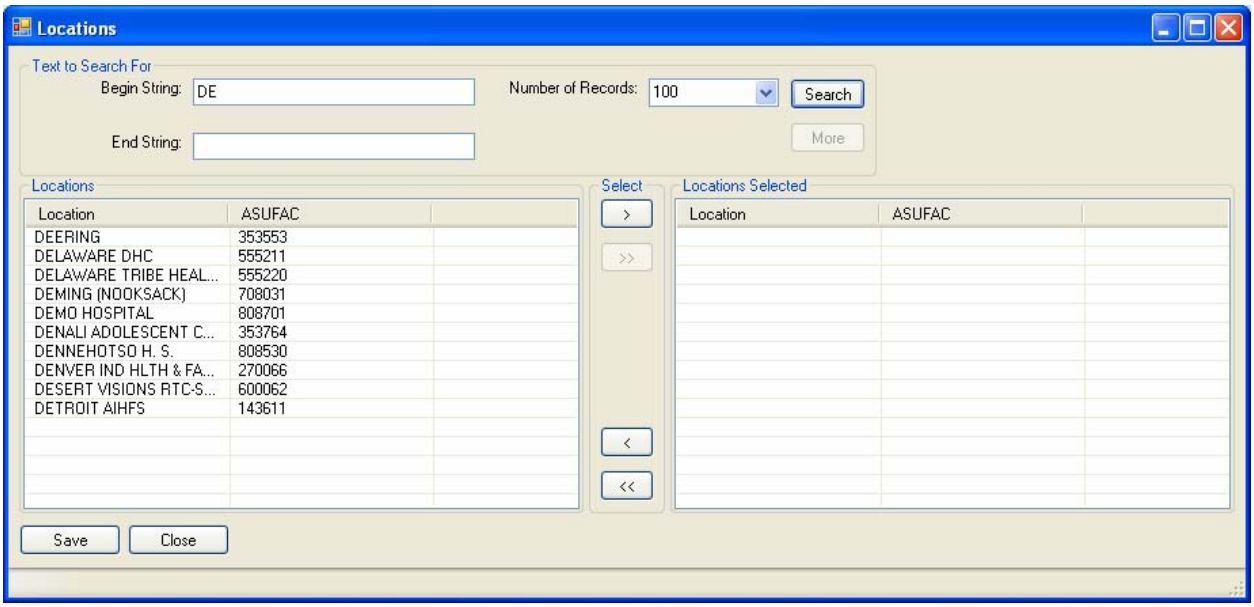
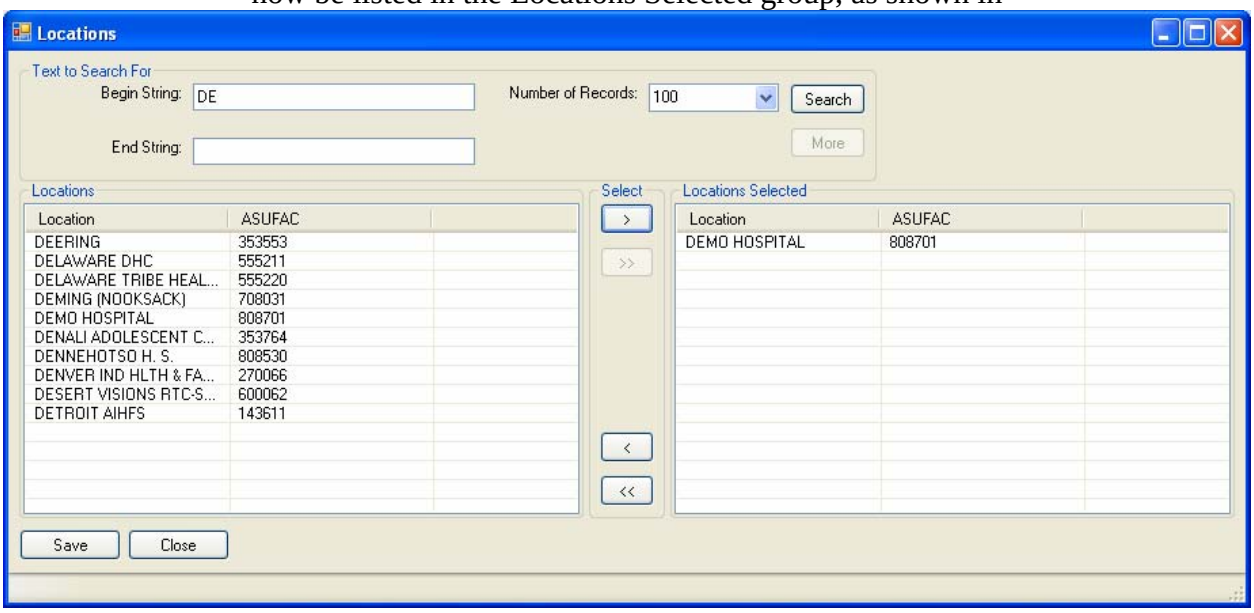


Figure 14-5: Locations Window

5. Select a location by clicking the name of the Location in the left frame of the window. You will know it is selected because it will be highlighted in blue.

Click the > arrow under the Select group to finish the selection. The location you selected will now be listed in the Locations Selected group, as shown in



6. Figure 14-6 below. If you wanted to remove the selected location, click the location in the right frame, then click the < button.

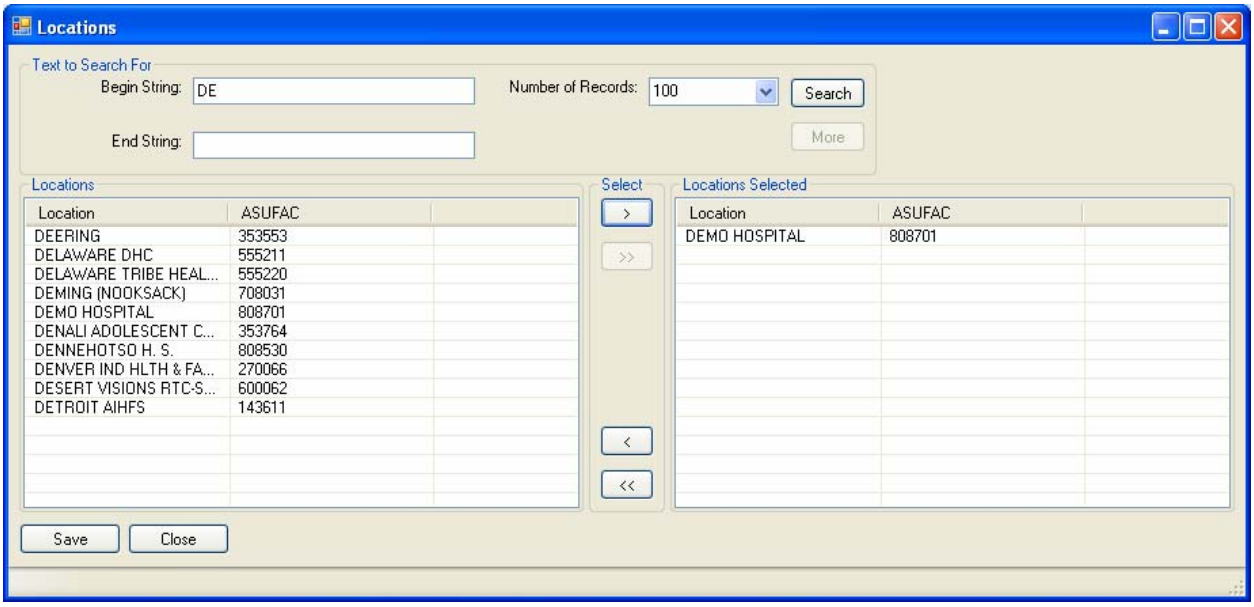


Figure 14-6: Locations Window, Selecting a Location

7. Click Save to save the selected location. To close the window without saving the location, click Close.

8. From the CRS Site Parameters window (Figure 14-4), click the Select Taxonomy button to select the default community taxonomy for the CRS reports. Refer to section 4.1 for information on creating a community taxonomy for use in CRS.

9. The Taxonomies window is displayed and a list of the community taxonomies is displayed in the left frame. Select a community taxonomy as described in steps 5-7 above.

10. From the CRS Site Parameters window (Figure 14-4), click the Select Location button to select the site's home location that is used for reporting of Public Health Nursing home visits.

11. Select the home location for your facility by following steps 4-7 above.

12. From the CRS Site Parameters window (Figure 14-4), click the Yes radio button if want your facility's National GPRA report data exported to the Executive Information Support System (EISS) on the IHS intranet; click the No radio button if you do not want your data exported to the EISS.

13. Click the Save button to save your site parameters.

14. Click the Close button to close the CRS Site Parameters window.

14.2.2 Taxonomy Check and Setup

Refer to section 4.3 for background information on taxonomies.

14.2.2.1 Taxonomy Check

Currently there are two taxonomy check options in the CRS GUI: one for the National GPRA report and one for the CMS report. Taxonomy checks for other CRS reports will be added in Visual CRS Version 6.0.

1. To run the taxonomy check for the National GPRA report, click the Check for Taxonomies Required By National GPRA Report option from the Setup Menu (Figure 14-3). Skip to step 3.

2. To run the taxonomy check for the CMS report, click the Check for Taxonomies Required By the CMS Report option from the Setup Menu (Figure 14-3).

3. The software checks the taxonomies. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. Once you have setup the taxonomies, re-run the taxonomy check for the report. In either case, click OK to close the window.

14.2.2.2 Taxonomy Setup

1. From the Setup Menu (Figure 14-3), click the CRS Taxonomy Setup option.

2. A message is displayed advising you it may take some time to load the taxonomies. Click Yes to continue.

3. The Add/Delete Form Term window is displayed. Select the taxonomy you want to edit by clicking the down arrow from the Select Taxonomy drop-down list and clicking the taxonomy.

4. The items available to be added to the taxonomy are listed in the left frame, and the items already included in the taxonomy are listed in the right frame, as shown in Figure 14-7 below. To add an item, click the item, which will be highlighted in blue, then click the > button in the Select group. To add all of the items in the list to the taxonomy, click the >> button. To remove one item from the taxonomy, click the item, then click the < button. To remove all items from the taxonomy, click the << button.

5. To save your changes, click Save.

6. To exit the window, click Close.

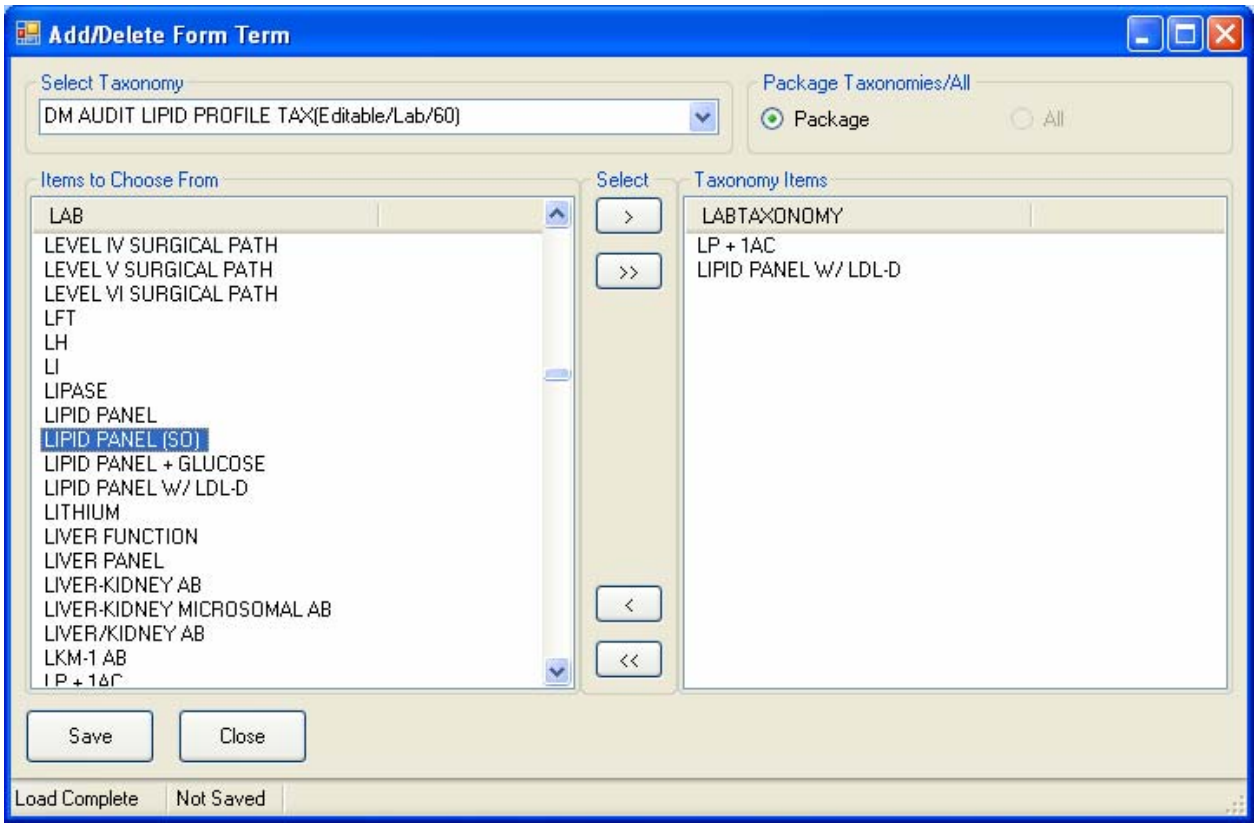


Figure 14-7: Adding an Item to a Site-Defined Taxonomy

14.3 Reports and Patients Lists

This section contains instructions on running the CRS reports and patient lists. The CRS GUI contains all of the reports available in the CHUI version. See section 5.0 for descriptions of the reports and patient lists, content of the reports, and report formats.

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2005 folder to open the CRS 2005 menu.

2. Click the + at the left of the Reports folder to open the Reports menu, as shown in Figure 14-8.

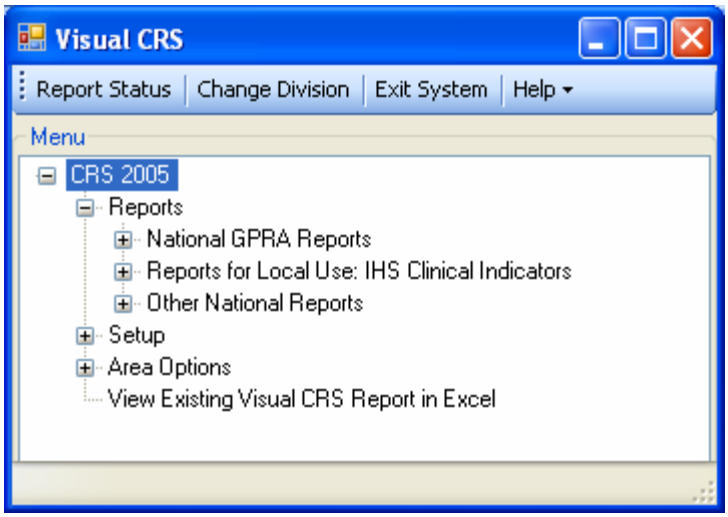


Figure 14-8: Reports Menu

14.3.1 National GPRA Report

1. From the Reports Menu (Figure 14-8), click the National GPRA Reports option.

2. Click the National GPRA Report option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The National GPRA report window is displayed, as shown in Figure 14-9.

5. If you want to accept the default community, skip to step 9. To select a different community taxonomy, click the Select button.

6. The Taxonomies window is displayed. Select the desired community taxonomy by clicking the name of the taxonomy in the left frame of the window. You will know it is selected because it will be highlighted in blue.

7. Click the > arrow under the Select group to finish the selection. The taxonomy you selected will now be listed in the Taxonomies Selected group. If you wanted to remove the selected taxonomy, click the taxonomy in the right frame, then click the < button.

8. Click Save to save the selected community taxonomy. To close the window without saving the community taxonomy, click Close.

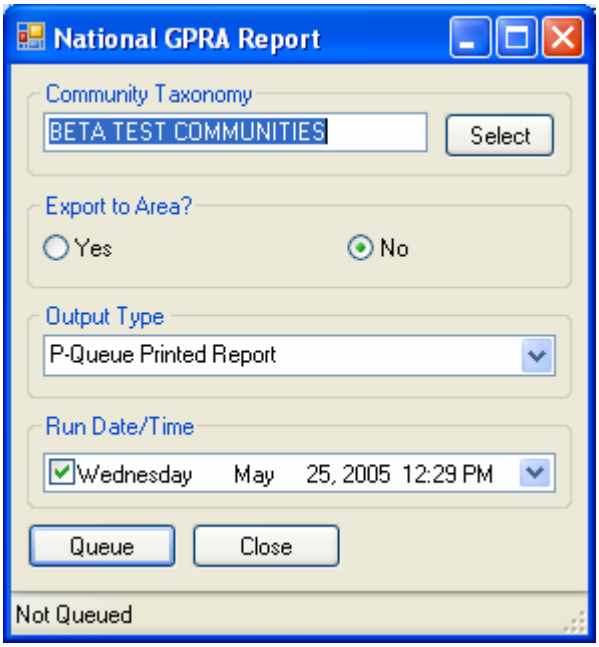


Figure 14-9: National GPRA Report Window

9. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.

10. Select the output type. The output options are defined below.

    - **P-Queue Printed Report** – Creates a printed report that will be automatically opened in MS Word from the Check Report Status window (see section 14.5). You do not need to name this file before you run it, as it will be automatically assigned a name by the program.

    - **D-Create Delimited output file (for use in Excel)** – Creates a delimited file that will be automatically open in MS Excel from the Check Report Status window. You do not need to name this file before you run it, as it will be automatically assigned a name by the program.

    - **B-Both a Printed Report and Delimited File** – Creates both a printed report that will be automatically opened in MS Word and a delimited file that will be automatically opened in MS Excel from the Check Report Status window.

11. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time in Figure 14-9 by typing from 12:29 to 1:15.

12. Click Queue to run the report or Close to close the window without running the report.

13. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.2 National GPRA Report Patient List

1. Follow steps 1-3 in section 14.3.1 above.

2. The National GPRA Report Patient List window is displayed (Figure 14-10). Click the Select Indicator(s) button at the top left to select the indicators to be included in the report.

3. The Indicators window is displayed. Select the indicators for your report. The process for selecting the indicators is the same as the process for selecting community taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting indicators, not locations.

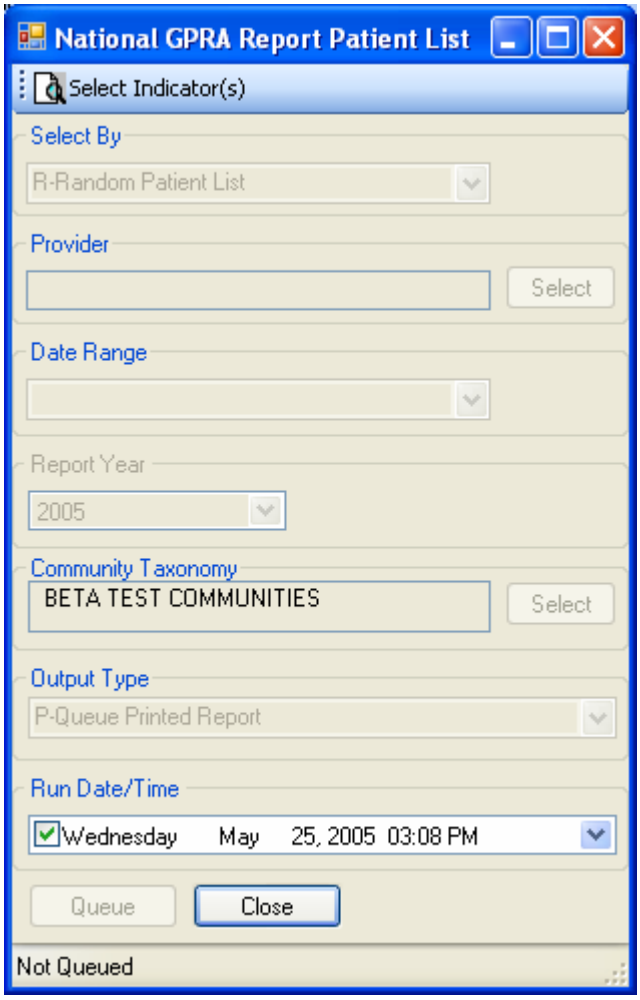


Figure 14-10: National GPRA Report Patient List Window

4. Click OK at the message stating it will walk you through selecting sub-indicators.

5. The available patient lists for the first indicator you selected are displayed (Figure 14-11). Select the patient lists for the specified indicator. The process for selecting the patient lists is the same as the process for selecting community taxonomy, as described in section 14.3.1, steps 6 - 8, except you are selecting patient lists, not taxonomies. The process will repeat for each indicator you selected for the report. Once the indicator and patient list selection process is complete, you will be returned to the National GPRA Report Patient List window (Figure 14-10).

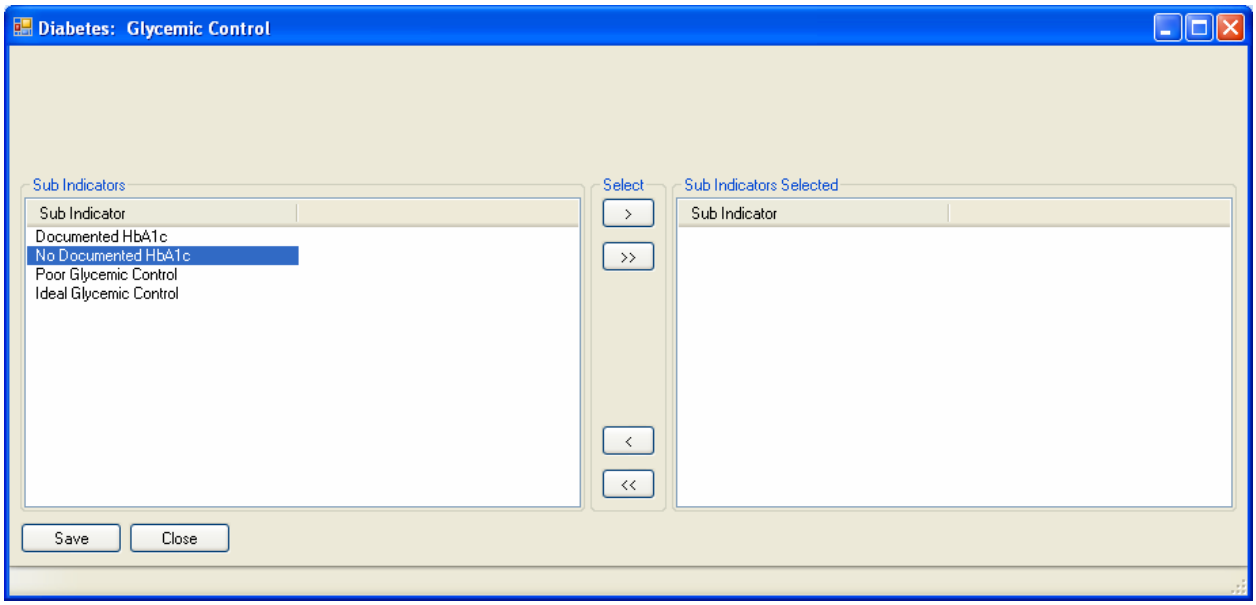


Figure 14-11: Selecting Patient Lists

6. At the National GPRA Report Patient List window (Figure 14-10), select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

7. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

   If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

9. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

10. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

11. Click Queue to run the report or Close to close the window without running the report.

12. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.3 Selected Indicators with Community Specified Report

1. From the Reports Menu (Figure 14-8), click the Reports for Local Use: IHS Clinical Indicators option.

2. Click the Selected Indicators w/Community Specified option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The Selected Indicators W/Community window is displayed (Figure 14-12).

5. Select the indicators for the report from the Type of Indicator listbox. You may choose from one of the predefined groups of indicators, such as Diabetes-Related Indicators, or to select your own indicators for the report (User Defined). If you chose the Selected Indicators (User Defined) option, click the Select button to select the indicators using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting indicators, not taxonomies.

6. Select the date range for the report by selecting one of the predefined date ranges.

7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

8. Enter the base line year.

9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Indicators button. The Patient List Indicators window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

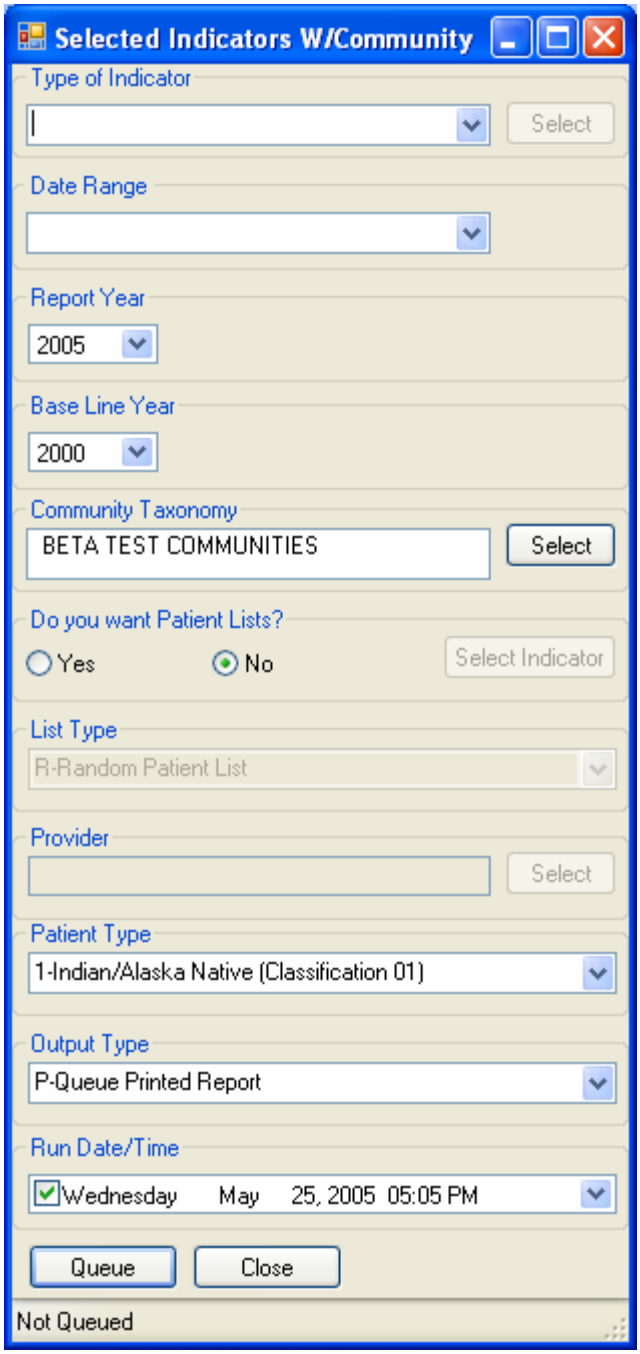


Figure 14-12: Selected Indicators W/Community Window

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the

provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

14. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

15. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

16. Click Queue to run the report or Close to close the window without running the report.

17. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.4 Selected Indicators w/Patient Panel Population Report

1. From the Reports Menu (Figure 14-8), click the Reports for Local Use: IHS Clinical Indicators option.

2. Click the Selected Indicators w/Patient Panel Population option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The Selected Indicators W/Patient Panel window is displayed (Figure 14-13).

5. Click the Select button to select the search template (i.e. patient panel) for the report using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a search template, not taxonomies.

6. Select the indicators for the report from the Type of Indicator listbox. You may choose from one of the predefined groups of indicators, such as Diabetes-Related Indicators, or to select your own indicators for the report (User Defined). If you chose the Selected Indicators (User Defined) option, click the Select button to select the indicators using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting indicators, not taxonomies.

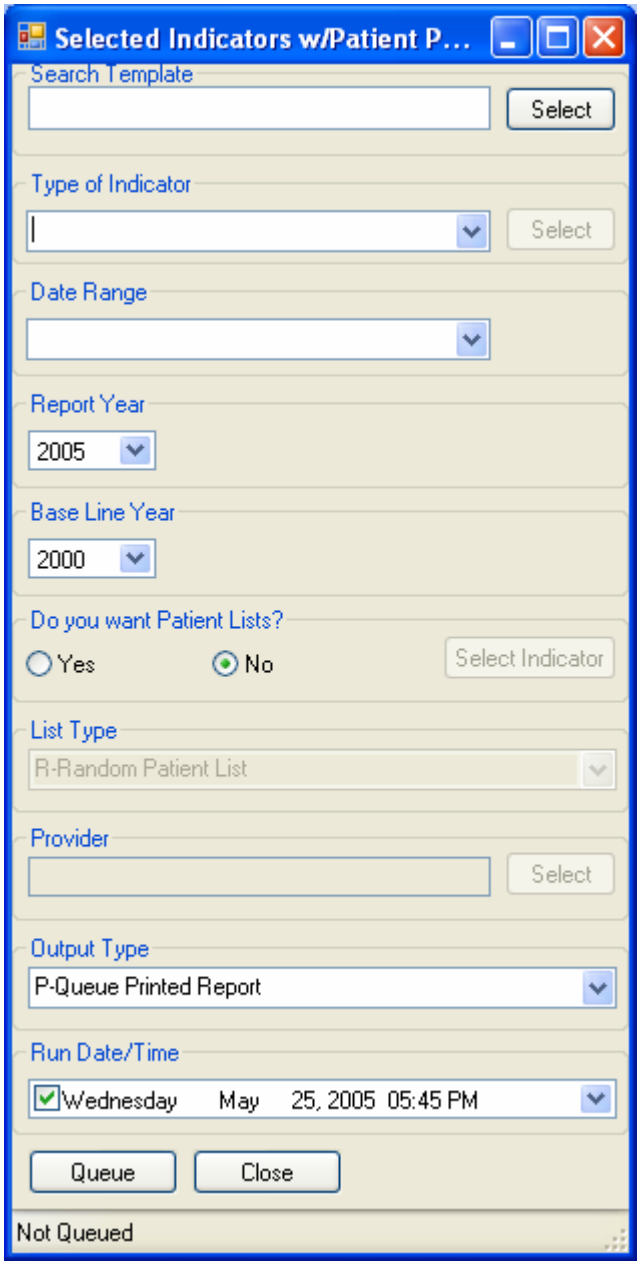


Figure 14-13: Selected Indicators w/Patient Panel Window

7. Select the date range for the report by selecting one of the predefined date ranges.

8. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

9. Enter the base line year.

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Indicators button. The Patient List Indicators window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

13. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

14. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

15. Click Queue to run the report or Close to close the window without running the report.

16. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.5 Selected Indicators w/All Communities Report

1. From the Reports Menu (Figure 14-8), click the Reports for Local Use: IHS Clinical Indicators option.

2. Click the Selected Indicators w/All Communities option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The Selected Indicators w/All Communities window is displayed (Figure 14-14).

5. Select the indicators for the report from the Type of Indicator listbox. You may choose from one of the predefined groups of indicators, such as Diabetes-Related Indicators, or to select your own indicators for the report (User

Defined). If you chose the Selected Indicators (User Defined) option, click the Select button to select the indicators using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting indicators, not taxonomies.

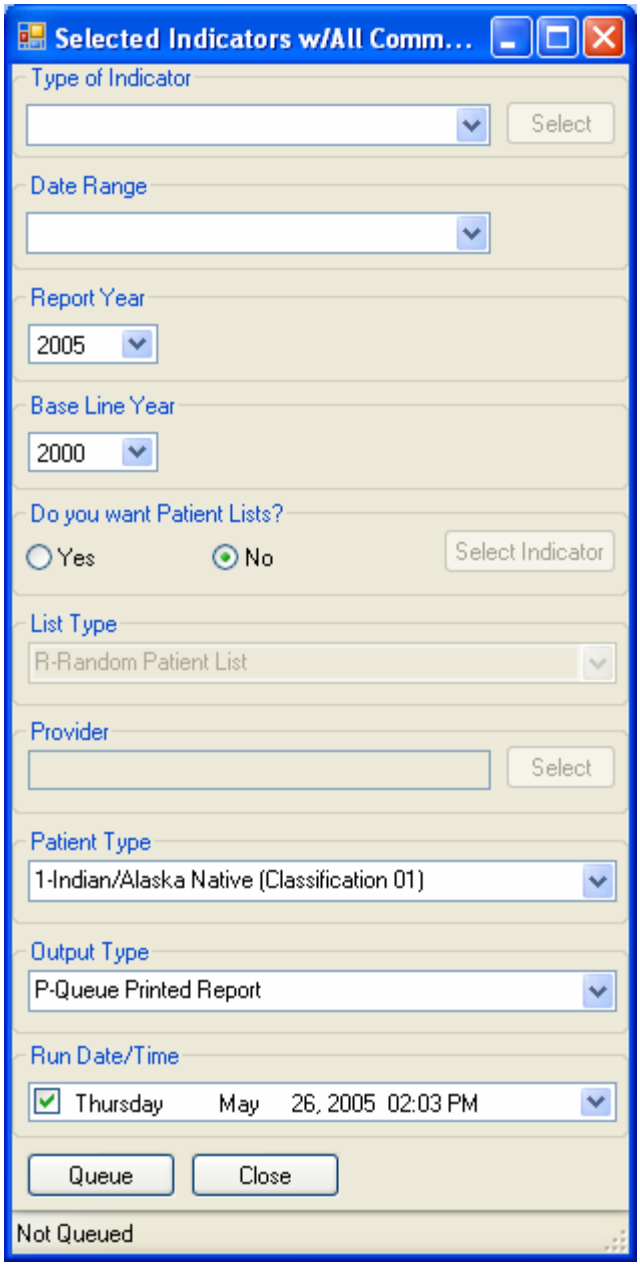


Figure 14-14: Selected Indicators w/All Communities Window

6. Select the date range for the report by selecting one of the predefined date ranges.

7. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

8. Enter the base line year.

9. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 12.

10. Click the Select Indicators button. The Patient List Indicators window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

11. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

12. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

13. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

14. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

15. Click Queue to run the report or Close to close the window without running the report.

16. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.6 CMS Report

1. From the Reports Menu (Figure 14-8), click the Reports for Local Use: IHS Clinical Indicators option.

2. Click the CMS Performance Report option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See

section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The CMS Performance Report window is displayed (Figure 14-15).

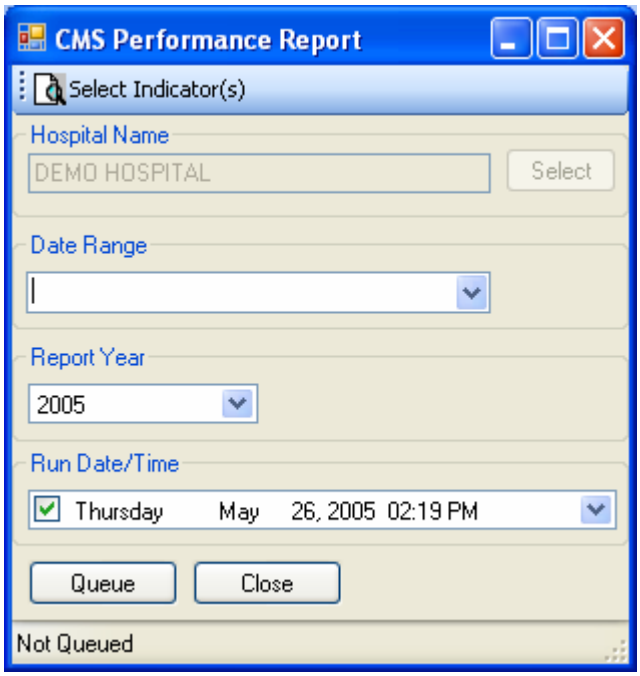


Figure 14-15: CMS Performance Report Window

5. Click the Select Indicator(s) button to choose the indicators for the report using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting indicators, not taxonomies.

6. Accept the default hospital name or enter a different one by clicking the Select button and using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a hospital, not taxonomies.

7. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

   If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

NOTE: There is no delimited output option for this report. All reports will be imported into Word.

8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

9. Click Queue to run the report or Close to close the window without running the report.

10. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.7 GPRA Performance Report

1. From the Reports Menu (Figure 14-8), click the Other National Reports option.

2. Click the GPRA Performance Report option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The GPRA Performance Report window is displayed (Figure 14-16).

5. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

6. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

7. Enter the base line year.

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

9. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button.

10. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

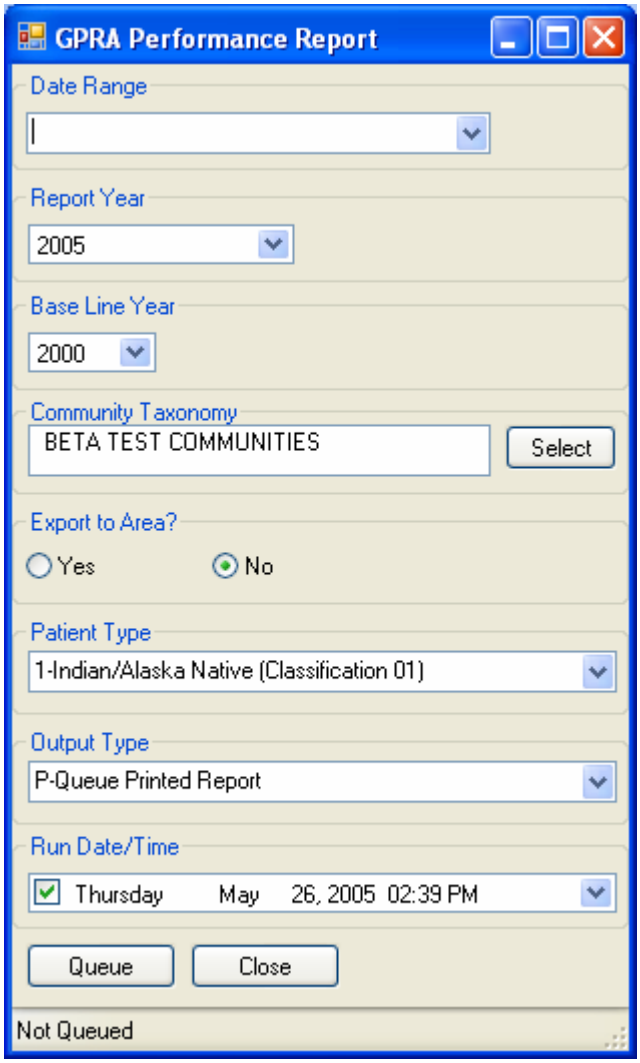


Figure 14-16: GPRA Performance Report Window

11. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

13. Click Queue to run the report or Close to close the window without running the report.

14. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.8 Elder Care Report

1. From the Reports Menu (Figure 14-8), click the Other National Reports option.

2. Click the Elder Care Report option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The Elder Care Report window is displayed (Figure 14-17).

5. Click the All radio button to select all Elder Care indicators for the report or click the Selected radio button. If you chose the Selected option, click the Select button to select the indicators for the report using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting indicators, not taxonomies.

6. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

7. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

8. Enter the base line year.

9. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

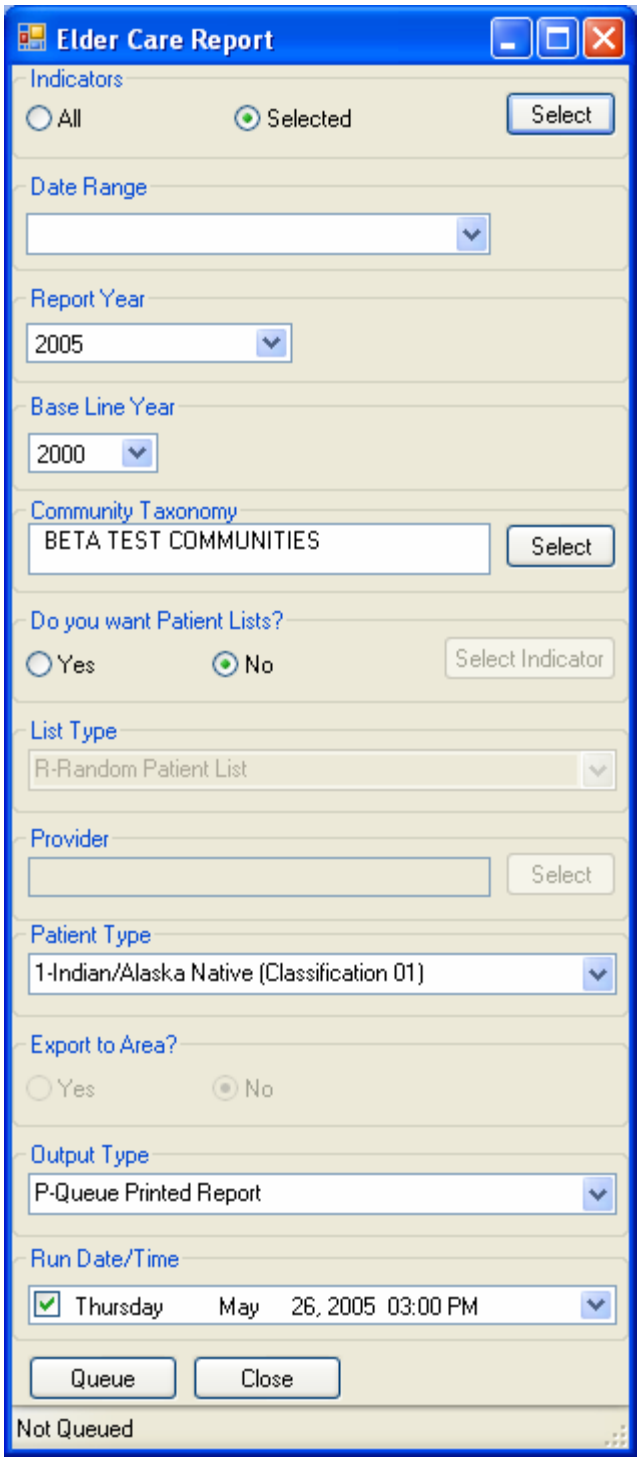


Figure 14-17: Elder Care Report Window

10. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 13.

11. Click the Select Indicators button. The Patient List Indicators window is displayed. Select the patient lists for your report by using the same process as

described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

12. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

13. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

14. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button. NOTE: This option will only be available if you selected all indicators for the report.

15. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

16. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

17. Click Queue to run the report or Close to close the window without running the report.

18. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.3.9 HEDIS Performance Report

1. From the Reports Menu (Figure 14-8), click the Other National Reports option.

2. Click the HEDIS Performance Report option.

3. The software checks the taxonomies for the report. If your taxonomies for the report have all been setup and populated, a message stating all taxonomies are present. If they have not all been setup and populated, then a message stating one or more taxonomies are missing or have no entries will be displayed. See section 14.2.2.2 to setup the missing taxonomies before running the report. In either case, click OK to close the window.

4. The HEDIS Performance Report window is displayed (Figure 14-18).

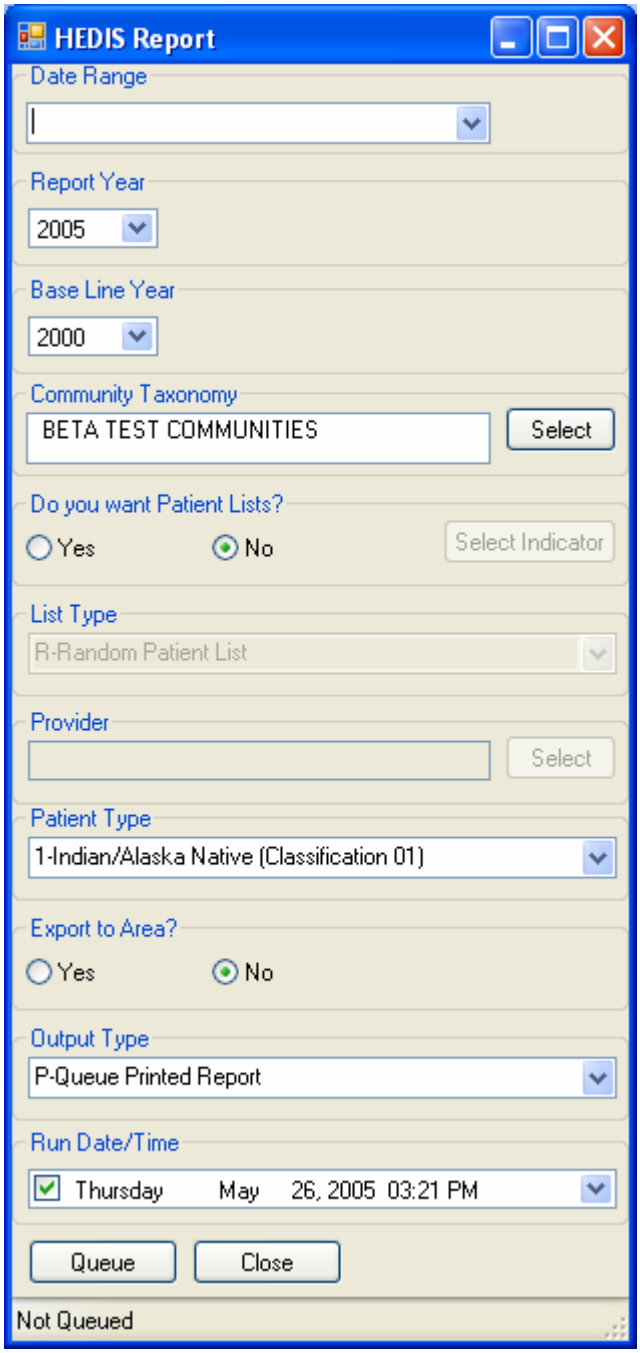


Figure 14-18: HEDIS Performance Report Window

5. Select the date range for the report by selecting one of the predefined date ranges.

6. Enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

7. Enter the base line year.

8. The default community taxonomy is displayed in the Community Taxonomy list box. You may use this community or select a different community taxonomy, as described in section 14.3.1, steps 6 - 8.

9. Click the Yes radio button if you want to include patient lists for your report; otherwise, click the No button and skip to step 12.

10. Click the Select Indicators button. The Patient List Indicators window is displayed. Select the patient lists for your report by using the same process as described in section 14.3.1, steps 6 - 8 except you are selecting patient lists, not taxonomies.

11. Select the type of patient list you want to run (i.e. Random, By Provider, or All Patients). If you selected By Provider, click the Select button to select the provider using the same process as described in section 14.2.1, steps 4 - 8, except you are selecting a provider, not taxonomies.

12. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

13. Click the Yes radio button if you are ready to send final data to your Area Office; otherwise, click the No radio button. **NOTE:** This option will only be available if you selected all indicators for the report.

14. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

15. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

16. Click Queue to run the report or Close to close the window without running the report.

17. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.4 Area Options

This section contains instructions for Area Office users for uploading the facility report files and running the CRS Area Aggregate reports. The CRS GUI contains all of the Area Office reports available in the CHUI version. See section 7.0 for descriptions of the Area options.

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2005 folder to open the CRS 2005 menu.

2. Click the + at the left of the Area Options folder to open the Area Options menu, as shown in Figure 14-19.

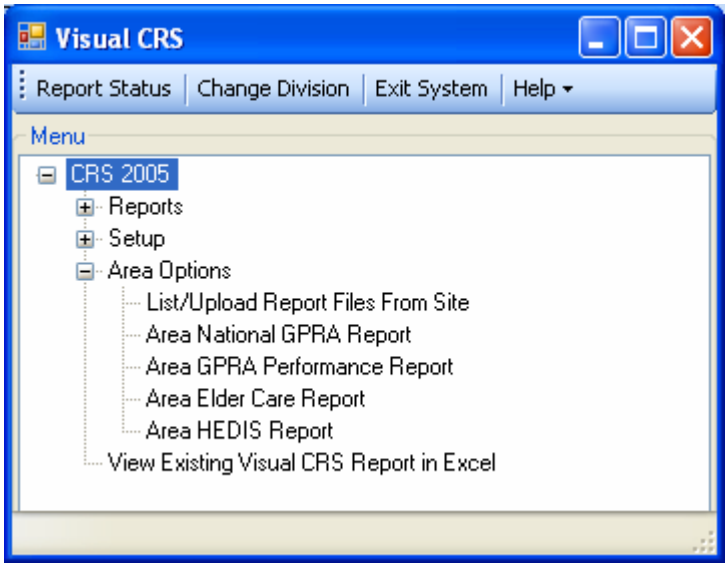


Figure 14-19: Area Options Menu

14.4.1 List/Upload Report Files From Site

1. From the Area Options Menu (Figure 14-19), click the List/Upload Report Files From Site option.

2. The Upload Files window is displayed (Figure 14-20).

3. Type the appropriate directory name in the Directory Name box. This should be the Area network directory to which the facility's data files have been sent via FTP (File Transfer Protocol) at the time the facility ran the requested national performance report.

4. Click OK.

5. A list of files will be displayed, as shown in (Figure 14-20). Only FileMan data files created by CRS 2005 (BGP v.5.*) will be listed. File names begin with "BG05" followed by the six-digit ASUFAC code for the facility that created and transmitted the file. Files with an extension containing ".HE" are HEDIS reports and files with an extension of ".EL" are Elder Care reports. GPRA Performance reports are treated the same as National GPRA reports and will be displayed with them, if they have a report period of July 1, 2004 – June 30, 2005, a baseline year of 2000, and a population of AI/AN only.

6. To upload a file, point to the desired file and right-click. An Upload message will be displayed. Click Upload to upload the file. Once the file has been uploaded, "Files Uploaded Successfully" will be displayed in the status bar of the window.

7. To exit the window, click the red X in the upper right corner.

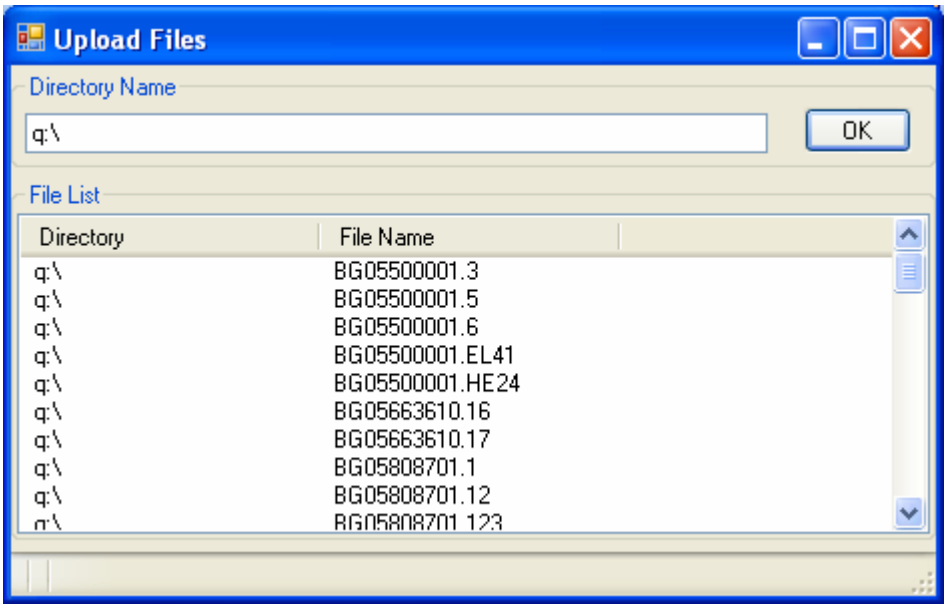


Figure 14-20: Upload Files Window

14.4.2 Area National GPRA Report

For background information on this report and to view the sample cover page, sample Summary Page, and sample Clinical Performance Detail section, see section 7.2.1.

1. From the Area Options Menu (Figure 14-19), click the Area National GPRA Report option.

2. The Area GPRA Report window is displayed (Figure 14-21).

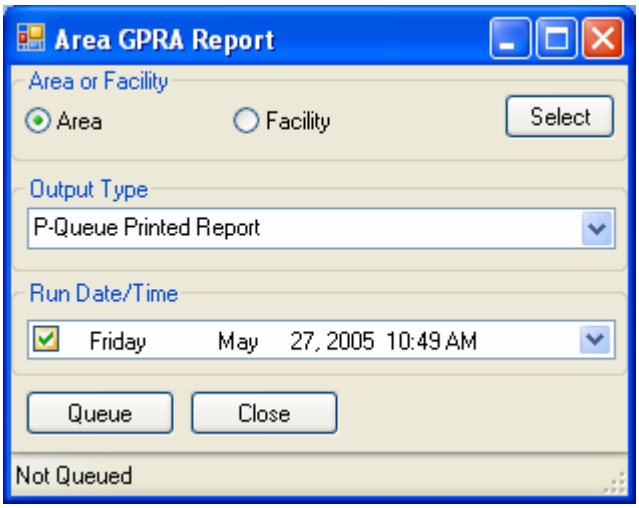
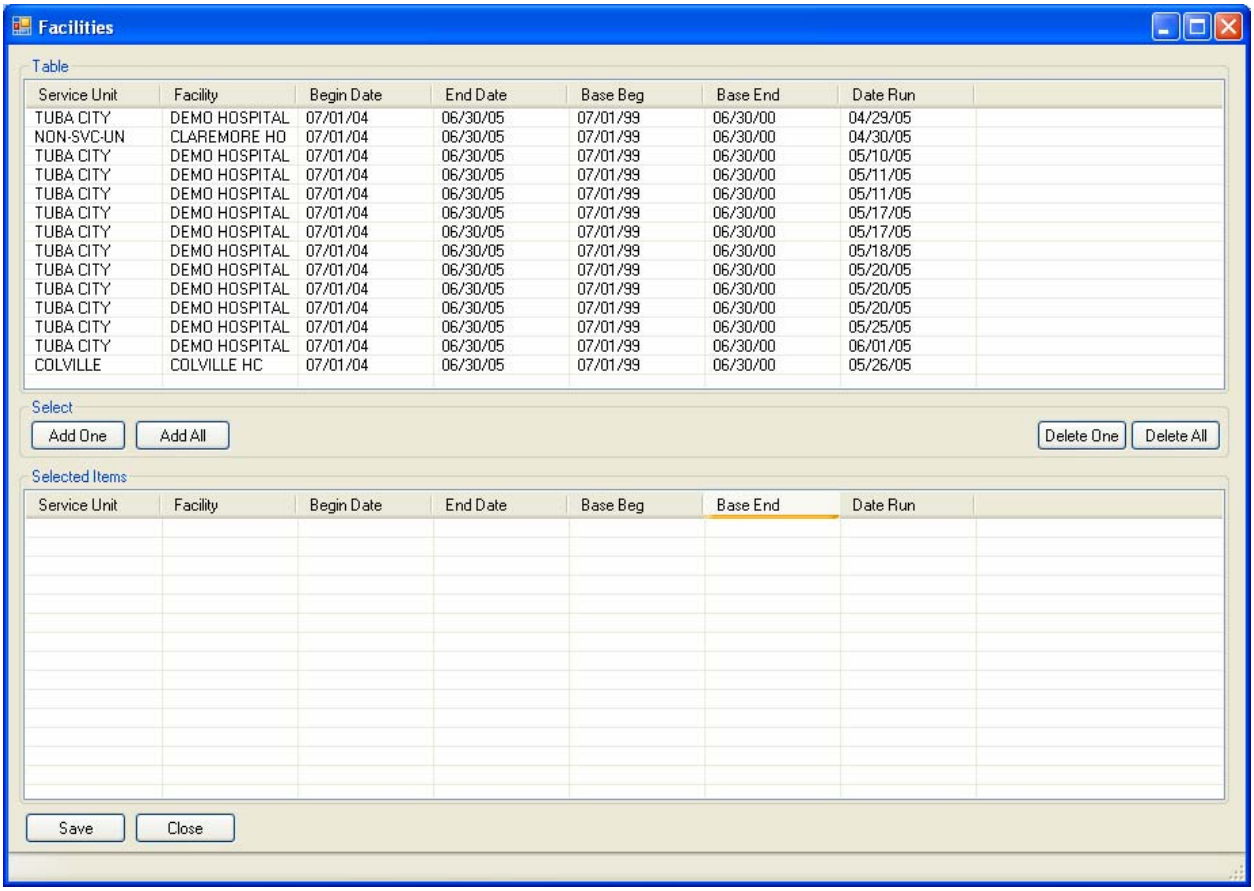


Figure 14-21: Area GPRA Report Window

3. Click the Area radio button to run a report that combines the data for all sites or click the Facility radio button to run a report similar to the facility National GPRA report (section 5.1.1).

4. The Facilities window is displayed (Figure 14-22). All facilities that have had their data files uploaded for the National GPRA report are displayed.



Service Unit	Facility	Begin Date	End Date	Base Beg	Base End	Date Run
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	04/29/05
NON-SVC-UN	CLAREMORE HO	07/01/04	06/30/05	07/01/99	06/30/00	04/30/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/10/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/11/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/11/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/17/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/17/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/18/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/20/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/20/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/20/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	05/25/05
TUBA CITY	DEMO HOSPITAL	07/01/04	06/30/05	07/01/99	06/30/00	06/01/05
COLVILLE	COLVILLE HC	07/01/04	06/30/05	07/01/99	06/30/00	05/26/05

Figure 14-22: Facilities Window

5. To select the facilities to be included, click them, then click the Add One button. To select all listed facilities for the report, click the Add All button. To remove a facility from the Selected Items list, click the facility, then click the Delete One button. To remove all facilities from the Selected Items list, click the Delete All button.

6. Click the Save button when you are finished selecting facilities for the report.

7. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

8. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and

pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

9. Click Queue to run the report or Close to close the window without running the report.

10. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.4.3 Other Area Reports

The process for running the Area GPRA Performance, Elder Care, and HEDIS reports is the same and will be discussed in this section. For demonstration purposes, the Area Elder Care report was run.

For background information on these reports, refer to sections 7.2.2 through 7.2.4.

1. From the Area Options Menu (Figure 14-19), click the desired report option (i.e. Area GPRA Performance Report, Area Elder Care Report, or Area HEDIS Report).

2. Depending on the report selected, either the Area GPRA Performance Report, Area Elder Care Report, or the Area HEDIS Report window is displayed. For demonstration purposes, the Area Elder Care Report window is displayed (Figure 14-23).

3. Select the date range for the report by selecting one of the predefined date ranges or selecting the User Defined Report Period option.

4. If you selected a predefined date range, enter the year for the report end date. To change the default year, click in the Report Year box and move the up or down arrow on your keyboard to select the desired year.

   If you selected User Defined Report Period, click the listbox down arrow to use the calendar to select a date for the report end date. Or, click the month/day/year value in the Report End box and move the up or down arrows to change the values.

5. Enter the base line year.

6. Select the Patient Type (i.e. include only AI/AN patients, non-AI/AN patients, or both).

7. Click the Area radio button to run a report that combines the data for all sites or click the Facility radio button to run a report similar to the facility report. The example here is an Area Aggregate report.

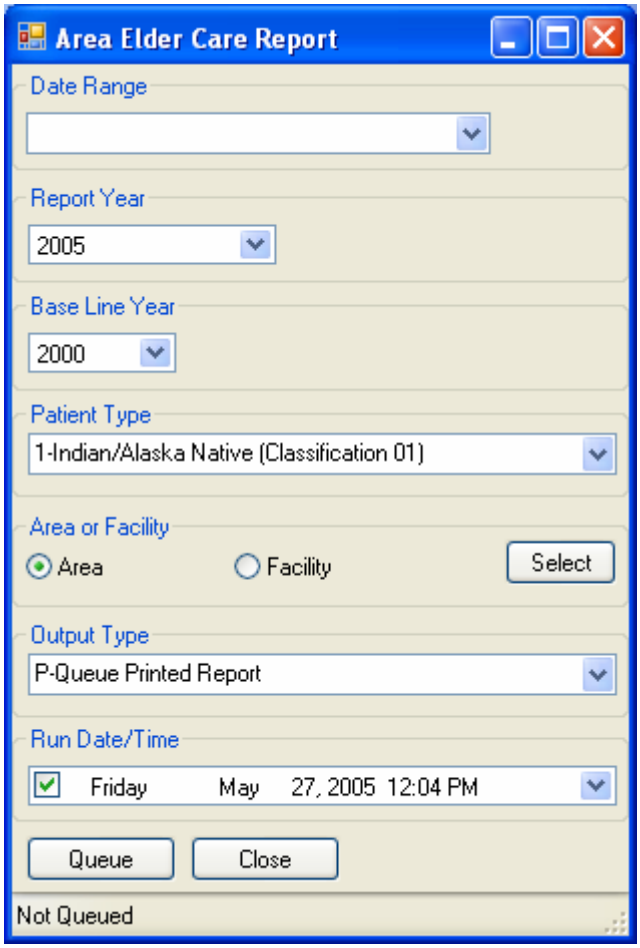
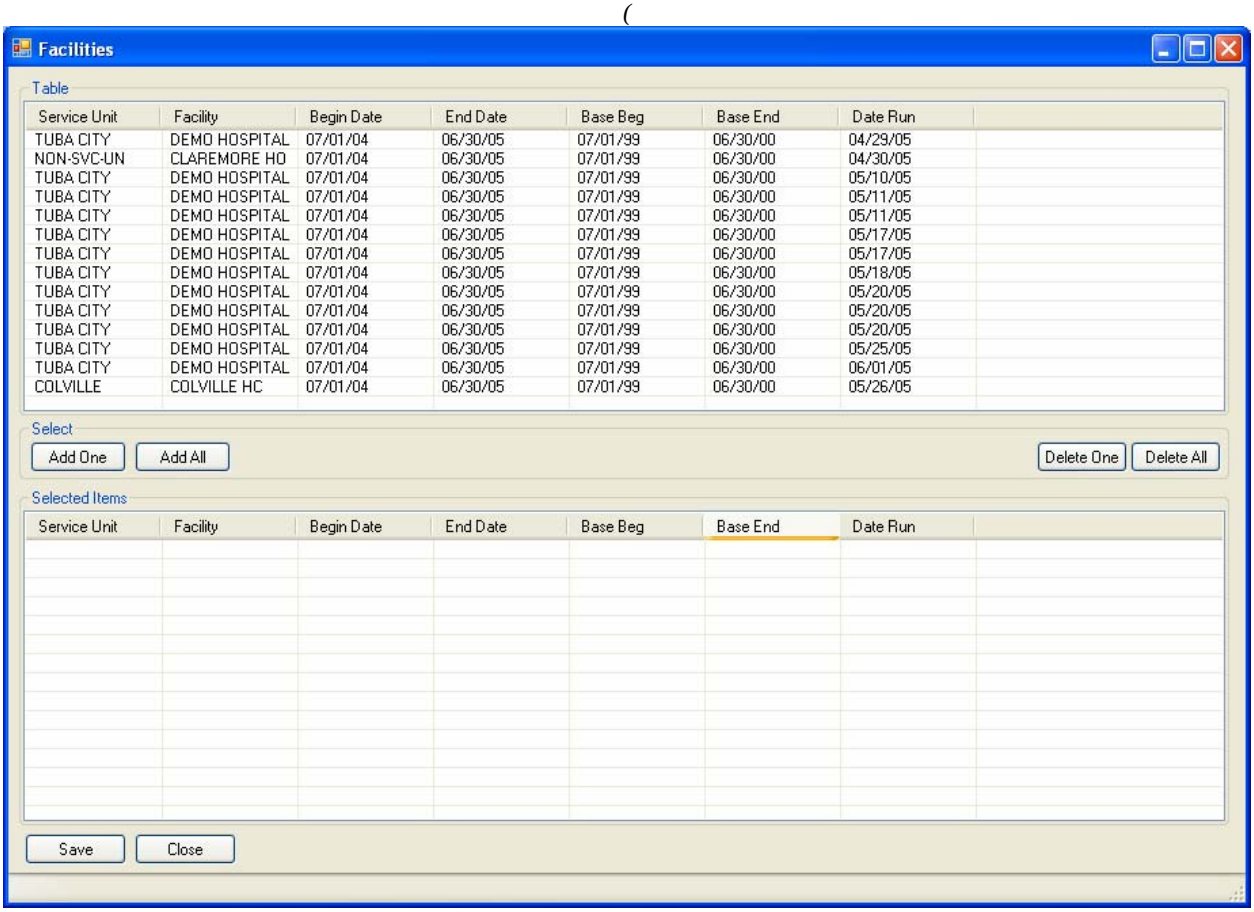


Figure 14-23: Area Elder Care Report Window

The Facilities window is displayed
(



8. Figure 14-22). All facilities that have had their data files uploaded that match the criteria for the report are displayed.

9. To select the facilities to be included, click them, then click the Add One button. To select all listed facilities for the report, click the Add All button. To remove a facility from the Selected Items list, click the facility, then click the Delete One button. To remove all facilities from the Selected Items list, click the Delete All button.

10. Click the Save button when you are finished selecting facilities for the report.

11. Select the output type. Refer to section 14.3.1 step 10 for information on report output options.

12. If you want to change the run date and time of the report, click the parameter to be changed (e.g. the run time) by clicking the item to be changed and pressing the up or down arrows. You may also type in a value, such as changing the time (see Figure 14-9; replacing the time of 12:29 with 1:15).

13. Click Queue to run the report or Close to close the window without running the report.

14. Click OK at the message stating the report has been queued and to use the Check Report Status option to view it. Refer to section 14.5 for information on checking the report status and opening them in Word and Excel.

14.5 Check Report Status and Open GUI Report Files

The Check Report Status window will be used to: (1) view the status of reports you have queued to run and to (2) open the report files in MS Word and/or MS Excel. With the GUI, the files are now physically placed on the computer that was used to run the reports and the process of opening these files has been automated. The files are automatically assigned a filename, so you do not need to assign the name when you are running the report.

However report files beginning with "BG05" that are used for creating the Area Aggregate reports and the GPRAEX and GPRANT files that are created when the Area National GPRA report is run, will still be written to your network's Public directory, however, the directory varies at each facility.

1. Click the Report Status button on the Visual CRS toolbar (Figure 14-24).

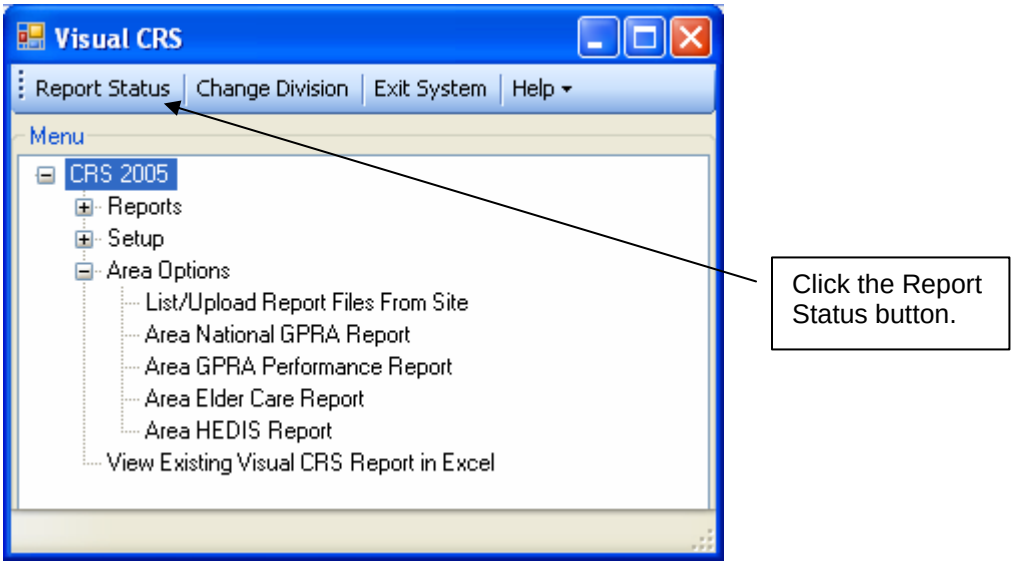
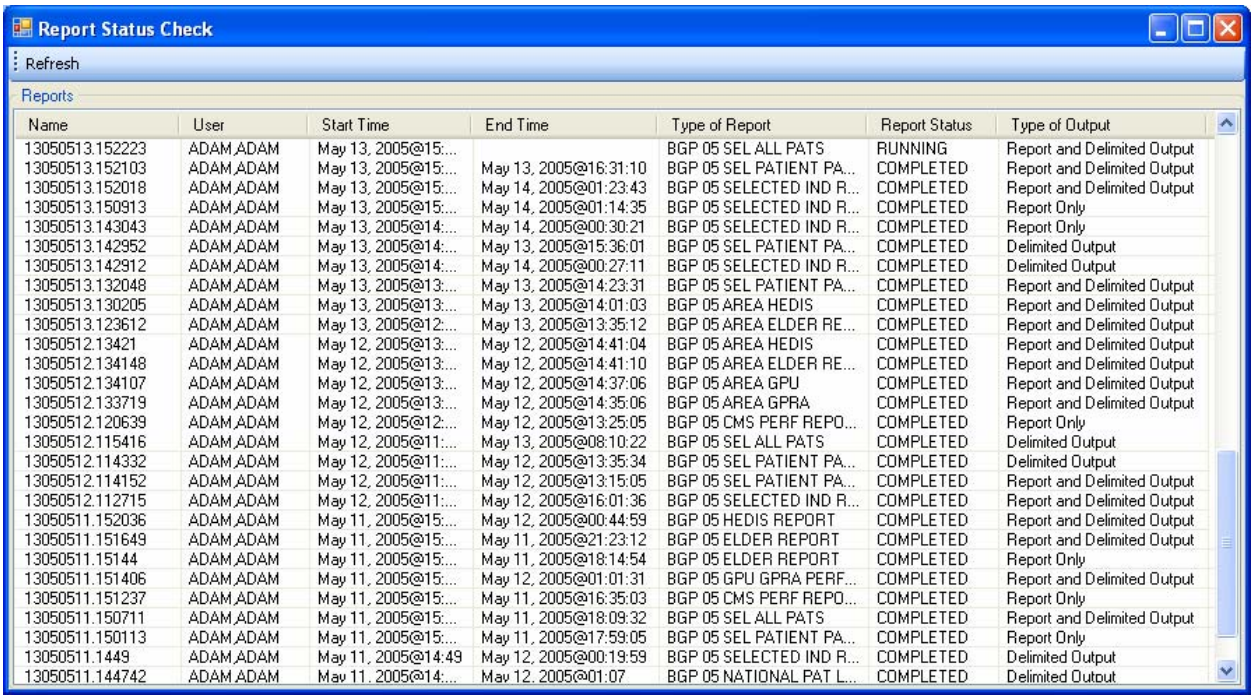


Figure 14-24: Visual CRS Window

2. The Report Status Check window is displayed (Figure 14-25). It lists reports that are running and which have completed in descending order (i.e. from most current to oldest). Information about the report is displayed, including file name, the user name of the person who ran the report, the time the report started running and the time it ended, the type of report, the status of the report, and the output option. Click the Refresh button at the top right to update the report status.



Name	User	Start Time	End Time	Type of Report	Report Status	Type of Output
13050513.152223	ADAM,ADAM	May 13, 2005@15:...		BGP 05 SEL ALL PATS	RUNNING	Report and Delimited Output
13050513.152103	ADAM,ADAM	May 13, 2005@15:...	May 13, 2005@16:31:10	BGP 05 SEL PATIENT PA...	COMPLETED	Report and Delimited Output
13050513.152018	ADAM,ADAM	May 13, 2005@15:...	May 14, 2005@01:23:43	BGP 05 SELECTED IND R...	COMPLETED	Report and Delimited Output
13050513.150913	ADAM,ADAM	May 13, 2005@15:...	May 14, 2005@01:14:35	BGP 05 SELECTED IND R...	COMPLETED	Report Only
13050513.143043	ADAM,ADAM	May 13, 2005@14:...	May 14, 2005@00:30:21	BGP 05 SELECTED IND R...	COMPLETED	Report Only
13050513.142952	ADAM,ADAM	May 13, 2005@14:...	May 13, 2005@15:36:01	BGP 05 SEL PATIENT PA...	COMPLETED	Delimited Output
13050513.142912	ADAM,ADAM	May 13, 2005@14:...	May 14, 2005@00:27:11	BGP 05 SELECTED IND R...	COMPLETED	Delimited Output
13050513.132048	ADAM,ADAM	May 13, 2005@13:...	May 13, 2005@14:23:31	BGP 05 SEL PATIENT PA...	COMPLETED	Report and Delimited Output
13050513.130205	ADAM,ADAM	May 13, 2005@13:...	May 13, 2005@14:01:03	BGP 05 AREA HEDIS	COMPLETED	Report and Delimited Output
13050513.123612	ADAM,ADAM	May 13, 2005@12:...	May 13, 2005@13:35:12	BGP 05 AREA ELDER RE...	COMPLETED	Report and Delimited Output
13050512.13421	ADAM,ADAM	May 12, 2005@13:...	May 12, 2005@14:41:04	BGP 05 AREA HEDIS	COMPLETED	Report and Delimited Output
13050512.134148	ADAM,ADAM	May 12, 2005@13:...	May 12, 2005@14:41:10	BGP 05 AREA ELDER RE...	COMPLETED	Report and Delimited Output
13050512.134107	ADAM,ADAM	May 12, 2005@13:...	May 12, 2005@14:37:06	BGP 05 AREA GPU	COMPLETED	Report and Delimited Output
13050512.133719	ADAM,ADAM	May 12, 2005@13:...	May 12, 2005@14:35:06	BGP 05 AREA GPRA	COMPLETED	Report and Delimited Output
13050512.120639	ADAM,ADAM	May 12, 2005@12:...	May 12, 2005@13:25:05	BGP 05 CMS PERF REPO...	COMPLETED	Report Only
13050512.115416	ADAM,ADAM	May 12, 2005@11:...	May 13, 2005@08:10:22	BGP 05 SEL ALL PATS	COMPLETED	Delimited Output
13050512.114332	ADAM,ADAM	May 12, 2005@11:...	May 12, 2005@13:35:34	BGP 05 SEL PATIENT PA...	COMPLETED	Delimited Output
13050512.114152	ADAM,ADAM	May 12, 2005@11:...	May 12, 2005@13:15:05	BGP 05 SEL PATIENT PA...	COMPLETED	Report and Delimited Output
13050512.112715	ADAM,ADAM	May 12, 2005@11:...	May 12, 2005@16:01:36	BGP 05 SELECTED IND R...	COMPLETED	Report and Delimited Output
13050511.152036	ADAM,ADAM	May 11, 2005@15:...	May 12, 2005@00:44:59	BGP 05 HEDIS REPORT	COMPLETED	Report and Delimited Output
13050511.151649	ADAM,ADAM	May 11, 2005@15:...	May 11, 2005@21:23:12	BGP 05 ELDER REPORT	COMPLETED	Report and Delimited Output
13050511.15144	ADAM,ADAM	May 11, 2005@15:...	May 11, 2005@18:14:54	BGP 05 ELDER REPORT	COMPLETED	Report Only
13050511.151406	ADAM,ADAM	May 11, 2005@15:...	May 12, 2005@01:01:31	BGP 05 GPU GPRA PERF...	COMPLETED	Report and Delimited Output
13050511.151237	ADAM,ADAM	May 11, 2005@15:...	May 11, 2005@16:35:03	BGP 05 CMS PERF REPO...	COMPLETED	Report Only
13050511.150711	ADAM,ADAM	May 11, 2005@15:...	May 11, 2005@18:09:32	BGP 05 SEL ALL PATS	COMPLETED	Report and Delimited Output
13050511.150113	ADAM,ADAM	May 11, 2005@15:...	May 11, 2005@17:59:05	BGP 05 SEL PATIENT PA...	COMPLETED	Report Only
13050511.1449	ADAM,ADAM	May 11, 2005@14:49	May 12, 2005@00:19:59	BGP 05 SELECTED IND R...	COMPLETED	Delimited Output
13050511.144742	ADAM,ADAM	May 11, 2005@14:...	May 12, 2005@01:07	BGP 05 NATIONAL PAT L...	COMPLETED	Delimited Output

Figure 14-25: Report Status Check Window

3. To open a report, simply point to it and click. A loading message will display and after a few minutes, the report will open. If you ran both the printed and delimited reports, the printed report will open first in MS Word. Both the printed and delimited reports are automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer. The default directory is C:\Program Files\Cimarron Medical Informatics\Visual CRS. However, you may save these files to a different directory on your computer with more meaningful names so they will be easier to identify.

4. If you ran both a printed and delimited report, after the printed report is opened in MS Word, the following message will be displayed:

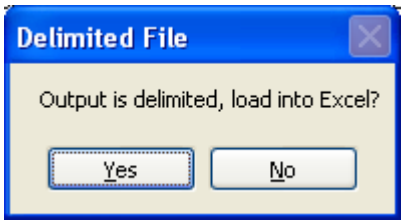


Figure 14-26: Delimited File Message

5. Click Yes to open the delimited file in Excel; otherwise, click No. The report will automatically open in Excel, with the delimiters removed. The report is automatically saved with the assigned filename in the directory to which the Visual CRS software was installed on your computer.

14.6 View Existing Visual CRS Report in Excel

1. From the Visual CRS window (Figure 14-1), click the + at the left of the CRS 2005 folder to open the CRS 2005 menu.

2. Click the View Existing Visual CRS Report in Excel option.

3. The Choose a File window is displayed (Figure 14-27) listing the existing Excel report files. You may change the display to list all files, however, if you select a text (i.e. delimited) file or a printed file to be opened, it will not be automatically formatted for Excel.

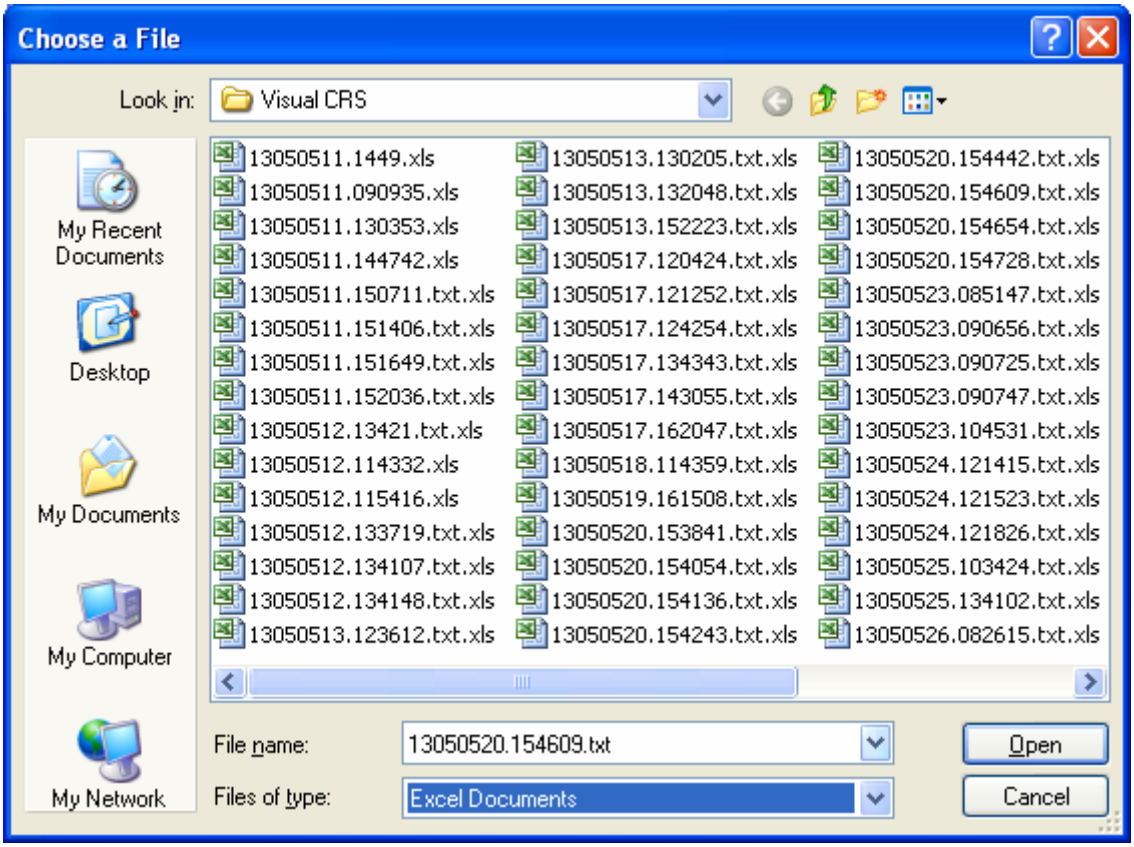


Figure 14-27: Choose a File Window

4. Click the file to be opened and click the Open button. The file is then opened in Excel.

15.0 Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk by:

Phone: (505) 248-4371 or
(888) 830-7280

Fax: (505) 248-4363

Web: http://www.rpms.ihs.gov/TechSupp.asp

Email: ITSCHelp@mail.ihs.gov