RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

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Division of Information Technology

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Preface

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

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

This manual provides instructions on using the CRS. Version 15.0 adds FY 2015 clinical performance measures to existing FY 2002 through FY 2014 measures.

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

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

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

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

Administrative and clinical users can review individual or all measures at any time to:

- Identify potential data issues in their RPMS; for example, missing or incorrect data.

- Monitor their site's performance against past national performance and upcoming agency goals
- Identify specific areas where the facility is not meeting the measure in order to initiate business process or other changes
- Quickly measure impact of process changes on performance measures
- Identify IHS Area Offices meeting or exceeding measures to provide lessons learned

Users of the RPMS CRS include:

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

1.0 Introduction

This manual provides user instructions for the CRS v15.0 (FY 2015 Clinical Performance Measures).

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

- Setting up the CRS application, including taxonomies and site parameters
- Using the report option to produce different reports: GPRA and GPRA Modernization Act (GPRAMA), Selected Measures, GPRA/GPRAMA Performance, Other National Measures, Elder Care, Patient Education, and Laboratory and Medication Taxonomies
- Exporting and aggregating Area Office-level data for National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education reports

Refer to the Clinical Performance Measure Logic Manual for information on the logic used and sample output for each individual performance measure.

1.1 Key Changes in v15.0

1.1.1 Logic Changes to National GPRA/GPRAMA Report Measures

- GPRA Developmental Measures:
  - Added the following new GPRA Developmental measures:
    - Hepatitis C Screening (Patients with confirmation test and result (if any)
    - Optometry (NQF 0086) (Optic nerve head evaluation for patients with primary open-angle glaucoma)
  - Changed Childhood Immunizations measure for Hepatitis A to one dose.
  - Changed Cancer Screening: Mammogram Rates denominator to ages 52 through 74.
  - Updated codes in the following measures: Diabetes: Blood Pressure Control; Access to Dental Service; Adult Immunizations; Childhood Immunizations; Colorectal Cancer Screening (Revised Logic #2-USPSTF); Comprehensive Cancer Screening; HIV Screening; Chlamydia Testing; Visit Statistics.
- Diabetes: Blood Pressure Control:
  - Added HCPCS codes G9273 and G9274 to BP documented definition.
  - Added HCPCS code G9273 to BP controlled definition.
- Diabetes: LDL Assessment:
  - Added HCPCS codes G9271 and G9272 to LDL definition.

  - Added HCPCS codes G9271 to LDL < 100 definition.
- Diabetes: Nephropathy Assessment: Added HCPCS code G9231 to ESRD definition.
- Dental Sealants: Added new age group of 5 through 19.
- Influenza:
  - Added CPT code 90687 to influenza definition.
  - Added CVX code 161 to influenza definition.
- Adult Immunizations: Added HCPCS code G9279 to Pneumovax definition.
- Childhood Immunizations:
  - Added CVX code 102 to Dtap definition.
  - Added HCPCS code G9279 to Pneumovax definition.
- Colorectal Cancer Screening: Added HCPCS codes G9252 and G9253 to colonoscopy definition.
- Tobacco Use and Exposure Assessment:
  - Added HCPCS codes G9275 and G9276 to tobacco screening definition.
  - Added HCPCS code G9276 to tobacco user definition.
- Tobacco Cessation: Added HCPCS code G9276 to tobacco user definition.
- Controlling High Blood Pressure – Million Hearts:
  - Added HCPCS code G9231 to ESRD definition.
  - Updated ICD-10 abortion codes.
- Comprehensive CVD-Related Assessment:
  - Added HCPCS codes G9275 and G9276 to tobacco screening definition.
  - Added HCPCS codes G9271 and G9272 to LDL definition.
  - Added HCPCS codes G9273 and G9274 to BP documented definition.
- HIV Screening: Updated ICD-10 abortion codes.

1.1.2 Key Logic Changes to Non-GPRA Measures

For key logic changes to non-GPRA measures, please refer to the *CRS 2015 (Version 15.0) Selected Measures Report Performance Measure List and Definitions* document located on the CRS Web site at http://www.ihs.gov/crs/documents/crsv15/SelectedMeasuresV150.pdf.

1.1.3 Additional Key Enhancements and Revisions

- Added Date of Birth to patient list reports.
- Changed Baseline Year to 2010 from 2000.

2.0 Orientation

See the Glossary and Acronym List for lists of terms and abbreviations used throughout this manual.

3.0 Clinical Reporting System

The CRS is an RPMS software application designed for local and Area Office monitoring of clinical performance measures in a timely manner.

Because definitions of clinical performance measures can change every year, CRS is updated and released annually. The current v15.0 adds FY 2015 clinical performance measures to existing FY 2002 through FY 2014 measures.

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 IHS, this means measuring how well we deliver healthcare services to our population with documentable improvement in various standard health measures. 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 (HQ) 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 American Indian/Alaska Native (AI/AN) 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. Our clinical GPRA measures are and continue to be the mainstay in performance reporting for the IHS. The current administration is actively working towards the goal of building a transparent, high-performance government with health reform as one of its highest national priorities.

The 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 five-year Strategic Plan in place and to submit annual performance plans specifically describing what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured against the performance targets set in the plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the AI/AN population as identified by

representatives of the local Indian, Tribal, and Urban (I/T/U) programs, as well as management areas of the President's Management Agenda. For FY 2015, the IHS has 29 GPRA measures in three main categories: Treatment (14 measures), Prevention (13 measures), and Capital Programming/Infrastructure (2 measures).

Performance measures are further characterized by type, where:

- Outcome measures directly relate to reducing mortality or morbidity relative to a disease or condition that programs addresses. All clinical GPRA measures are outcome measures. Examples include reducing prevalence of obesity, diabetic complications, and unintentional injury.
- Output measures describe the level of activity that will be provided over a period of time; the internal activities of a program (i.e., the products and services delivered); for example, maintaining accreditation rate for Youth Regional Treatment Centers, conducting at least three community injury prevention projects in each area.
- Efficiency measures track the ratio of total outputs or outcomes to total inputs (federal plus non-federal). Examples include average project duration from project Memorandum of Agreement execution to construction completion and percent of replacement health centers completed on time.

All GPRA measures 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 performance measures. The Office of Management and Budget (OMB) has requested that IHS reduce process measures and increase outcome measures. Potential (developmental) measures for emerging areas of clinical concern to IHS, such as HIV, are proposed, discussed, and refined over several months and may change definition several times before being included as a formal GPRA measure. One of the criteria for adding new measures is that they are measurable; for clinical measures, this means that performance data can be gathered by using RPMS data.

See Appendix A: for a complete list of FY 2015 GPRA measures. Further information about GPRA performance reporting, including results for FY 2004 through FY 2014, can be found at the following Web site:
http://www.ihs.gov/crs/index.cfm?module=crs_gpra_reporting

3.1.2 Clinical Performance Measures

Most of the 29 IHS GPRA measures are clinical. The majority of the GPRA performance measures have 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 measure. Some, however, only have a numerator and are just a count, such as Sealants and Topical Fluoride.

The Treatment category includes measures covering diabetes, cancer, behavioral health (BH), oral health, accreditation, and medications. An example of a treatment measure is Diabetic Retinopathy. The FY 2015 goal for this measure is to maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at a rate of 60.1%. The IHS FY 2014 national rate was 59.9%; the HP2020 (HP2020) goal is 58.7% (see Section 3.2.4).

The Prevention category includes measures covering Public Health Nursing (PHN), immunization, injury prevention, Bh, cardiovascular disease, obesity, tobacco use, and HIV. An example of a prevention measure is Influenza. The FY 2015 goal for this measure is to maintain the rate of 67.2% for the influenza vaccination levels among noninstitutionalized adult patients aged 65 years and older. The IHS FY 2014 rate was 68.1%; the HP2020 goal is 90%.

3.1.2.1 Measure Example

GPRA Measure Cancer Screening: Mammogram Rates: During FY 2015, achieve the target rate of 54.8% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last two years.

The denominator is the total population that is being reviewed for a specific measure. For the Mammogram measure, the denominator is all female patients at least age 52 at the beginning of the report period and less than 65 at the end of the report period. The numerator is the number of patients in the denominator who meet specific criteria. For Mammogram, the numerator is the number of patients in the denominator who had a mammogram, defined by certain codes and documented in RPMS any time in the two years prior to the end of the report period. For a detailed description of performance measure logic, see Section 3.2.4.

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetic Retinopathy, three separate denominators (patient populations) are examined. The GPRA denominator is Active Diabetic patients. The other two denominators reviewed for any Diabetes measure are User Population and Active Adult Diabetic patients. For detailed logic definitions of the denominators, see the *CRS Clinical Performance Measure Logic Manual, Section 2.0*. In addition to the GPRA numerator, for patients with retinal evaluation, two related numerators are tracked:

- Patients with diabetic retinal exam.
- Patients with other eye exam.

Reviewing all the denominators and numerators for the Diabetic Retinopathy measure topic gives a site's clinical staff a more comprehensive picture of the status of retinal evaluation among diabetic patients.

Because the number of formal GPRA measures for the IHS is limited by direction from the OMB, not all healthcare issues relevant to the AI/AN patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures may become formal GPRA measures in future years.

Required performance reporting provides the agency with a rationale and time line to establish and maintain an ongoing process to identify, measure, and evaluate performance measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror 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 measures 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 measures that are used by others, such as Healthcare Effectiveness Data and Information Set (HEDIS) or HP2020, will help in this endeavor.

IHS uses both HP2020 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP2020 target information on the report for as many of the measures included in CRS as are available.

3.2 CRS Overview

Collecting and reporting comparable data across all 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 is a software tool that provides reports for local site and Area Office use specifically on clinical performance measures that are based on data from the IHS RPMS. For FY15, CRS includes 25 performance measure topics included in the National GPRA/GPRAMA Report and 52 developmental/other clinical measure topics included in the Selected Measures (Local) Report and other reports.

Each measure topic has one or more denominator and numerator 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 performance measure is described in the *CRS Clinical Performance Measure Logic Manual*, Section 2.0, Performance Measure Logic.

3.2.1 How Does CRS Work?

Upon demand from local RPMS databases, CRS produces a printed or electronic report for any or all of over 300 GPRA and developmental clinical performance measures, representing 77 clinical topics based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and numerator (patients who meet the measure 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 compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY14 to the same measure from CRS FY15. The three time periods allow truly comparable data.

The National GPRA/GPRAMA Report provides a summary of the local GPRA measure results compared to national performance and agency goals. The report contains a section of GPRA Developmental measures as well. Users can request patient lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA/GPRAMA Report for transmission to the Area Office where an area-wide aggregate report can be generated. For detailed descriptions of the different report types, see Section 5.0.

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current v15.0 adds FY 2015 performance measures to the existing FY 2002 through FY 2014 clinical performance measures.

The CRS is intended to eliminate the need for manual chart audits to evaluate and report the IHS clinical GPRA and developmental measures based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be translated into programming code. This means an English text expression must be defined specifically in terms of which RPMS fields to look at and which values to look for to fit the definition.

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

CRS has been described as a scavenger hunt for data that looks at as many RPMS applications and as many fields as may be applicable to meet the measure. To ensure comparable data within the agency, as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These

codes include ICD-9, ICD-10, CPT, (Logical Observation Identifiers Names and Codes) LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

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. For detailed information about taxonomies, see Section 4.4.

> **Note:** Facilities that develop and use their own codes for IHS-specific functions, such as health factors and patient education, will find that these entries do not count toward meeting the measure.

3.2.2 CRS Security Keys

In order for a user to have access to the CRS application, he/she must be assigned the BGPZMENU security key in RPMS. Other security keys that a user may need are as follows:

- **BGPZ PATIENT LISTS**. Enables a user to run lists of patients that contain patient identifiers and medical information
- **BGPZ SITE PARAMETERS**. Enables a user to edit the site parameters
- **BGPZ TAXONOMY EDIT.** Enables a user to edit the site-populated lab and medication taxonomies
- **BGPZAREA**. Provides user access to the Area Office menu, where Area Aggregate reports may be run

3.2.3 CRS Key Denominator Definitions

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

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

Prior to FY 2003, the User Population denominator definition was used. The 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 Measures reports for local facility use (Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to further refine denominator definitions.

3.2.3.1 Active Clinical Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

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

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

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other

Clinic Code	Clinic Description
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

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

3.2.3.2 Active Clinical Plus Behavioral Health Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN

Clinic Code	Clinic Description
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
89	Evening

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

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening

Clinic Code	Clinic Description
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy
C4	Behavioral Health
C9	Telebehavioral Health

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

3.2.3.3 User Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Patient must be alive on the last day of the report period.
- Patient must AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy that is specified by the user.

3.2.3.4 Active Clinical Population for Local Reports

- Patient records with name "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

Clinic Code	Clinic Description
01	General

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

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

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology

Clinic Code	Clinic Description
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient 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 typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.3.5 Active Clinical Plus Behavioral Health Population for Local Reports

- Patient records with name "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient 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:

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

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

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

- Patient 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 typed and updated during the patient registration process.
- User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patients (patient panel); or all patients, regardless of community of residence.

3.2.3.6 User Population for Local Reports

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.
- Patient must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type.
- Patient 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.

3.2.4 Performance Measure Logic Example

The GPRA measure example used in Section 3.1.2 was Cancer Screening: Mammogram Rates: During FY 2015, achieve the target rate of 54.8% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last two years.

For CRS, the GPRA measure definition is:

- Denominator (total number of patients evaluated): Active Clinical female patients ages 52 through 64, excluding those with documented history of bilateral mastectomy. (The clinical owner of the measure has determined based on current medical guidelines that "eligible" women are defined as ages 52 through 64.)
- Numerator (those from the denominator who meet the criteria for the measure): patients with documented mammogram in past two years.

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

1. Begin with the Active Clinical population definition (see Section 3.2.3.1).
    a. Exclude any patient records with the name of "DEMO,PATIENT."
    b. Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.
    c. Exclude any patient records with a date of death in the Patient Registration file.
    d. Exclude any patient records that do *not* have value 01 (AI/AN) in the Beneficiary field of the Patient Registration file.
    e. Exclude any patient records whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.

f. For the remaining patients, search Visit files for the three years prior to the selected report end date; exclude any patient records whose visits do not meet the "two medical clinics" definition.

2. From these patients, identify the subset that are female and at least age 52 on the first day of the current report period and less than age 65 on the last day of the report period.

3. Exclude patients with documented bilateral mastectomy by searching the V Procedure file for Procedure Codes ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HTV0ZZ or V CPT for CPT Codes 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, 19240, w/modifier of 50 or 09950 any time before the end of the report period; *or* who have two separate occurrences for either CPT Codes 19300-19307, or old codes 19180, 19200, 19220, 19240 or Procedure Codes ICD-9: 85.41, 85.43, 85.45, 85.47; ICD-10: 07T50ZZ, 07T60ZZ, 07T70ZZ, 07T80ZZ, 07T90ZZ, 0HTT0ZZ, 0HTU0ZZ, 0KTH0ZZ, 0KTJ0ZZ on either two different dates of service or on the same date of service if the codes include both a right side modifier and left side modifier.

4. For these patients (the denominator), check for a mammogram in the past two years in the following order:

   a. Check V Radiology or V CPT for the following CPT Codes: 77052 through 77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202

   b. Check the Purpose of Visit file (V POV) for a diagnosis of ICD-9: V76.11 Screening Mammogram for High Risk Patient; V76.12 Other Screening Mammogram; 793.80 Abnormal Mammogram, Unspecified; 793.81 Mammographic Microcalcification; 793.89 Other Abnormal Findings On Radiological Exam of Breast or ICD-10: R92.0, R92.1, R92.8, Z12.31.

   c. Check V Procedures for a procedure of ICD-9: 87.36 Xerography of Breast, 87.37 Other Mammography or ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ.

   d. Check the Women's Health Tracking package for documentation of a procedure called Mammogram Screening, Mammogram Dx Bilat, or Mammogram Dx Unilat and where the result does *not* have "ERROR/DISREGARD".

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

For a detailed description of the logic for each performance measure included in CRS, see the *CRS Clinical Performance Manual*, Section 2.0, "Performance Measure Logic."

3.2.5 CRS Report Time Periods

For each measure, the following three time periods are displayed:

- **Current or Report Period**. A user-specified time period. For a typical National GPRA/GPRAMA Report, the time period is 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/GPRAMA Report, the baseline year is July 1, 2009 through June 30, 2010.

The data for the report period is compared to the data for the previous year and the baseline periods. The percentage of change between current and previous year and current and baseline periods is calculated.

The purpose of having three time periods for comparison is to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY14 to the same measure from CRS FY15. The three time periods allow truly comparable data.

3.3 FY14 Clinical Measures Included in CRS

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

> **Note:** CRS only includes clinical performance measures that can be derived from RPMS data.

For detailed descriptions of the measure logic, including specific codes and taxonomies used, and formats for each topic and patient list, see the *CRS Clinical Performance Manual, Section 2.0*.

For the performance measurement logic included in the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Selected Measures, Other National Measures, Elder Care, and Patient Education reports, see the specific Performance Measure Definitions and Logic documents on the CRS Web site, CRS 2015 page: http://www.ihs.gov/crs/index.cfm?module=crs_software_fy15.

4.0 Getting Started: System Setup

Before a site can use the CRS for FY2015 to run reports, the site's system parameters and taxonomies must be set up.

System Setup Task Summary:

1. Create the official community taxonomy for national GPRA reporting using Q-Man. (Section 4.1).
2. Set up the CRS system parameters for the site. (Section 4.2).
3. Run the taxonomy check for all reports. (Section 4.5).
4. Set up the lab and medication taxonomies used by CRS. (Section 4.6).

4.1 Community Taxonomy

The community taxonomy is used to define the range of community names where your facility's patients reside, and is included in your reports. Most likely, your facility has one or more community taxonomies already set up for use with other RPMS applications.

For the National GPRA/GPRAMA Report, 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 Area Offices would use their defined CHS catchments as their default community taxonomies for the yearly GPRA report, with the exception of the Oklahoma City Area (all of OK is in the Contract Health Service Delivery Area).

Individuals may want to run local reports of selected measures for a specific subset of the population, which may use a different community taxonomy than the community taxonomy used to run the National GPRA/GPRAMA Report.

Use Q-Man to set up the community taxonomy. If you do not have access to Q-Man, see your RPMS site manager.

> **Note:** If the **Q-Man** menu option is not listed in your main menu, contact your site manager to receive the Q-Man access keys.

To define the Community taxonomy:

1. At the Main Menu prompt, choose the **QMAN** menu option and press Enter to display the **Q-Man** menu.
2. At the "Enter Return to continue or caret (^) to Exit" prompt, press Enter.
3. At the "Your Choice" prompt, type **1** (Search PCC Database) and press Enter. The steps that follow are illustrated by Figure 4-1.
4. At the "What is the subject of your search?" prompt, press Enter to accept the default (**LIVING PATIENTS**).
5. At the "Attribute of Living Patients" prompt, type **Community** and press Enter.
6. At the "Enter Community" prompt, type the name of the first community of interest.
7. At the "Enter Another Community" prompt, type the name of the next community of interest. Repeat until all communities have been entered.
8. When finished, press Enter at a blank "Enter Another Community" prompt.
9. At the "Want to save this community group for future use?" prompt, type **Y** and press Enter.
10. At the "Group Name" prompt, type a name for the taxonomy and press Enter.
11. At the "Are you adding [*group name*]' as a new Taxonomy (the #TH)?" prompt, verify your group name and type **Y** to save it or **N** to cancel the save and press Enter.
12. (Optional) At the "Taxonomy Brief Description" prompt, type a short description of the taxonomy and press Enter.
13. (Optional) At the "1>" prompt, type the information for the extended description for the taxonomy; otherwise press Enter.
14. At the "Attribute of Living Patients" prompt, type a caret (^) and press Enter.
15. At the "What is the subject of your search?" prompt, type a caret (^) and press Enter to return to the **Q-Man** main menu.

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

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: COMMUNITY <Enter>

Enter COMMUNITY: ANADARKO <Enter>          CADDO     OKLAHOMA     140     4008140
Enter ANOTHER COMMUNITY: CARNEGIE <Enter>  CADDO     OKLAHOMA     144     4008144
```

```
Enter ANOTHER COMMUNITY: WALTERS <Enter>   COTTON    OKLAHOMA     263     4017263
Enter ANOTHER COMMUNITY: <Enter>

The following have been selected =>

     ANADARKO
     CARNEGIE
     WALTERS

Want to save this COMMUNITY group for future use? No// Y <Enter> (Yes)
Group name: SWOK GPRA REPORT COMMUNITIES <Enter>
  Are you adding 'SWOK GPRA REPORT COMMUNITIES' as
    a new TAXONOMY (the 890TH)? No// Y <Enter> (Yes)

   TAXONOMY BRIEF DESCRIPTION: <Enter>
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// NO <Enter>
Computing Search Efficiency Rating

   Subject of search: PATIENTS
      ALIVE TODAY
      CURRENT COMMUNITY (ANADARKO/CARNEGIE...)
```

Figure 4-1: Setting up a community taxonomy in Q-Man

16. To exit the **Q-Man** main menu, type **0** (zero) at the prompt and press Enter.

4.2 Site Parameters

CI15 > SET > **SP**

> **Note:** Users must have the BGPZ SITE PARAMETERS security key to display the Site Parameters menu option and set up the CRS site parameters.

Setting site parameters eliminates the need to set those values that are often used throughout the CRS system. CRS site parameters 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 when 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 to ensure users will define a specific Community taxonomy each time a report is run.

- **Definition of Home**. Used by PHN measures to identify PHN visits in a home location, in addition to Clinic Code 11. Generally, but not always, a site's home location is called Home.

- **Directory for Area files**. Defines the directory in which Area Export files will be created.

> Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

To edit the Site Parameters starting from the CRS Main Menu (Figure 4-2):

```
              **************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              **************************************************
                                Version 15.0

                              DEMO INDIAN HOSPITAL

   CI15    CRS 2015 ...
   CI14    CRS 2014 ...
   CI13    CRS 2013 ...
   CI12    CRS 2012 ...
   CI11    CRS 2011 ...
   CI10    CRS 2010 ...
   CI09    CRS 2009 ...
   CI08    CRS 2008 ...
   CI07    CRS 2007 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI15 <Enter>
CRS 2015
```

Figure 4-2: CRS Main Menu

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter. The CRS 2015 menu (Figure 4-3) displays.

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **  Clinical Reporting System   **
                        **********************************
                                Version 15.0

                              DEMO INDIAN HOSPITAL

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

Select CRS 2015 Option: SET <Enter>  System Setup
```

Figure 4-3: CRS 2015 menu

2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.

```
                          **************************
                          **   IHS/RPMS CRS 2015  **
                          **       Setup Menu     **
                          **************************
                                 Version 15.0

                             DEMO INDIAN HOSPITAL

   SP     Site Parameters
   RA     Report Automation ...
   TC     Taxonomy Check ...
   TS     Taxonomy Setup ...

Select System Setup Option:  SP <Enter>  Site Parameters
```

Figure 4-4: CRS Setup menu

3. At the "Select System Setup Option" prompt, type **SP** and press Enter. The steps that follow are illustrated by Figure 4-5.

> **Note:** The SP Site Parameters menu option displays only for users with security access to this function.

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

5. 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.

6. At the "Enter Your Site's Home location" prompt, type the name of your home location, or press Enter to accept the default response. Type **HOME** at this prompt to display a list of all home locations. Follow the prompts to select the appropriate location.

> The home location is for reporting PHN home visits only and should not be confused with your facility or site location.

7. At the "Directory for Export Files" prompt, type the path of the directory in which the Area Export files created. Edit this parameter only if you want Area Export files to be created in a directory other than where they are currently created.

> Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

8. When the "Select BGP Site Parameters Location" prompt displays again, press Enter to return to the System Setup menu.

```
Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO INDIAN HOSPITAL <Enter>
OKLAHOMA       TAHLEQUAH       01              OK            2582
         ...OK? Yes//  <Enter>  (Yes)
Please enter your site's DEFAULT COMMUNITY taxonomy: DEMO GPRA
COMMUNITIES//
<Enter>
Please enter your site's HOME location: HOME// HOME  <Enter>
     1   HOME       OKLAHOMA       TAHLEQUAH       89    OK
     2   HOME       CALIFORNIA TRIBE/638       UIHS-TSURAI       89
     3   HOME       MONTANA URB       ROCKY BOY'S       95
     4   HOME       CALIFORNIA URBAN       AMERICAN IND FREE CLINIC
89
     5   HOME       CALIFORNIA URBAN       SAN DIEGO A.I.H.C.      89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  <Enter> HOME     OKLAHOMA       TAHLEQUAH       89    OK

If you want your files to be placed in a directory other than the
pub directory, please enter the directory name here.

DIRECTORY FOR EXPORT FILES: Q:\// Q:\AreaReports\
Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters

4.3 Report Automation

CI15 > SET > **RA**

> **Note:** Users must have the BGPZAREA security key to display the Report Automation menu option and set up the GPRA report automation.

Setting up automated GPRA reports allow an Area to produce Area GPRA reports of their facilities' data automatically each month. In order to do this, a member of the Area must access the Report Automation menu of CRS at each facility to set up the facility reports to run. The reports will automatically run at 10pm on the first Friday of every month. If available, the facility files will be automatically transferred to a specified server at the Area. If all facility files are present, the Area aggregate report will run automatically at 12pm on the second Friday of every month.

There are two choices for date ranges for the GPRA report:

- The current GPRA year
- 30-day trending data

When setting up the automated reports, choose the same option for each facility in their Area, and the same option for the Area aggregate report.

- **GPRA Year Data**, the current GPRA year. This will extract the GPRA year to date National GPRA report. The time period will always be July 1 through June 30 of the current GPRA year.
- **Trending Data (30 Day)**, a time period used for trending of data. This time period is calculated as follows: Subtract 60 days from the date the report is being run. It then determines the last day of that month and uses that day as the end date of the report period. The first day of the report period is calculated as 364 days prior to that date.

  Examples:

  - Date report is run is 4/30/2015
    - Ending date is 03/31/2105
    - Beginning date is 4/02/2014
  - Date report is run is 06/01/2015
    - Ending date is 04/30/2015
    - Beginning date is 05/02/2014

4.3.1 Set up Automated GPRA Extract

CI15 > SET > RA > **ASP**

To set up or edit the automated GPRA report for a facility starting from the CRS Main Menu (Figure 4-2):

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.
2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.
3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The Report Automation menu (Figure 4-6) displays.

Note: The RA Report Automation menu option displays only for users with security access to this function.

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **  Clinical Reporting System   **
                        **********************************
                                   Version 15.0

                                 DEMO INDIAN HOSPITAL

   ASP    Set up Automated GPRA Extract
   AMAN   Manually Run GPRA Extract
   AAP    Set up Area Automated Parameters
   APR    Manually Run Area Aggregate of GPRA Extracts
   ASCH   Schedule Auto Area File Aggregation

Select Report Automation Option:
```

Figure 4-6: Report Automation menu

4. At the "Select Report Automation Option" prompt, type **ASP** and press Enter. The steps that follow are illustrated by Figure 4-7.

5. At the "Select BGP Client Automated GPRA Extract Params Site" prompt, type the name of the site location.

6. At the "Type of Auto Extract" prompt, type **G** for GPRA year data or **T** for Trending data (30 days).

7. At the "Default Community Taxonomy" prompt, type the name of the community taxonomy your site uses for performance reporting.

8. At the "Remote Host IP Address" prompt, type the IP address of the Area Office computer to which the GPRA files will be sent. You can get this IP address from your Area Office IT personnel.

9. At the "Remote Host Directory" prompt, type the directory in which the GPRA export files will be placed when they reach the Area Office (Host) System. You can get this information from your Area Office IT personnel.

10. At the "Remote Host Username" prompt, type the username that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.

11. At the "Remote Host Password" prompt, type the password that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.

12. At the "Do you wish to continue to schedule this monthly?" prompt, type **Y** to schedule the automated report.

```
Select Report Automation Option: ASP  Set up Automated GPRA Extract

This option is used by Area Office personnel to set up an
automated GPRA extract for the site you select.  All
questions are mandatory and must be answered before the
first extract will be queued to run.
You must be logged into the site for which you want to schedule
this extract.

Select BGP CLIENT AUTOMATED GPRA EXTRACT PARAMS SITE: DEMO INDIAN HOSPITAL
<Enter>    OKLAHOMA       TAHLEQUAH       01              OK
2582
         ...OK? Yes//  <Enter>  (Yes)

TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT COMMUNITY TAXONOMY: DEMO COMMUNITY TAXONOMY// <Enter>
REMOTE HOST IP ADDRESS: 161.223.92.251// 161.223.92.251 <Enter>
REMOTE HOST DIRECTORY: areadir// areadir <Enter>
REMOTE HOST USERNAME: anonymous// anonymous <Enter>
REMOTE HOST PASSWORD: crstest// crstest <Enter>
Do you wish to continue to schedule this monthly? YES <Enter>

SETTING AUTOQUEUED OPTION 'BGP 15 AUTO GPRA EXTRACT'  (JAN 06, 2015@22:00)

OPTION 'BGPGP2EX AUTO GPRA EXTRACT' SCHEDULED AS TASK #8442477
```

Figure 4-7: Setting up an automated GPRA extract

13. To un-schedule the automated GPRA extract, repeat Steps 1 through 5. The following screen displays:

```
It seems that the automated GPRA extract is already scheduled to run.
You can't schedule it to run twice, but you can edit the parameters
or delete the scheduled task so it won't run in the future.

     Select one of the following:

          E         Edit Auto Extract Parameters
          D         Delete/Unschedule the Auto Extract Task
          Q         Quit, I don't want to do either

Which would you like to do: E//
```

Figure 4-8: Screen for un-scheduling the automated GPRA extract

14. At the "Which would you like to do" prompt, type **D** and press Enter to un-schedule the automated GPRA extract.

4.3.2 Manually Run GPRA Extract

CI15 > SET > RA > **AMAN**

It may be necessary to manually run the GPRA report for a facility, for example if the automated GPRA report fails to complete successfully. To manually run the GPRA report for a facility starting from the CRS Main Menu (Figure 4-2):

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.
2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.
3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The Report Automation menu (Figure 4-6) displays.

> **Note:** The RA Report Automation menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **AMAN** and press Enter.
5. At the "Select BGP Client Automated GPRA Extract Params Site" prompt, type the name of the site location and press Enter.
6. At the "Default Community Taxonomy" prompt, type the name of the community taxonomy your site uses for performance reporting and press Enter. A summary of the report displays, as shown in Figure 4-9.
7. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu.

```
             SUMMARY OF NATIONAL GPRA & PART REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:     Jul 01, 2013 to Jun 30, 2014
     Baseline Period:          Jul 01, 2009 to Jun 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO COMMUNITY TAXONOMY
```

Figure 4-9: Summary of National GPRA & PART Report to be generated

After you select your report options, you will be given the opportunity to queue your report to run at a later time.

> **Note:** As a general rule, queue the report to run during off hours, when the network is not as busy. At most sites, a report can be queued by typing a **Q** at the prompt and pressing Enter. Check with the site manager for further information about how to specify these options.

4.3.3 Set up Area Automated Parameters

CI15 > SET > RA > **AAP**

Once set up, the Area Aggregate report will run automatically only if the Area has received files from all facilities listed in the setup. To initially set up or edit the automated Area aggregate GPRA report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.
2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.
3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The Report Automation menu (Figure 4-6) displays.

> **Note:** The RA Report Automation menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **AAP** and press Enter. The steps that follow are illustrated by Figure 4-10.
5. At the "Select BGP Area Automated GPRA Params Name" prompt, enter a unique name for the parameters setup (e.g. Phoenix).
6. At the "Type of Auto Extract" prompt, type **G** for GPRA year data or T for Trending data (30 days).
7. At the "Default Directory" prompt, type the directory to which the facilities' files have been sent.
8. At the "Subdirectory" prompt, type the directory where the Area files should be placed on the server.
9. At the "Alert/Mailman Sender" prompt, type the name of the person that should be listed as the sender of any alert messages (e.g. the Area GPRA Coordinator).
10. At the "Select Email Recipient" prompt, type the name of the person that should receive alerts or mailman message if the report fails.

11. At the “Select Facility” prompt, type the name of a facility in your Area. You will then need to confirm the ASUFAC for the facility and that it is currently active. You will then be prompted to enter another facility name. After entering all facilities in your Area that you would like included in your Area aggregate report, press enter.

12. When the “Select BGP Area Automated GPRA Params Name” prompt displays, press Enter to return to the Report Automation menu.

```
Select BGP AREA AUTOMATED GPRA PARAMS NAME: TEHR <Enter>
NAME: TEHR// <Enter>
TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT DIRECTORY: Q:\areadir\// areadir <Enter>
SUBDIRECTORY: Q:\arearpts\// arearpts <Enter>
ALERT/MAILMAN SENDER: DEMO,USER// DEMO,USER <Enter>
Select EMAIL RECIPIENT: DEMO,USER2// DEMO,USER2 <Enter>
         ...OK? Yes//   (Yes)

  EMAIL RECIPIENT: DEMO,USER2// <Enter>
Select EMAIL RECIPIENT: <Enter> DEMO INDIAN HOSPITAL <Enter>    OKLAHOMA
TAHLEQUAH       01              OK            2582
         ...OK? Yes//  <Enter>  (Yes)
  FACILITY: DEMO INDIAN HOSPITAL// <Enter>
  ASUFAC: 505901// <Enter>
  ACTIVE: ACTIVE// <Enter>
Select FACILITY: CHOCTAW NATION HOSPITAL <Enter>      OKLAHOMA TRIBE/638
TALIHINA       01
  Are you adding 'CHOCTAW NATION HOSPITAL' as a new FACILITY (the 2ND for
this BGP AREA AUTOMATED GPRA PARAMS)? No// Y <Enter> (Yes)
  ASUFAC: 556001// <Enter>
  ACTIVE: A <Enter> ACTIVE
Select FACILITY: <Enter>

Select BGP AREA AUTOMATED GPRA PARAMS NAME: <Enter>
```

Figure 4-10: Setting up an Area automated report

In order to schedule the Area aggregate report to run automatically, follow the steps in Section 4.3.5.

4.3.4 Manually Run Area Aggregate of GPRA Extracts

CI15 > SET > RA > **APR**

It may be necessary to manually run the Area aggregate GPRA report, for example if the automated report does not run due to missing facility files. To manually run the Area aggregate GPRA report:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.

2. At the “Select CRS 2015 Option” prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.

3. At the “Select System Setup Option” prompt, type **RA** and press Enter. The Report Automation menu (Figure 4-6) displays.

> **Note:** The RA Report Automation menu option displays only for users with security access to this function.

4. At the “Select Report Automation Option” prompt, type **APR** and press Enter.

5. An information screen displays, as shown in Figure 4-11.

```
This option is used to aggregate all GPRA Extract files that have
been received from the facilities.

The process will run immediately.

Do you wish to continue? Y//
```

Figure 4-11: Information screen for manual Area aggregate report to be generated

6. At the Do you wish to continue?” prompt, press Enter to run the report immediately.

4.3.5 Schedule Auto Area File Aggregation

CI15 > SET > RA > **ASCH**

To schedule the Area aggregate GPRA report to run automatically on the second Friday of the month:

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.

2. At the “Select CRS 2015 Option” prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.

3. At the “Select System Setup Option” prompt, type **RA** and press Enter. The Report Automation menu (Figure 4-6) displays.

> **Note:** The RA Report Automation menu option displays only for users with security access to this function.

4. At the “Select Report Automation Option” prompt, type **ASCH** and press Enter.

5. If the report has not been scheduled to run, an information screen displays, as shown in Figure 4-12.

```
This option is used to automatically schedule the Auto Area file
aggregation for the second Friday of the month.

This option will be scheduled for Jan 16, 2015 at 12:00pm.
  (JAN 16, 2015@12:00)
```

```
Press Enter to Continue:
```

Figure 4-12: Information screen for scheduling the automated Area aggregate report

6. To schedule the report, at the "Press Enter to Continue" prompt, press Enter.
7. To un-schedule the automated report, at the "Select Report Automation Option" prompt, type **ASCH** and press Enter.
8. An information screen displays, as shown in Figure 4-13.

```
This option is used to automatically schedule the Auto Area
file aggregation for the second Friday of the month.

The option is already scheduled to run: TASK # 8443111 at Jan 16,
2015@12:00.
Do you wish to Un-Schedule the task? N//
```

Figure 4-13: Information screen for un-scheduling the automated Area aggregate report

9. To un-schedule the automated report, at the "Do you wish to Un-Schedule the task?" prompt, type **Y** and press Enter.

4.4 Taxonomies

Taxonomies are used to find data items in PCC and 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 performance measure logic as possible is based on standard national codes. These codes include ICD-9, ICD-10, CPT, LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

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.

4.4.1 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 and determine if a patient meets certain criteria. Two types of taxonomies are distributed with the CRS:

- Software-defined ("hard-coded")
- Site-populated

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

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

Site-populated taxonomies are used to mitigate the variations in terminology for data elements that vary from one facility to another, including medications and lab tests. This means that one site's Pap smear data can be compared to another site's data, 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's data, 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 predefined taxonomy name installed at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use DM AUDIT GLUCOSE TESTS TAX, and the individual facility would enter all varieties of spelling and punctuation for glucose tests used at that facility.

4.4.2 Site-Populated Clinical Taxonomies Used by CRS

During the initial installation of CRS, the site's CRS Implementation Team reviews the taxonomies that must be populated by the site to make sure that all appropriate entries exist or are entered. After that, the GPRA Coordinator or other persons responsible for maintaining the lab and drug taxonomies should review the taxonomies at least each quarter before running the quarterly reports to ensure the taxonomies are up to date.

The CRS site-populated taxonomies include both lab tests and drugs. The tables in Sections 4.4.3 and 4.4.4 can be used as a checklist.

CRS also uses hard-coded, predefined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, ADA, National Drug Code (NDC), and Veterans Affairs (VA) Drug Class codes, as identified in the performance measure logic. *These taxonomies cannot be altered by the site*.

To view a list of all predefined taxonomies, type **VT** (View Taxonomy) at the Taxonomy Setup menu. The *Clinical Reporting System (BGP) Technical Manual* also includes a list of all predefined taxonomies.

Detailed instructions on how to check and set up these taxonomies are included in Sections 4.5 and 4.6.

Reports can be run for the lab tests and medications, including the site-populated taxonomies. For information on running these reports, see Sections 5.18 and 5.19.

4.4.3 Site-Populated Lab Taxonomies

The following site-defined lab taxonomies are used by CRS. One new lab taxonomy was added and three were deleted for this version.

> **Notes**: To provide accurate counts, you must include *all* test names that were used by your facility at least since 1995, even if these codes are currently inactive. Some measures 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-populated taxonomies because these tests may have been in use at the time.

In the following table, one asterisk (*) precedes the taxonomies that had changes to the topics using the taxonomy. Report additions are also preceded by one asterisk (*), and deletions are noted.

Table 4-1: Site-Populated Lab Taxonomies

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP CBC TESTS	All Complete Blood Count (CBC) laboratory tests	CBC; CBC/AUTO DIFF; CBC W/DIFF; CBC+DIFF; CBC W/DIFF+ PLT; CBC & MORPHOLOGY (WITH DIFF); CBC & MORPHOLOGY (NO DIFF); CBC (PRENATAL PROFILE); HEMOGRAM; HEMO PANEL	• Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring	• Selected Measures • Elder Care
BGP CD4 TAX	All CD4 laboratory tests used to evaluate immune system status (also known as: T4 count, T-helper cells)	CD4	• HIV Quality of Care • HIV Screening	• GPRA Developmental • Other National Measures • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP CHLAMYDIA TESTS TAX	All chlamydia trachomatis laboratory tests	CHLAMYDIA CULTURE; CHLAMYDIA IGG; CHLAMYDIA IGM; CHLAMYDIA SCREEN; CHLAMYDIA; DNA PROBE; CHL/GC COMBO	• Chlamydia Testing • STI Screening	• GPRA Developmental • Selected Measures
BGP CREATINE KINASE TAX	All creatine kinase laboratory tests (excluding CK isoenzymes)	CK; CPK; CREATINE KINASE; CREATINE PHOSPHOKINASE	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients	• Other National Measures • Selected Measures
BGP GPRA ESTIMATED GFR TAX	All estimated GFR laboratory tests	ESTIMATED GFR; EST GFR	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care • Chronic Kidney Disease Assessment	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures • Elder Care
BGP GPRA FOB TESTS	All fecal occult blood laboratory tests	OCCULT BLOOD; FECAL OCCULT BLOOD; FOBT	• Colorectal Cancer Screening • Comprehensive Cancer Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • GPRA Developmental
BGP GROUP A STREP TESTS	All Group A strep laboratory tests	THROAT CULTURE; RAPID STREP; STREP A AG	• Appropriate Testing for Children with Pharyngitis	• Selected Measures
BGP HEP C TEST TAX	All Hepatitis C Lab Tests	HEP C TESTS	• Hepatitis C Screening	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
*BGP HEP C CONF TEST TAX	All Hepatitis C Confirmatory Lab Tests	HEP C RNA TESTS	• Hepatitis C Screening	• National GPRA/GPRAMA and GPRA/GPRAMA Performance • Selected Measures
BGP HIV TEST TAX	All HIV laboratory tests; should not include viral load or genotype tests	HIV TESTS HIV SCREEN	• HIV Screening • STI Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures
BGP HIV-1 TEST TAX	All HIV-1 laboratory tests; should not include viral load or genotype tests	HIV-1 TESTS HIV-1 SCREEN	• HIV Screening	• GPRA Developmental
BGP HIV-2 TEST TAX	All HIV-2 laboratory tests; should not include viral load or genotype tests	HIV-2 TESTS HIV-2 SCREEN	• HIV Screening	• GPRA Developmental
BGP HIV VIRAL LOAD TAX	All HIV viral load laboratory tests (as measured by PCR or comparable test)	HIV VIRAL LOAD	• HIV Quality of Care	• Other National Measures • Selected Measures
BGP HPV TEST TAX	All HPV laboratory tests	HPV TESTS HPV SCREEN	**Cancer Screening:** • Pap Smear Rates	• GPRA Developmental
BGP LIVER FUNCTION TESTS	All liver function laboratory tests	LIVER FUNCTION; HEPATIC FUNCTION; LFT	• Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring	• Selected Measures • Elder Care

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP PAP SMEAR TAX	All Pap smear laboratory tests	PAP SMEAR; THIN PREP PAP	**Cancer Screening:** • Pap Smear • Comprehensive Cancer Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • GPRA Developmental
BGP POTASSIUM TESTS	All potassium laboratory tests	POTASSIUM; K; Also include panels including potassium, such as: ELECTROLYTES (LYTES); BASIC METABOLIC PANEL (BMP); COMPREHENSIVE METABOLIC PANEL; RENAL FUNCTION PANEL	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP QUANT UACR TESTS	All urine albumin-to-creatinine laboratory tests	ACR; A/C RATIO; ALBUMIN/ CREATININE; ALBUMIN/CREATININE RATIO; MICROALBUMIN/ CREATININE RATIO	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures • Elder Care
BKM FTA-ABS TESTS TAX (**Deleted**)				
BKM GONORRHEA TEST TAX (**Deleted**)				
BKM RPR TESTS TAX (**Deleted**)				

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT ALT TAX	All Alanine Transaminase (ALT) laboratory tests	ALT; SGPT; ALT (SGPT)	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring	• Other National Measures • Selected Measures • Elder Care
DM AUDIT AST TAX	All Aspartate Aminotransferase (AST) laboratory tests	AST; SGOT; AST (SGOT)	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring	• Other National Measures • Selected Measures • Elder Care
DM AUDIT CHOLESTEROL TAX	All total cholesterol laboratory tests	CHOLESTEROL; TOTAL CHOLESTEROL	• CVD and Cholesterol Screening	• Other National Measures • Selected Measures • Elder Care

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT CREATININE TAX	All creatinine laboratory tests–NOTE: do not include names of panels that creatinine test may be part of, e.g., BMP	CREATININE	• All Diabetes Measures for Active Adult Diabetic denominator • Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring • Chronic Kidney Disease Assessment	• Selected Measures • Elder Care
DM AUDIT GLUCOSE TESTS TAX	All glucose laboratory tests, including fasting and tolerance tests	GLUCOSE; RANDOM GLUCOSE; FASTING GLUCOSE; WHOLE BLOOD GLUCOSE; ACCUCHECK; HEMOCUE GLUCOSE; FINGERSTICK GLUCOSE; WHOLE BLOOD GLUCOSE; GTT 1HR/100GM; GTT 2HR/100GM; GTT 3HR/100GM; GTT 2HR; GTT 3HR; GLUCOSE TOLERANCE 1HR; GLUCOSE TOLERANCE 2HR; GLUCOSE TOLERANCE 3HR; GLUCOSE 1HR/100GM; GLUCOSE 1HR/50GM; GLUCOSE 2HR/100GM; GLUCOSE 2HR/75GM; GLUCOSE 3HR/100GM; GLUCOSE GTT FASTING	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT HGB A1C TAX	All HGB A1C laboratory tests	HGBA1C; A1C; HBA1C; HEMOGLOBIN A1C; GLYCOSYLATED HEMOGLOBIN; GLYCOHEMOGLOBIN A1C	• Diabetes: Glycemic Control • Diabetes Comprehensive care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures • Elder Care
DM AUDIT LDL CHOLESTEROL TAX	All LDL cholesterol laboratory tests–NOTE: Do not include lipid panels	LDL; LDL-C	• Diabetes Comprehensive Care • Diabetes: LDL Control • CVD and Cholesterol Screening • Comprehensive CVD-Related Assessment • Cholesterol Management for Patients with Cardiovascular Conditions	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures • Elder Care
DM AUDIT URINE PROTEIN TAX	All urine protein laboratory tests	URINE PROTEIN; URINE PROTEIN SCREEN	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures

4.4.4 Site-Populated Drug Taxonomies

All of the taxonomies in Table 4-1 that begin with "BGP" will be prepopulated by the CRS software, as indicated in the Drugs column. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site's drug file and prepopulated, since there may be drugs that CRS could not locate that should be included in your site-populated taxonomy. You can add those drugs that should be included by editing your site-populated drug taxonomy.

> **Note:** The actual members are too numerous to list and are included in spreadsheet *CRS 2015 Medication Taxonomies v15.0*. The NDCs or VA Drug Classes used to prepopulate many of the taxonomies are included in this spreadsheet for each medication.

There is one new medication taxonomy for CRS v15.0. No taxonomies have been deleted.

In the following table, a single asterisk (*) precedes any taxonomy where drugs were added or removed. The drugs that were added are also preceded by a single asterisk (*) and the drugs that were deleted are noted.

Table 4-2: Site-Populated Drug Taxonomies

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ANTI-PLATELET DRUGS	All antiplatelet medications used in CMS measures	Prepopulated by VA Drug Class BL117 • Aspirin & Dipyridamole (Aggrenox) • Cilostazol (Pletal) • Clopidogrel (Plavix) • Dipyridamole (Persantine) • Heparin • Ticlopidine (Ticlid) (Warfarin is included in BL110)	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy After a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	• Other National Measures • Selected Measures
BGP ASTHMA LABA MEDS	All asthma long-acting inhaled beta-2 agonist medications used in CRS	Prepopulated by NDC • Aformoterol • Formoterol • Salmeterol	• Medication Therapy for Persons with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP CMS SMOKING CESSATION MEDS	All smoking cessation medications used in CRS measures	Prepopulated by VA Product IDs: • Nicotine Gum • Nicotine Lozenge • Nicotine Patch • Bupropion • Varenicline	• Tobacco Cessation	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Other National Measures • Selected Measures • GPRA Developmental
BGP CMS WARFARIN MEDS	All Warfarin (blood thinner) medications used in CMS measures	Prepopulated by VA Product IDs • Barr Warfarin Sodium • Coumadin • Dicumarol • Jantoven • Panwarfin • Warfarin	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy After a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ACEI MEDS	All ACE inhibitor medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS. **Angiotensin Converting Enzyme Inhibitors:** • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril • Moexipril • Perindopril • Quinapril • Ramipril • Trandolopril **Antihypertensive Combinations:** • Amlodipine-benazepril • Benazepril-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-quinapril • Trandolapril-verapamil	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTIBIOTIC MEDS	All antibiotics for children developed by HEDIS	Prepopulated by NDC; developed by HEDIS. • Amoxicillin • Amox/Clavulanate • Ampicillin • Azithromycin • Cefaclor • Cefadroxil • Cefazolin • Cefdinir • Cefditoren • Cefixime • Ceftibuten • Cefpodoxime • Cefprozil • Ceftriaxone • Cefuroxime • Cephalexin • Ciprofloxacin • Clarithromycin • Clarithromycin • Clindamycin • Dicloxacillin • Doxycycline • Doxycycline Hyclate • Doxycycline Monohydrate • Erythromycin • Erythromycin Ethylsuccinate • Erythromycin Lactobionate • Erythromycin Stearate • Erythromycin-Sulfisoxazole (***Continued on next page***)	• Appropriate Treatment for Children with Upper Respiratory Infection • Appropriate Testing for Children with Pharyngitis	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTIBIOTIC MEDS (***Continued***)	All antibiotics for children developed by HEDIS	Prepopulated by NDC; developed by HEDIS. • Levofloxacin • Minocycline • Moxifloxacin • Ofloxacin • Penicillin VK • Penicillin G • Sulfisoxazole • Tetracycline • Trimethoprim • Trimethoprim-Sulfamethoxazole	• Appropriate Treatment for Children with Upper Respiratory Infection • Appropriate Testing for Children with Pharyngitis	• Selected Measures
*BGP HEDIS ANTICHOLINERGIC MEDS	All anticholinergic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **First-generation antihistamines (Includes combination drugs):** • Brompheniramine • Carbinoxamine • Chlorpheniramine • Clemastine • Cyproheptadine • Dexbrompheniramine • Dexchlorpheniramine • Diphenhydramine (oral) • Doxylamine • Hydroxyzine • Promethazine • Triprolidine **Antiparkinson agents:** • Benztropine (oral • Trihexyphenidyl	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS ANTI-INFECTIVE MEDS	All anti-infective medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS: • Nitrofurantoin	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures
BGP HEDIS ANTI-DEPRESSANT MEDS	All antidepressant medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS: • Tricyclic antidepressants (TCA) and other cyclic antidepressants • Selective serotonin reuptake inhibitors • Monoamine oxidase inhibitors • Serotonin-norepinepherine reuptake inhibitors • Other antidepressants.)	• Antidepressant Medication Management	• Selected Measures
*BGP HEDIS ANTITHROMBOTIC MEDS	All antithrombotic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS: • Ticlopidine • Dipyridamole, oral short-acting	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ARB MEDS	All angiotensin receptor blocker (ARB medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS. **Angiotensin II Inhibitors:** • Azilsartan • Candesartan • Eprosartan • Irbesartan • Losartan • Olmesartan • Telmisartan • Valsartan **Antihypertensive Combinations:** • Aliskiren-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-olmesartan • Amlodipine-Telmisartan • Amlodipine-Valsartan • Azilsartan-chlorthalidone • Candesartan-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Hydrochlorothiazide-Irbesartan • Hydrochlorothiazide-Losartan • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-Telmisartan • Hydrochlorothiazide-Valsartan)	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA INHALED MEDS	All inhaled asthma medications developed by HEDIS for the denominator in the CRS HEDIS-based asthma measures	Prepopulated by NDC; developed by HEDIS **Inhaled Steroid Combinations:** • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-Formoterol **Inhaled Corticosteroids:** • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC free • Mometasone • Triamcinolone **Long-acting, inhaled beta-2 agonists:** • Aformoterol • Formoterol • Salmeterol **Mast cell stabilizers:** Cromolyn **Short-acting, inhaled beta-2 agonists:** • Albuterol • Levalbuterol • Pirbuterol	• Asthma Quality of Care • Use of Appropriate Medications for People with Asthma	• Selected Measures
BGP HEDIS ASTHMA LEUK MEDS	All asthma leukotriene modifier medications for the denominator in the CRS HEDIS-based asthma measures	Prepopulated by NDC • Montelukast, Zafirlukast, Zileuton	• Asthma Quality of Care • Use of Appropriate Medications for People with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA MEDS	All asthma medications developed by HEDIS that are not inhalers, leukotriene modifiers, or nedocromil for the denominator in the CRS HEDIS-based asthma measures. Inhalers and nedocromil are included in BGP HEDIS ASTHMA INHALED MEDS and leukotriene modifiers are included in BGP HEDIS ASTHMA LEUK MEDS.	Prepopulated by NDC; developed by HEDIS. **Antiasthmatic combinations:** • Dyphylline-guaifenesin • Guaifenesin-theophylline **Antibody inhibitor:** • Omalizumab **Methylxanthines:** • Aminophylline • Dyphylline • Theophylline	• Asthma Quality of Care • Use of Appropriate Medications for People with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS BETA BLOCKER MEDS	All beta-blocker medications for the CRS HEDIS-based Beta Blocker measures	Prepopulated by NDC; developed by HEDIS **Noncardioselective Beta Blockers:** • Carvedilol • Labetalol • Nadolol • Penbutolol • Pindolol • Propranolol • Timolol • Sotalol **Cardioselective Beta Blockers:** • Acebutolol • Atenolol • Betaxolol • Bisoprolol • Metoprolol • Nebivolol **Antihypertensive Combinations:** • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Hydrochlorothiazide-metoprolol • Hydrochlorothiazide-propranolol	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS CARDIOVASCULAR MEDS	All cardiovascular medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Alpha blockers, central:** • Guanfacine • Methyldopa • Reserpine **Cardiovascular, other:** • Disopyramide • Digoxin • Nifedipine, immediate release **Deleted in CRS 15.0:** • Guanabenz	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS CENTRAL NERVOUS MEDS	All central nervous system medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Tertiary TCAs (Includes combination drugs):** • Amitriptyline • Clomipramine • Doxepin • Imipramine • Trimipramine **Antipsychotics, first-generation (conventional):** • Thioridazine **Barbiturates:** • Amobarbital • Butabarbital • Butalbital • Pentobarbital • Phenobarbital • Secobarbital **Central Nervous System, other:** • Chloral hydrate • Meprobamate • Nonbenzodiazepine **Hypnotics:** • Eszopiclone • Zolpidem • Zaleplon **Vasodilators** • Ergoloid mesylates • Isoxsuprine **Deleted in CRS 15.0:** • Mesoridazine • Mephobarbital •	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS ENDOCRINE MEDS	All endocrine medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Endocrine (Desiccated thyroid, Estrogens with or without progesterone - oral and topical patch products only):** • Megestrol **Sulfonylureas, long-duration:** • Chlorpropamide • Glyburide	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures
*BGP HEDIS GASTROINTESTINAL MEDS	All gastrointestinal medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. • Trimethobenzamide	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures
*BGP HEDIS NONBENZODIAZ MEDS	All nonbenzodiazepine hypnotic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. • Eszopiclone • Zolpidem • Zaleplon	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS OSTEOPOR-OSIS DRUGS	All osteoporosis medications used in CRS	Prepopulated by NDC; developed by HEDIS. **Biphosphonates:** • Alendronate • Alendronate-Cholecalciferol • Calcium carbonate-risedronate • Ibandronate • Risedronate • Zoledronic acid **Estrogens:** • Conjugated estrogens • Conjugated estrogens synthetic • Esterified estrogens • Estradiol • Estradiol acetate • Estradiol cypionate • Estradiol valerate • Estropipate **Other Agents:** • Calcitonin • Denosumab • Raloxifene • Teriparatide **Sex hormone combinations:** • Conjugated estrogens-medroxy-progesterone • Estradiol-levonorgestrel • Estradiol-norethindrone • Estradiol-norgestimate • Ethinyl estradiol-norethindrone	• Osteoporosis Management	• Selected Measures; • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS PAIN MEDS	All pain medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Other:** • Meperidine • Pentazocine **Non-COX-selective nonsteroidal anti-inflammatory drugs (NSAID):** • Indomethacin • Ketorolac	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS PRIMARY ASTHMA MEDS	All primary therapy asthma medications for the numerator for the CRS HEDIS-based asthma measures	Prepopulated by NDC; developed by HEDIS. **Antiasthmatic Combinations:** • Dyphylline-Guaifenesin • Formoterol-Mometasone • Guaifenesin-Theophylline **Antibody inhibitor:** • Omalizumab **Inhaled Steroid Combinations:** • Budesonide-Formoterol • Fluticasone-Salmeterol • Mometasone-formoterol **Inhaled Corticosteroids:** • Belclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC Free • Mometasone • Triamcinolone **Lekotriene Modifiers:** • Montelukast • Zafirlukast • Zileuton **Mast Cell Stabilizers:** • Cromolyn **Methylxanthines**: • Aminophylline • Dyphylline • Theophylline	• Asthma Quality of Care • Use of Appropriate Medications for People with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS SKL MUSCLE RELAX MED	All skeletal muscle relaxant medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. (Includes combination drugs) • Carisoprodol • Chlorzoxazone • Cyclobenzaprine • Metaxalone • Methocarbamol • Orphenadrine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care • Other National Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA RASA MEDS	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **Angiotensin Converting Enzyme Inhibitors:** • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril • Moexipril • Perindopril • Quinapril • Ramipril • Trandolopril. **Antihypertensive Combinations:** • Amlodipine-benazepril • Benazepril-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Lisinopril-hydrochlorothiazide • Moexipril-hydrochlorothiazide • Quinapril-hydrochlorothiazide • Trandolapril-verapamil (***Continued on next page***)	• RAS Antagonist Use in Diabetic Patients • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA RASA MEDS (***Continued***)	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **Angiotensin II Inhibitors:** • Azilsartan • Candesartan • Eprosartan • Irbesartan • Losartan • Olmesartan • Telmisartan • Valsartan **Antihypertensive Combinations:** • *Aliskiren-valsartan • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-olmesartan • Amlodipine-valsartan • Azilsartan-Chlorthalidone • Candesartan-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Hydrochlorothiazide-Irbesartan • Hydrochlorothiazide-Losartan • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-Telmisartan • Telmisartan-amlodipine • Olmesartan-amlodipine-hydrochlorothiazide • Valsartan-hydrochlorothiazide (***Continued on next page***)	• RAS Antagonist Use in Diabetic Patients • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA RASA MEDS (***Continued***)	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **Direct Renin Inhibitors:** • Aliskiren **Deleted in CRS 15.0:** • Enalapril-felodipine	• RAS Antagonist Use in Diabetic Patients • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures
*BGP PQA ANTIRETROVIRAL MEDS	All antiretroviral medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Antiretrovirals:** • Enfuvirtide • Maraviroc • Atazanavir • Darunavir • Fosamprenavir • Indinavir • Nelfinavir • Itonavir • Saquinavir • Tipranavir • Raltegravir • Delavirdine • Efavirenz • Etravirine • Nevirapine • Abacavir • Didanosine • Emtricitabine • Lamivudine • Stavudine • Tenofovir (***Continued on next page***)	• Proportion of Days Covered by Medication Therapy • HIV Quality of Care	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA ANTIRETROVIRAL MEDS (***Continued***)	All antiretroviral medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Antiretrovirals** (***Continued***)**:** • Zidovudine • Rilpivirine • Dolutegravir **Antiretroviral Combinations:** • Lopinavir-Ritonavir • Lamivudine-zidovudine • Abacavir- Lamivudine-Zidovudine • Efavirenz-emtricitabine-tenofovir • Emtricitabine-tenofovir • Abacavir-lamivudine • Emtricitabine-rilpivirine-tenofovir • Elvitegravir-cobicistat-emtricitabine-tenofovir **Deleted in CRS 15.0:** • Zalcitabine • Amprenavir	• Proportion of Days Covered by Medication Therapy • HIV Quality of Care	• Other National Measures • Selected Measures
*BGP PQA ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS	Pre-populated by NDC; developed by PQA. • Beclomethasone • Budesonide • Ciclesonide • Fluticasone • Flunisolide • Fluticasone-salmeterol • Mometasone, Triamcinolone • Budesonide-formoterol • Mometasone-formoterol	• Medication Therapy for Persons with Asthma • Primary Medication Non-adherence	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA BENZODIAZ MEDS	*All benzodiazepine sedative hypnotic medications	*Pre-populated by NDC; developed by PQA. Estazolam, Flurazepam, Quazepam, Temazepam, Triazolam	• *Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	• *Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA BETA BLOCKER MEDS	All beta-blocker medications for the CRS PQA-based Beta-Blocker measures	Pre-populated by NDC; developed by PQA **Noncardioselective Beta Blockers:** • Carvedilol • Labetalol • Nadolol • Penbutolol Sulfate • Pindolol • Propranolol • Timolol Maleate **Cardioselective Beta Blockers:** • Acebutolol • Atenolol • Betaxolol • Bisoprolol Fumarate • Metoprolol Succinate • Metoprolol Tartrate • Nebivolol **Antihypertensive Combinations:** • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Metoprolol-hydrochlorothiazide • Propranolol-hydrochlorothiazide **Deleted in CRS 15.0:** • Carteolol • Timolol-hydrochlorothiazide	• Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA CCB MEDS	All calcium channel blocker medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Calcium Channel Blockers:** • Amlodipine-besylate • Diltiazem • Felodipine • Isradipine • Nicardipine • Nifedipine (long acting only) • Verapamil • Nisoldipine **Calcium Channel Blocker Combinations:** • Amlodipine besylate-benazepril • Amlodipine-valsartan • Amlodipine-valsartan-hydrochlorothiazide • Amlodipine-aliskiren • Aliskiren-amlodipine-hydrochlorothiazide • Telmisartan-amlodipine • Amlodipine-olmesartan • Trandolopril-verapamil • Amlodipine-atorvastatin • Olmesartan-amlodipine-hydrochlorothiazide **Deleted in CRS 15.0:** • Enalapril-felodipine	• Proportion of Days Covered by Medication Therapy	• Other National Measures; • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA BIGUANIDE MEDS	All biguanide medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides:** • Metformin **Biguanide Combinations:** • Glipizide-metformin • Glyburide-metformin • Rosiglitazone-metformin • Pioglitazone-metformin • Repaglinide-metformin • Sitagliptin-metformin • Saxagliptin-metformin • Linagliptin-metformin • Alogliptin-metformin	• Proportion of Days Covered by Medication Therapy	• Other National Measures; • Selected Measures •

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA CONTROLLER MEDS	All controller therapy medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Controller therapy medications:** **Inhaled Corticosteroids:** • Beclomethasone • Budesonide • Flunisolide • Fluticasone • Fluticasone/salemterol • Mometasone • Mometasone-formoterol • Ciclesonide • Budesonide-formoterol **Long-Acting Beta-Agonists:** • Salmeterol, Formoterol • Fluticasone-salmeterol • Budesonide-formoterol • Mometasone-formoterol **Leukotriene Inhibitors:** • Zafirlukast • Montelukast • Zileuton **Xanthines:** • Long-acting theophylline **Deleted in CRS 15.0:** • Triamcinolone • Cromolyn • Nedocromyl	• Medication Therapy for Persons with Asthma	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA COPD	All COPD medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **COPD medications:** • Aclildinium • Fluticasone-vilanterol • Indacaterol • Ipratropium • Ipratropium/albuterol • Roflumilast • Tiotropium	• Primary Medication Non-adherence	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS	All diabetes medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides:** • Metformin **Biguanide Combinations:** • Glipizide-metformin • Glyburide-metformin • Pioglitazone-metformin • Rosiglitazone-metformin • Repaglinide-metformin • Alogliptin-metformin • Linagliptin-metformin • Saxagliptin-metformin SR • Sitagliptin-metformin IR & SR **Sulfonylureas:** • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide **Sulfonylurea Combinations:** • Glipizide-metformin • Glyburide-metformin • Pioglitazone-glimepiride • Rosiglitazone-glimepiride **Thiazilidinediones:** • Pioglitazone • Rosiglitazone (***Continued on next page***)	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS (***Continued***)	All diabetes medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Thiazilidinedione Combinations (*Continued*):** • Rosiglitazone-metformin • Pioglitazone-metformin • Rosiglitazone-glimepiride • Pioglitazone-glimepiride • Alogliptin- pioglitazone **DiPeptidyl Peptidase (DPP)-IV Inhibitors:** • Alogliptin • Linagliptin • Saxagliptin • Sitagliptin **DPP-IV Inhibitor Combinations:** • Alogliptin-metformin • Alogliptin-pioglitazone • Linagliptin-metformin • Saxagliptin-metformin SR • Sitagliptin-metformin IR & SR • Sitagliptin-simvastatin **Incretin Mimetic Agents:** • Exenatide • Liraglutide **Meglitinides:** • Nateglinide • Repaglinide • Repaglinide-metformin **Sodium glucose co-transporter2 inhibitors:** • Canagliflozin	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS (***Continued***)	All diabetes medications used in CRS PQA-based measures	**Deleted in CRS 15.0:** • Acetohexamide	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures
*BGP PQA DPP IV MEDS	All DPP-IV Inhibitor medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **DPP-IV Inhibitors:** • Alogliptin • Linagliptin • Saxagliptin • Sitagliptin **DPP-IV Inhibitor Combinations:** • Alogliptin-metformin • Alogliptin-pioglitazone • Linagliptin-metformin • Saxagliptin-metformin SR • Sitagliptin-metformin IR & SR • Sitagliptin-simvastatin	• Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures
*BGP PQA NON-WARFARIN ANTICOAG	All non-warfarin anticoagulant medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Apixaban • Dabigatran • Rivaroxaban	• Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA SABA MEDS	All short-acting beta agonist (SABA) medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Short-acting inhaled beta-agonists:** • Albuterol • Pirbuterol • Levalbuterol **Deleted in CRS 15.0:** • Metaproterenol	• Medication Therapy for Persons with Asthma	• Other National Measures • Selected Measures
*BGP PQA STATIN MEDS	All statin (HMG CoA reductase inhibitors) medications developed by PQA	Pre-populated by NDC; developed by PQA. **Statins (HMG CoA reductase inhibitors):** • Atorvostatin • Fluvastatin • Lovastatin • Pravastatin • Pitavastatin • Simvastatin • Rosuvastatin **Statin Combinations:** • Niacin-lovastatin • Niacin-simvastatin • Ezetimibe-simvastatin • Amlodipine-atorvastatin • Sitagliptin-simvastatin • Ezetimibe-atorvastatin **Deleted in CRS 15.0:** • Aspirin-pravastatin	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy after a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA SULFONYLUREA MEDS	All sulfonylurea medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Sulfonylureas:** • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide **Sulfonylurea Combinations:** • Glipizide-metformin • Glyburide-metformin • Rosiglitazone-glimepiride • Pioglitazone-glimepiride **Deleted in CRS 15.0:** • Acetohexamide	• Proportion of Days Covered by Medication Therapy	• Other National Measures; • Selected Measures
*BGP PQA THIAZOLIDINEDIONE MEDS	All thiazilidinedione medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Thiazilidinediones:** • Pioglitazone • Rosiglitazone **Thiazilidinedione Combinations:** • Rosiglitazone-metformin • Pioglitazone-metformin • Rosiglitazone-glimepiride • Pioglitazone-glimepiride • Alogliptin-pioglitazone	• Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA WARFARIN	All warfarin, low molecular weight heparin or heparin medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Warfarin • Dalteparin • Fondaparinux • Enoxaparin • Heparin • *Tinzaparin	• Proportion of Days Covered by Medication Therapy	• Other National Measures • Selected Measures
BGP RA AZATHIO-PRINE MEDS	All azathioprine medications used in CRS.	Prepopulated by VA Product IDs • Azathioprine	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA CYCLO-SPORINE MEDS	All cyclosporine medications used in CRS	Prepopulated by VA Product IDs • Cyclosporine	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA GLUCO-CORTICOIDS MEDS	All glucocorticoids medications used in CRS	Prepopulated by VA Product IDs • Dexamethasone • Methylprednisolone • Prednisone • Hydrocortisone • Betamethasone • Prednisonolone • Triamcinolone	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA IM GOLD MEDS	All intramuscular gold medications used in CRS	Not able to prepopulate • Gold Sodium Thiomalate • IM (Intramuscular)	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA LEFLUNOMIDE MEDS	All leflunomide medications used in CRS	Prepopulated by VA Product IDs • Leflunomide	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA METHO-TREXATE MEDS	All methotrexate medications used in CRS	Prepopulated by VA Product IDs • Methotrexate	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA MYCOPHENO-LATE MEDS	All mycophenolate medications used in CRS	Prepopulated by VA Product IDs • Mycophenolate	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP RA OA NSAID MEDS	All NSAIDs osteoarthritis medications used in CRS	Prepopulated by VA Product IDs • Diclofenac • Etodolac • Indomethacin • Ketorolac • Sulindac • Tolmetin • Meclofenamate • Mefanamic Acid • Nabumetone • Meloxicam • Piroxicam • Fenoprofen • Flurbiprofen • Ibuprofen • Ketoprofen • Naproxen • Oxaprozin • Choline Magnesium Trisalicylate • Diflunisil • Magnesium Salicylate • Celocoxib	• Rheumatoid Arthritis Medication Monitoring • Osteoarthritis Medication Monitoring	• Selected Measures • Elder Care
BGP RA ORAL GOLD MEDS	All oral gold medications used in CRS	Prepopulated by VA Product IDs • Oral Gold	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA PENICILLA-MINE MEDS	All penicillamine medications used in CRS	Prepopulated by VA Product IDs • Penicillamine	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures
BGP RA SULFASALA-ZINE MEDS	All sulfasalazine medications used in CRS	Prepopulated by VA Product IDs • Sulfasalazine	• Rheumatoid Arthritis Medication Monitoring	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any aspirin/acetylsalicylic acid (ASA) product used for antiplatelet therapy, aspirin & dipyridamone (aggrenox)	• Appropriate Medication Therapy after a Heart Attack • Persistence of Appropriate Medication Therapy After a Heart Attack • Appropriate Medication Therapy in High Risk Patients • Osteoarthritis Medication Monitoring • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	• Other National Measures • Selected Measures • Elder Care

4.5 Taxonomy Check

CI15 > SET > **TC**

Use the Taxonomy Check Setup Menu option to scan for missing taxonomies or those taxonomies with no entries. The first time you use CRS 2015 v15.0, you should expect to see a list of those taxonomies that are new to the 2015 software, because they will have no members. Taxonomies that previously existed will retain the members previously associated to them and will not be overwritten with blank taxonomies.

Taxonomies can be checked for each of the following reports:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- Other National Measures Report
- Selected Measures Reports
- Elder Care Report

Run the taxonomy check for each report that the facility will run. If there are reports the facility will not run, do not run the taxonomy check for that report. For example, if the facility does not run the Elder Care report, skip that taxonomy check.

The steps for running the taxonomy check are the same for all of the reports.

> **Note:** When you have completed the taxonomy setup for your site, rerun the Taxonomy Check option to ensure that all taxonomies have entries.

To check the site taxonomies:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.
2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter to display the Setup Menu.
3. At the "Select System Setup Option" prompt, type **TC** and press Enter to display the **Taxonomy Check** Menu, as in the following example:

```
                          ***************************
                          **   IHS/RPMS CRS 2015   **
                          **  Taxonomy Check Menu  **
                          ***************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   NGTC   Taxonomy Check-National GPRA/GPRA Performance Rpts
   OTC    Taxonomy Check-Other National Measures Report
```

```
   LRTC   Taxonomy Check-Selected Measures Reports
   ELTC   Taxonomy Check-Elder Care Report

Select Taxonomy Check Option: NGTC <Enter>
```

Figure 4-14: Taxonomy Check Menu: selecting taxonomy to check

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

   A message displays that gives the name of the report for which the taxonomies are being checked.

```
Checking for Taxonomies to support the National GPRA/GPRA Performance Reports.
Please enter the device for printing.

DEVICE: HOME//   VIRTUAL TERMINAL    Right Margin: 80//

Checking for Taxonomies to support the National GPRA/GPRA Performance Reports...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 4-15: Checking taxonomies (Step 5)

5. Press Enter to continue. At the "Device" and "Right Margin" prompts, press Enter to display the information to the screen.

   The system checks to see if all taxonomies used in the report are present (Figure 4-15). The name of any taxonomy that is either missing or that has no members displays.

6. Review the list of taxonomies that need to be set up or populated. For instructions on setting up these taxonomies, see Section 4.6.

   If your taxonomies have all been set up and populated, the message "All taxonomies are present" displays.

> **Note:** All taxonomies should be reviewed for completeness, even though many of the taxonomies used by CRS have already been established and populated by other RPMS applications (e.g., Diabetes Management) or by CRS 2014 v14.1.

7. To return to the **Taxonomy Check** menu, press Enter at the "End of taxonomy check. PRESS ENTER" prompt.

4.6 Taxonomy Setup

CI15 > SET > **TS**

> **Note:** Users must have the BGPZ TAXONOMY EDIT security key to edit lab and medication taxonomies used by CRS.

Use the Taxonomy Setup (TS) option on the Setup Menu to add to or edit members in the required taxonomies used in CRS, or to view the taxonomies. All taxonomies should be present after CRS 2015 is loaded, even taxonomies with no members yet.

Users without access can view a list of site-populated taxonomies and view tests and drugs contained within taxonomies; however, they cannot edit the taxonomies.

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

The Taxonomy Setup Menu options are by report:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- Other National Measures Report
- All CRS Reports
- All CRS Taxonomies (including site-populated and software-defined (i.e., hard-coded))

You should set up the taxonomies for each report that your facility will run. If there are reports your facility will not run, you do not need to set up taxonomies for that report.

To set up the taxonomies for a site:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15**. The CRS 2015 menu (Figure 4-3) displays.
2. At the "Select CRS 2015 Option" prompt, type **SET** and press Enter. The CRS Setup menu (Figure 4-4) displays.
3. At the "Select System Setup Option" prompt, type **TS** and press Enter. The **Taxonomy Setup** Menu (Figure 4-16) displays.

```
                          ***************************
                          **   IHS/RPMS CRS 2015   **
                          **  Taxonomy Setup Menu  **
                          ***************************
                                  Version 15.0

                              DEMO INDIAN HOSPITAL

   NGTS   Taxonomy Setup-National GPRA/GPRA Performance Rpts
   OTS    Taxonomy Setup-Other National Measures Report
   CRTS   Taxonomy Setup-All CRS Reports
   VT     View All CRS Taxonomies

Select Taxonomy Setup Option:
```

Figure 4-16: Taxonomy Setup Menu

4. At the "Select Taxonomy Setup Option" prompt, type the menu option of the taxonomy setup option to run; for example, **CRTS** or **NGTS**. A list of the site-populated taxonomies for the selected report displays.

   For example, selecting the CRTS option displays the list of lab and drug taxonomies included for all CRS reports (Figure 4-17).

```
2015 CRS TAXONOMY UPDATE      Oct 08, 2014 15:50:41          Page:    1 of    5
TAXONOMIES TO SUPPORT 2014 ALL CRS REPORTS REPORTING

1)  BGP ANTI-PLATELET DRUGS          DRUGS       Anti-Platelet Drugs.
2)  BGP ASTHMA INHALED STEROIDS      DRUGS       Inhaled Corticosteroids Drugs
3)  BGP ASTHMA LABA MEDS             DRUGS
4)  BGP CBC TESTS                    LAB         CBC Lab tests
5)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
6)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
7)  BGP CMS ABG TESTS                LAB         ABG Lab tests
8)  BGP CMS SMOKING CESSATION MEDS   DRUGS
9)  BGP CMS WARFARIN MEDS            DRUGS       Contains Warfarin Drugs.
10)  BGP CREATINE KINASE TAX          LAB
11)  BGP GPRA ESTIMATED GFR TAX      LAB         Estimated GFR Lab Tests
12)  BGP GPRA FOB TESTS              LAB         Fecal Occult Blood Lab Tests
13)  BGP GROUP A STREP TESTS         LAB         Group A Strep Tests
14)  BGP HEDIS ACEI MEDS             DRUGS
15)  BGP HEDIS ANTI-INFECTIVE MEDS   DRUGS
16)  BGP HEDIS ANTIBIOTICS MEDS      DRUGS       Antibiotic medications
+         Enter ?? for more actions                                      >>>
S    Select Taxonomy to Edit           Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-17: Example list of site-populated taxonomies for all CRS reports

Selecting the NGTS option displays the list of lab and drug taxonomies included for the National GPRA/GPRAMA Report (Figure 4-18).

```
2015 CRS TAXONOMY UPDATE      Oct 08, 2014 16:12:58          Page:   1 of    1
TAXONOMIES TO SUPPORT 2014 NATIONAL GPRA REPORT REPORTING

1)  BGP CD4 TAX                       LAB         CD4 Tests for HIV Quality of Ca
2)  BGP CHLAMYDIA TESTS TAX           LAB         Chlamydia Lab Tests.
3)  BGP CMS SMOKING CESSATION MEDS    DRUGS
4)  BGP GPRA ESTIMATED GFR TAX        LAB         Estimated GFR Lab Tests
5)  BGP GPRA FOB TESTS                LAB         Fecal Occult Blood Lab Tests
6)  BGP HEP C TEST TAX                LAB         Hep C Screening Lab Tests
7)  BGP HIV TEST TAX                  LAB         HIV Screening Lab Tests
8)  BGP HIV-1 TEST TAX                LAB
9)  BGP HIV-2 TEST TAX                LAB
10)  BGP HPV TESTS TAX                LAB
11)  BGP PAP SMEAR TAX                LAB         Pap Smear Lab Tests
12)  BGP QUANT UACR TESTS             LAB
13)  BKM FTA-ABS TEST TAX             LAB
14)  BKM GONORRHEA TEST TAX           LAB
15)  BKM RPR TAX                      LAB
16)  DM AUDIT HGB A1C TAX             LAB         Hemoglobin A1C Lab Tests

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

Figure 4-18: Example list of site-populated taxonomies for the National GPRA/GPRAMA Report

5. To view the members of a taxonomy in the selected CRS report:

   a. At the "Select Action" prompt, type **D** and press Enter.

   b. At the "Which Taxonomy" prompt, type the number of the taxonomy to view and press Enter.

      For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-18), typing **6** displays the BGP QUANT UACR TESTS taxonomy and its associated members (Figure 4-19).

```
TAXONOMY VIEW               Oct 08, 2014 16:15:08         Page:   1 of    1
Display of the BGP QUANT UACR TESTS taxonomy
* View Taxonomies

1)  ALBUMIN/CREATININE
2)  MICROALBUMIN/CREATININE RATIO

          Select the Appropriate Action   Q to Quit
Q    Quit
Select Action: +//
```

Figure 4-19: Example of displaying taxonomy members

   c. To return to the taxonomy list, type **Q** and press Enter at the "Select Action" prompt.

6. To edit the members of a taxonomy in the selected CRS report:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which Taxonomy" prompt, type the number of the taxonomy you want to edit and press Enter.

      For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-18), typing **6** displays the BGP QUANT UACR TESTS taxonomy and its associated members, which include two lab tests, ALBUMIN/CREATININE and MICROALBUMIN/CREATININE RATIO. The action bar displays below the taxonomy members, as in the following example:

```
CRS TAXONOMY UPDATE           Oct 08, 2014 16:19          Page:   1 of    1
Updating the BGP QUANT UACR TESTS taxonomy

1)  ALBUMIN/CREATININE
2)  MICROALBUMIN/CREATININE RATIO

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

Which LAB Test: MICRO
     1   MICRO  MICROBIOLOGY TEST LIST
     2   MICRO TOTAL PROTEIN
     3   MICROALBUMIN
     4   MICROALBUMIN PANEL
     5   MICROALBUMIN/CREATININE RATIO PANEL
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4 <Enter> MICROALBUMIN/CREATININE RATIO PANEL
```

Figure 4-20: Example of adding items to a lab taxonomy

7. To add an item to the selected taxonomy:

   a. At the "Select Action" prompt, type **A** and press Enter.

   b. At the "Which LAB Test" prompt, type the first few characters of the test you want to add and press Enter to see a list of tests beginning with those characters.

   c. At the "CHOOSE 1 – <number>" prompt, press Enter to see more tests, or type the number of the test you want to add to the taxonomy and press Enter.

      The test you added is now displayed as part of the taxonomy (Figure 4-21).

   d. To add more items to a taxonomy, repeat Steps 7.a through 7.c.

Notes: Your taxonomies must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures 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.

Your taxonomies must also include all lab tests that are sent out and performed by another lab/reference lab. The names of these lab tests are often prefixed with the reference lab name, such as "TRICORE A1c."

```
CRS TAXONOMY UPDATE           Oct 08, 2014 16:57:29       Page:   1 of    1
Updating the BGP QUANT UACR TESTS taxonomy

1)  ALBUMIN/CREATININE
2)  MICROALBUMIN/CREATININE RATIO
3)  MICROALBUMIN/CREATININE RATIO PANEL

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

Figure 4-21: Example of lab taxonomy with added test

8. To remove an item from the selected taxonomy:

   a. At the "Select Action" prompt, type **R** and press Enter.

   b. At the "Remove Which Item" prompt, type the number of the test you want to remove and press Enter.

   c. At the "Are you sure you want to remove the <NAME> lab test" prompt, type **Y** and press Enter to continue removing the test, or press Enter to accept the default **N** (No) and retain the test in the taxonomy.

      The test you removed is no longer displayed as part of the taxonomy.

   d. To remove more items from a taxonomy, repeat Steps 8.a through 8.c.

9. When you have finished adding and removing your site's tests in the selected taxonomy, review the displayed list of taxonomy members.

   If the list is complete and correct, type **Q** and press Enter at the "Select Action" prompt to save changes to the selected taxonomy and return to the list of taxonomies for the selected report.

10. To edit more taxonomies in the selected report, repeat Steps 6 through 9.

11. When you have finished editing taxonomies in the selected report, type **Q** and press Enter at the "Select Action" prompt to return to the Taxonomy Setup Menu.

12. To edit taxonomies in other reports, repeat Steps 4 through 9.

13. When you have finished editing taxonomies for all reports that your facility uses, type a caret (^) at the "Select Taxonomy Setup Option" prompt to return to the Setup Menu.

14. At the "Select System Setup Option" prompt, type **TC** and press Enter to select the Taxonomy Check option (see Section 4.5) to perform a final check of taxonomies needed for CRS in this report.

> **Notes**: You must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures 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 laboratory file.

4.7 Using Q-Man to Populate a Taxonomy

Q-Man is the RPMS query utility. Q-Man builds queries through a series of elements. The *Q-Man User Manual* provides detailed and easy-to-follow instructions for constructing queries. Download a PDF version of the manual from the following RPMS Web site under IHS PCC Suite (BJPC):
http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0

4.8 Update the Demo/Test Patient Search Template

CORE APPLICATIONS> PCCR > OTH > DPST

As of v11.0, CRS will use the RPMS Demo/Test Patient Search Template to determine which demo patients to exclude from reports. This can be found in the PCC Management Reports, Other PCC Management Reports/Options menu and requires the APCLZ UPDATE DEMO TEMPLATE key to access.

If this RPMS Demo/Test Patient Search Template is empty, the following message will be displayed when running CRS reports:

```
Your RPMS DEMO PATIENT NAMES Search Template has no entries.
If you have 'DEMO' patients whose names begin with something
other than 'DEMO,PATIENT' they will not be excluded from this report
unless you update this template.
Do you wish to continue to generate this report? Y//
```

Figure 4-22: Empty template message

5.0 Reports and Patient Lists

The CRS is a reporting tool that provides local facilities and Area Offices 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/GPRAMA) 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 selected report end date. A few measures review data for more than one year, such as Cancer Screening: Mammogram Rates, which looks for a mammogram in past two years.

The National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education report data files can be exported to the Area Office and aggregated for an Area Office report.

5.1 Report and Patient List Overview

Several output options are included in CRS 2015. In addition to the predefined National GPRA/GPRAMA Report, users have many choices for "customizing" reports for local facility use by selecting different populations or specific measure topics.

Report options include:

- National GPRA/GPRAMA Reports:
  - National GPRA/GPRAMA Report (menu option GP) (without patient lists)
  - National GPRA/GPRAMA Patient List (menu option LST)
  - National GPRA/GPRAMA Clinical Performance Summaries (menu option SUM)
  - National GPRA/GPRAMA Report by Designated Provider (menu option DPRV)
  - National GPRA Dashboard (menu option DSH)
  - Create Search Template for National Patient List (menu option NST)
  - GPRA/GPRAMA Forecast Patient List (menu option FOR)
  - GPRA/GPRAMA Forecast Denominator Definitions (menu option FORD)
  - Comprehensive National GPRA Patient List (menu option CMP)

- Reports for Local Use:
  - Selected Measures w/Community Specified (menu option COM)
  - Selected Measures w/Patient Panel Population (menu option PP)
  - Selected Measures with All Communities (menu option ALL)
- Other National Reports:
  - GPRA/GPRAMA Performance Report (menu option GPU) (National GPRA/GPRAMA Report with user-defined report parameters)
  - Other National Measures Report (menu option ONM) (without patient list)
  - Other National Measures Report Patient List (menu option OST)
  - Elder Care Report (menu option ELD)
  - Patient Education Reports:
    - Patient Education w/Community Specified (menu option PCM)
    - Patient Education w/Patient Panel Population (menu option P3)
- Taxonomy Reports:
  - Lab Taxonomy Report (menu option TXL)
  - Medication Taxonomy Report (menu option TXM)
- Meaningful Use Performance Measure Reports:
  - Eligible Provider (EP) Performance Measures Report Stage 1 (menu option EP)
  - Hospital Performance Measures Report Stage 1 (menu option HOS)

Table 5-1, Table 5-2, and Table 5-3 show the population options available with each report type. Note that the two taxonomy reports are not included in the tables because they report on site-populated taxonomies only and not patients. Also, the GPRA/GPRAMA Forecast Denominator Definitions report is not listed because it merely defines the denominators used in the GPRA/GPRAMA Forecast Patient List.

Table 5-1: Population Options with National GPRA/GPRAMA Reports

Population Options	GP	LST	SUM	DPRV	DSH	HW	NST	FOR	CMP
GPRA Community Taxonomy	X	X	X	X	X	X	X		X
Other Site-Populated Community Taxonomy	X[1]	X	X[1]	X[1]	X[1]	X[1]	X		X
AI/AN Patients only	X	X	X	X	X	X	X		X
Non-AI/AN Patients		X					X		X
Both AI/AN and Non-AI/AN Patients		X					X	X	X
All RPMS patients (any community of residence)								X	
Patient panel/Search Template (user specified list of patients)							X	X	

[1] Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

Table 5-2: Population Options with Local Reports

Population Options	COM	PP	ALL
GPRA Community Taxonomy	X		
Other Site-Populated Community Taxonomy	X		
AI/AN Patients only	X		X
Non-AI/AN Patients	X		X
Both AI/AN and Non-AI/AN Patients	X		X
All RPMS patients (any community of residence)			X
Patient panel/Search Template (user specified list of patients)			
Patient List	X		X

Table 5-3: Population Options with Other National Reports

Population Options	GPU	ONM	OST	ELD	PCM
GPRA Community Taxonomy	X	X	X	X	X
Other Site-Populated Community Taxonomy	X	X	X	X	X
AI/AN Patients only	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)					
Patient panel/Search Template (user specified list of patients)					
Patient List			X	X	X
GPRA Community Taxonomy	X	X	X	X	X

5.2 National GPRA/GPRAMA Report

CI15 > RPT > NTL > **GP**

5.2.1 Overview

Sites will run the National GPRA/GPRAMA Report when ready to submit their annual GPRA and GPRAMA data to their respective Area Offices for 2014 GPRA and GPRAMA reporting. This is also the report option used for quarterly GPRA and GPRAMA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA/GPRAMA Report. The National GPRA/GPRAMA Report includes measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress; for example, diabetic patients with controlled BP (see Section 5.2.3 for specific content), as well as other measures representing potential new GPRA measures or other strategic agency clinical focus (for example, Comprehensive CVD-Related Assessment).

The population for the National GPRA/GPRAMA Report should include only patients with a community of residence that is listed in the site's official GPRA Community taxonomy. The Area Office GPRA Coordinators have defined the existing CHS catchment areas[i] as the GPRA Community[ii]. The default community taxonomy is selected in the Site Parameters setup (see Section 16).

[i] A catchment area includes patients who are registered within a particular service unit *and* who reside in one of the communities assigned to the service unit.

The National GPRA/GPRAMA Report is predefined to include only the AI/AN patient-type population, defined as Beneficiary 01 in the Patient Registration file.

The National GPRA/GPRAMA Report is required to be run at least quarterly, to review progress toward meeting critical agency goals.

The National GPRA/GPRAMA Report can be exported to the Area Office by the site for aggregation into an Area-Office-wide report. Patient lists for this report can be created by running the National GPRA/GPRAMA Patient List (menu option LST).

5.2.2 Running the Report

> **Note:** Before running the National GPRA/GPRAMA 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.

To run the National GPRA/GPRAMA Report:

1. Navigate to the **CLINICAL REPORTING SYSTEM (CRS)** menu.

```
              **************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
              **************************************************
                             Version 15.0

                             DEMO INDIAN HOSPITAL

   CI15   CRS 2015 ...
   CI14   CRS 2014 ...
   CI13   CRS 2013 ...
   CI12   CRS 2012 ...
   CI11   CRS 2011 ...
   CI10   CRS 2010 ...
   CI09   CRS 2009 ...
   CI08   CRS 2008 ...
   CI07   CRS 2007 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI15  <Enter>
CRS 2015
```

Figure 5-1: CRS main menu options

2. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015 Clinical Reporting System** menu.

```
                         ********************************
```

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

```
                        **      IHS/RPMS CRS 2015      **
                        **  Clinical Reporting System  **
                        ********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

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

Select CRS 2015 Option: RPT <Enter>  Reports
```

Figure 5-2: CRS 2015 Clinical Reporting System menu: selecting Reports option

3. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS 2015 Reports** Menu.

```
                             ***************************
                             **   IHS/RPMS CRS 2015  **
                             **     Reports Menu     **
                             ***************************
                                   Version 15.0

                                DEMO INDIAN HOSPITAL

   NTL    National GPRA/GPRAMA Reports ...
   LOC    Reports for Local Use: IHS Clinical Measures ...
   OTH    Other National Reports ...
   TAX    Taxonomy Reports ...
   MUP    Meaningful Use Performance Measure Reports ...

Select Reports Option: NTL <Enter>  National GPRA/GPRAMA Reports ...
```

Figure 5-3: CRS 2015 Reports Menu: selecting National GPRA/GPRAMA Reports option

4. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

```
                        ********************************
                        **      IHS/RPMS CRS 2015      **
                        **    National GPRA Reports    **
                        ********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GP     National GPRA/GPRAMA Report
   LST    National GPRA/GPRAMA Patient List
   SUM    National GPRA/GPRAMA Clinical Perf Summaries
   DPRV   National GPRA/GPRAMA Report by Designated Provider
   DSH    National GPRA Dashboard
   NST    Create Search Template for National Patient List
   FOR    GPRA/GPRAMA Forecast Patient List
   FORD   GPRA/GPRAMA Forecast Denominator Definitions
   CMP    Comprehensive National GPRA/GPRAMA Patient List
```

```
Select National GPRA/GPRAMA Reports Option: GP <Enter>  National
GPRA/GPRAMA Report
```

Figure 5-4: National GPRA Reports menu: selecting the National GPRA/GPRAMA Report

5. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **GP** and press Enter to display the following information about the National GPRA/GPRAMA report:

```
                    IHS 2015 National GPRA/GPRAMA Report

This will produce a National GPRA/GPRAMA report.
You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
July 1, 2014 through June 30, 2015 with a Baseline Year of July 1, 2009
through June 30, 2010. This report will include beneficiary population of
American Indian/Alaska Native only.

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

Press enter to continue: <Enter>
```

Figure 5-5: Running the National GPRA/GPRAMA Report: report description

6. At the prompt to continue, press Enter.

7. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-6: Checking taxonomies message

   - If the following message displays, your report results for the measure that uses the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-7: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at each prompt until you return to the main menu.

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

```
Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
Do you wish to export this data to Area? Y <Enter>  YES
```

Figure 5-8: Selecting the community taxonomy and exporting area data

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default taxonomy if it is your official GPRA community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of your official GPRA community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to see a list of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

   Note: Use your site's official GPRA community taxonomy if you are running the National GPRA/GPRAMA Report for national (GPRA reporting) use.

9. At the "Do you wish to export this data to Area?" prompt, type **Y** (Yes) and press Enter *only* if you are ready to send the final data to your Area Office.

   If you are not ready to send the final data to your Area Office, type **N** (No) and press Enter.

10. A summary of the report displays, as shown in Figure 5-9. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
             SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-9: Summary of Report to be generated

```
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 5-10: Choosing an output type

11. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter.

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file (5.2.2.1).
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation (5.2.2.2). For detailed instructions, see Appendix B: .
    - **B** (Both) produces both a printed report and a delimited file.

    Note: If you want to print to a file or you do not know your printer name, check with your site manager.

    After you select your report options, you will be given the opportunity to queue your report to run at a later time.

    Notes: You should generally plan to queue your report to run during 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 and pressing Enter.

    Check with your site manager if you need further information about how to specify these options.

5.2.2.1 Print Option

1. At the "Select an Output Option" prompt, type **P** and press Enter.
2. At the "DEVICE: HOME" prompt (which may vary at different sites), do one of the following:

    - To print the report on a printer, type the name of the printer at the "Home" prompt and press Enter. If you don't know your printer name, check with your site manager.
    - To print the report to your screen, press Enter at the default "Home" prompt. Depending on the software you are using to access RPMS, you may need to turn on your logging or screen capture program *before* printing to the screen.

– At most sites, to print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt and press Enter, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-11: The "Home" prompt

– To print the report to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "HOST FILE NAME" prompt as in the following example:

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

Figure 5-12: Specify the file location

– At the "Won't you queue this?" prompt, type **Y** to queue your report to run at another time or **N** to run the report now, and press Enter.
– If you choose to queue the report, type the time you want it to run at the "Requested Start Time" prompt. Type the time in HH:MM:SS format using 24-hour time.

5.2.2.2 Delimited Output Option

The following sequence illustrates Steps 1 through 3 of this process:

```
Select an Output Option: P// D <Enter>  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 <Enter>  FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
mytestfile <Enter>

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// <Enter>  YES
Requested Start Time: NOW// 20:00:00 <Enter>  (OCT 08, 2014@20:00:00)
```

Figure 5-13: Selecting the Delimited Output option

1. At the “Select an Output Option” prompt, type **D** and press Enter.
2. At the “Select output type” prompt, do one of the following:
   - To display the delimited output on your screen, press Enter to accept the default (SCREEN).
   - To print the delimited output to a text file, type **F** (FILE) and press Enter.
     – At the “Enter a filename for the delimited output” prompt, type the name of the file.

     File names cannot exceed 40 characters and are given the extension “.txt” automatically. Most sites are set up to print the file to your network’s Public directory, so you may need to use File Transfer Protocol (FTP) to move the delimited file from the Public directory to your computer. Ask your site manager for additional information about retrieving files from your local network

     If the report will take several hours to run, it is recommended that you print to a file.
3. At the “Won’t you queue this?” prompt, do one of the following:
   - To queue your report to run at another time, press Enter to accept the default (Y). At the “Requested Start Time” prompt, type the time for the report to run in HH:MM:SS format using 24-hour time and press Enter.
   - To run the report now, type **N** and press Enter.

5.2.3 Report Content

The contents of both the National GPRA/GPRAMA and GPRA/GPRAMA Performance reports are exactly the same and are defined in Table 5-4. Performance measures included in the current GPRA Performance Plan to Congress (e.g., GPRA measures) are preceded by one asterisk (*). Developmental GPRA measures are preceded by two asterisks (**) GPRAMA measures are preceded by three asterisks (***).

Table 5-4: Content of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports

Performance Measure	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

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
***Diabetes (DM): Glycemic Control	***Active Diabetic patients	1) With Hemoglobin A1c, any value *2) With Poor control 3) With A1c greater than or equal to (=>) 7 and less than (<) 8 ***4) With Good control
*DM: Blood Pressure Control	*Active Diabetic patients	1) With BP assessed *2) With Controlled BP **3) With BP less than (<) 140/90, or less than (<) 150/90 for ages 60 and older **A) With BP less than (<) 140/90 for patients under age 60 **B) With BP less than (<) 150/90 for patients age 60 and older
*DM: LDL Assessment	*Active Diabetic patients	*1) With LDL done 2) With LDL less than (<) 100.
*DM: Nephropathy Assessment	*Active Diabetic patients	*With estimated GFR *and* a urine albumin-to-creatinine ratio or with ESRD
*DM: Retinopathy	*Active Diabetic patients	*1) With qualified retinal evaluation and no bilateral blindness (no refusals) A) Patients with JVN visit B) Patients with Ophthalmology visit C) Patients with Optometry visit
*Access to Dental Services	*1) User Population, broken down by age groups **2) Pregnant or breastfeeding female patients **3) No denominator. This measure is a total count only, not a percentage.	*1) With documented dental exam (no refusals) **2) With all treatment completed **3) With prenatal or nursing mother dental visit **4) Total number of visits with general anesthesia **A) Total number of visits with general anesthesia and stainless steel crowns
*Dental Sealants	*1) User Population patients ages 2 through 15, broken down by age group 2) User Population patients ages 5 through 19 3) No denominator. This measure is a total count only, not a percentage.	*1) With intact dental sealants 2) Total number of dental sealants provided (no refusals)

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
*Topical Fluoride	*1) User Population patients ages 1 through 15 2) No denominator. This measure is a total count only, not a percentage.	*1) With topical fluoride application 2) Total number of patients with at least one topical fluoride application (no refusals)
*Influenza	*Active Clinical patients 65 and older	*1) With influenza vaccination in past year or contraindication ever (no refusals) A) With contraindication or a documented NMI refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
*Adult Immunizations	** Active Clinical patients ages 19-59 ** Active Clinical patients ages 60-64 *Active Clinical patients 65 and older	**1) With Tdap/Td in the past 10 years (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal **2) With Tdap ever (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal **3) With influenza vaccine in past year (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal **4) With Zoster ever (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal *5) With pneumovax or contraindication ever, and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past 5 years (no refusals) A) With contraindication or a documented not medically indicated (NMI) refusal **6) With 1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year) (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal **7) With 1:1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 1 Zoster ever) (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
		**8) With 1:1:1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 1 Zoster ever, 1 up-to-date Pneumovax) (no refusals) **A) With contraindication or a documented not medically indicated (NMI) refusal 9) With pneumovax or contraindication ever (no refusals)
***Childhood IZ	1) Active Clinical patients 19 to 35 months ***2) Active Immunization Package patients 19 to 35 months	***1) With 4:3:1:3*:3:1:4 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3-4 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal), including NMI refusals, contraindications and evidence of disease 2) With 4 doses of Diphtheria, Tetanus, And Pertussis (DTaP) 3) With 3 doses of Polio 4) With 1 doses of Measles, Mumps. And Rubella (MMR) 5) With 3-4 doses of Haemophilus influenzae type b (HiB) 6) With 3 doses of Hepatitis B 7) With 1 dose of Varicella 8) With 4 doses of Pneumococcal **9) With 1 dose of Hep A **10) With 2-3 doses of Rotavirus **11) With 2 doses of Influenza **12) With 4:3:1:3*:3:1:3 combo (i.e. 4 DTaP, 3 Polio, 1 MMR, 3-4 HiB, 3 Hepatitis B, 1 Varicella, 3 Pneumococcal), including NMI refusals, contraindications and evidence of disease **13) With 3 doses of Pneumococcal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
*Cancer Screening: Pap Smear Rates	*1) Female Active Clinical patients ages 24 through 64	*1) With documented Pap smear in past 4 years, or if patient is age 30 to 64, either a Pap Smear in past 4 years or a Pap Smear and HPV DNA in past 6 years A) Patients age 24-29 with a documented Pap Smear in past 4 years B) Patients age 30-64 with a documented Pap Smear in past 4 years C) Patients age 30-64 with a documented Pap Smear 4-6 years ago and HPV DNA in past 6 years
*Cancer Screening: Mammogram Rates	*1) Female Active Clinical patients ages 52 through 64 **2) Female Active Clinical patients ages 52-74	*With documented mammogram in past 2 years (no refusals)
*Colorectal Cancer Screening	*1) Active Clinical patients 50 through 75 **2) Active Clinical patients 50 through 75, broken down by gender	*1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With Fecal Occult Blood test (FOBT) or Fecal Immunochemical Test (FIT) in past year
**Comprehensive Cancer Screening	**Active Clinical patients 24 through 75 **A) Active Clinical female patients ages 24 through 75 **B) Active Clinical male patients ages 50 through 75	**1) With comprehensive cancer screening (no refusals) **A) Female with all screens **B) Male with CRC screen
Tobacco Use and Exposure 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)
*Tobacco Cessation	*Active Clinical patients identified as current tobacco users prior to the report period, broken down by age and gender groups	1) With tobacco cessation counseling or received a prescription for cessation medication (no refusals) 2) Quit tobacco use *3) With tobacco cessation counseling or received a prescription for a smoking cessation aid, or who quit their tobacco use (no refusals)

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
*Alcohol Screening	*1) Female Active Clinical patients ages 15 through 44 **2) Female Active Clinical Plus BH patients ages 15 through 44 **3) Active Clinical Plus BH patients ages 12 through 75, broken down by age groups	*1) With documented alcohol screening (no refusals) **2) With alcohol screening, alcohol-related diagnosis or procedure (no refusals or patient education) **3) With alcohol-related patient education **4) With positive alcohol screen
*IPV/DV Screening	*1) Female Active Clinical patients ages 15 through 40 **2) Female Active Clinical Plus BH patients ages 15 through 40	*1) With documented IPV/DV screen (no refusals) A) With IPV/DV exam B) With IPV/DV-related diagnosis C) With IPV/DV education **2) With documented IPV/DV screen, IPV/DV-related diagnosis, procedure, or counseling (no refusals or patient education) **3) With IPV/DV patient education
***Depression Screening	***1) Active Clinical patients ages 18+, broken down by gender **2) Active Clinical Plus BH patients ages 18 plus (+) **3) Active Clinical Plus BH patients ages 12 through 18	***1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis **2) With depression screening or diagnosed with mood disorder or suicide ideation (no refusals)
Childhood Weight Control	Active Clinical patients ages 2–5 with BMI	1) With a BMI at or above the 95th percentile
**Weight Assessment and Counseling for Nutrition and Physical Activity	**Active Clinical patients ages 3-17, broken down by gender and age groups.	**1) With comprehensive assessment 2) With BMI documented 3) With nutrition counseling 4) With physical activity counseling
**Controlling High Blood Pressure	**Active Clinical patients diagnosed with hypertension.	**1) With BP less than (<) 140/90, or less than (<) 150/90 for ages 60 and older **A) With BP less than (<) 140/90 for patients under age 60 **B) With BP less than (<) 150/90 for patients age 60 and older
*Controlling High Blood Pressure – Million Hearts	*User Population ages 18-85 diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy	*Patients with BP less than (<) 140/90

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
***Comprehensive CVD-Related Assessment	***1) Active coronary heart disease (CHD) patients 22 and older A) Active coronary heart disease (CHD) patients 22 and older who are not Active Diabetic B) Active coronary heart disease (CHD) patients 22 and older who are Active Diabetic	1) With BP documented in past 2 years 2) With LDL done during the Report Period 3) With tobacco screening 4) With BMI calculated (no refusals) 5) With lifestyle education ***6) With all above assessments 7) With depression screening or diagnosed with mood disorder or suicide ideation
*HIV Screening	*1) Pregnant female patients with no documented miscarriage, abortion, or HIV diagnosis **2) User Population patients ages 13 through 64 with no recorded diagnosis of HIV ever **3) User Population patients ages 13 through 64 with first recorded HIV diagnosis during the Report Period **4) No denominator. This measure is a total count only, not a percentage.	*1) With HIV test in past 20 months (no refusals) **2) With HIV screening during the Report Period (no refusals) **3) With HIV screening within the past 5 years **4) With HIV screening ever **5) With positive result **6) With negative result **7) With no result **8) With HIV screening refusal **9) With CD4 count **A) With CD4 less than (<)200 **B) With CD4 equal to or greater than (=>)200 and equal to or less than (=<)350 **C) With CD4 greater than (>)350 and equal to or less than (=<)500 **D) With CD4 greater than (>) 500 **E) With no CD4 result **10) Total number of HIV screens for User Population patients with no prior HIV diagnosis
**Hepatitis C Screening	**All denominators	**All numerators
**Chlamydia Testing	1) **Female Active Clinical patients ages 16 through 25, broken down by age groups. 2) **Female User Population patients ages 16 through 25, broken down by age groups.	**Patients tested for Chlamydia during the Report Period.

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
**Sexually Transmitted Infection (STI) Screening	**HIV/AIDS screenings needed for key STI incidents for Active Clinical patients	**With needed HIV/AIDS screenings performed
Breastfeeding Rates	1) Active Clinical patients who are 30 to 394 days old *2) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of two months (45 to89 days). 3) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of six months (165 to 209 days). 4) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of nine months (255 to 299 days). 5) Active Clinical patients who are 30 to 394 days old who were screened for infant feeding choice at the age of 1 year (350 to 394 days).	1) With infant feeding choice (IFC) screening at least once 2) With IFC screen at 2months 3) With IFC screen at 6 months 4) With IFC screen at 9 months 5) With IFC screen at 1 year *6) With IFC screen at 2 months and exclusively/mostly breastfed 7) With IFC screen at 6 months and exclusively/mostly breastfed 8) With IFC screen at 9 months and exclusively/mostly breastfed 9) With IFC screen at 1 year and exclusively/mostly breastfed
**Optometry	**Active Clinical patients 18 and older with primary open-angle glaucoma	**With optic nerve head evaluation

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
**Visit Statistics	**1) Active Clinical patients **2) Active Clinical Patients ages 2 through 18 **3) Active Clinical patients ages 5 and older **4) Active Clinical Patients ages 12 through 18 **5) Active Clinical Patients ages 12 through 75 **6) Female Active Clinical Patients ages 15 through 40 **7) Female Active Clinical Patients ages 15 through 44 **8) Active Clinical patients ages 18 and older **9) Active Clinical patients ages 65 and older **10) Active Clinical patients identified as current tobacco users prior to the Report Period	**1) Patients who do not have a qualifying visit during the Report Period **2) Patients who qualify as Active Clinical patients with Urgent Care as their only core clinic

5.3 National GPRA/GPRAMA Patient List

CI15 > RPT > NTL > **LST**

5.3.1 Overview

Patient Lists are available for performance measures included in the National GPRA/GPRAMA Report and the GPRA/GPRAMA Performance Report. You may choose whether to display those patients meeting or not meeting a measure; for example, a list of patients with or without mammograms.

For some measures, more options are available. For example, the Diabetes: Glycemic Control topic includes the following patient list performance measure options:

- List of diabetic patients with a documented A1c
- List of diabetic patients without a documented A1c
- List of diabetic patients with poor glycemic control (A1c greater than 9.5)
- List of diabetic patients with A1c equal to or greater than 7 and less than 8.
- List of diabetic patients with good glycemic control (A1c less than 8)

The following patient list options are available:

- Random list (10% of the total list)
- List by designated primary care provider
- Entire patient list

5.3.2 Running the Patient List

To run the National GPRA/GPRAMA Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the CRS 2015 Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the CRS Reports menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the National GPRA Reports Menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **LST** and press Enter to display the following information about the National GPRA/GPRAMA Patient List:

```
                IHS GPRA/GPRAMA Performance Report Patient List
                          CRS 2015, Version 15.0

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

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue: <Enter>
```

Figure 5-14: Running the National GPRA/GPRAMA Patient List: patient list description

5. At the "Press enter to continue" prompt, press Enter.
6. The system checks the site-populated taxonomies.
   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-15: Checking taxonomies message

- If the following message displays, the report results for the measure that uses the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-16: Missing taxonomies message

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the Main menu.

7. The Performance Measure Selection list of available topics displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 15:27:17       Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Service
8)  Dental Sealants
9)  Topical Fluoride
10) Influenza
11) Adult Immunizations
12) Childhood Immunizations
13) Cancer Screening: Pap Smear Rates
14) Cancer Screening: Mammogram Rates
15) Colorectal Cancer Screening
16) Colorectal Cancer Screening (Revised Logic #2-USPSTF)
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-17: Performance Measure Selection screen

8. The action bar appears at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Press Enter to accept the default (+) and to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select measure topics:
     - Type **S** and press Enter.
     - At the "Which Measure Topic?" prompt, type the numbers preceding the target measures and press Enter.

To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

After pressing Enter, each measure selected is marked with an asterisk (*) before its number (Figure 5-18).

- To deselect measure topics:
  - At the "Select Action" prompt, type **D** and press Enter.
  - At the "Which item(s)" prompt, type the numbers preceding the measures you want to remove.

    After pressing Enter, each measure you deselected is no longer marked with an asterisk (*) before its number.

- To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 15:31:38        Page:   1 of
2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

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

Figure 5-18: Selected performance measure topics

9. For each performance measure you selected, the patient lists available for that topic are displayed, as in the following example:

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

     1)  Diabetes DX Ever
Which item(s): (1-1): 1  <Enter>

Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.
```

```
     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Uncontrolled BP
     5)  Controlled BP (GPRA Dev)
     6)  Uncontrolled BP (GPRA Dev)

Which item(s): (1-4): 1,3  <Enter>
```

Figure 5-19: Selecting patient lists for each topic

10. At the "Which item(s)" prompt, type the number of the items on which you want to report.

```
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
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// P <Enter> List by Provider
Enter Designated Provider Name: PROVIDER1,FIRST  <Enter>
```

Figure 5-20: Selecting Patient List by Provider report type

11. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (By List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select **P** (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** 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.
>
> Print patient lists only when you need them, or print to an electronic file.

12. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type **1**, **2**, **3**, or **4** and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.
14. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a list of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-21: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

16. A summary of the report displays, as shown in Figure 5-22. If any information is incorrect, type a caret (^) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
                SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED
```

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-22: Summary of Report to be generated

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

> **Note:** Depending on a variety of factors – the number of performance measures selected, the size of your database, 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.*

5.3.3 Patient List Content

Table 5-5 lists the following information for the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports:

- Performance measure topics
- Associated met/not met measures
- Content of the patient lists

A search template may be created for any of the measures listed in the table using the NST menu option of the National GPRA Reports menu.

> **Note:** Not every performance measure topic will have a Met and Not Met patient list option. For example, for patients assessed as obese, only a patient list containing patients meeting the measure is available. Developmental GPRA measures are denoted by a single asterisk (*).

Table 5-5: Content of the National GPRA/GPRAMA Patient List Report by Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes.
Diabetes: Glycemic Control	Documented A1c	List of diabetic patients with a documented A1c.
Diabetes: Glycemic Control	No Documented A1c	List of diabetic patients without a documented A1c.
Diabetes: Glycemic Control	Poor Glycemic Control	List of diabetic patients with poor Glycemic control (A1c greater than 9.5).
Diabetes: Glycemic Control	A1c equal to or greater than 7 and less than 8	List of diabetic patients with A1c equal to or greater than 7 and less than 8.
Diabetes: Glycemic Control	Good Glycemic Control	List of diabetic patients with good Glycemic control (A1c less than 8).
Diabetes: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed.
Diabetes: Blood Pressure Control	BP Not Assessed	List of diabetic patients who did not have their BP assessed.
Diabetes: Blood Pressure Control	Controlled BP	List of diabetic patients with controlled BP, defined as less than 140/90.
Diabetes: Blood Pressure Control	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as greater than 140/90.
*Diabetes: Blood Pressure Control	*Controlled BP	*List of diabetic patients with BP less than 140/90, or less than 150/90 for patients aged 60 years and older.
*Diabetes: Blood Pressure Control	*Uncontrolled BP	*List of diabetic patients with BP greater than or equal to 140/90, or greater than or equal to 150/90 for patients aged 60 years and older.
Diabetes: LDL Assessment	LDL Assessed	List of diabetic patients with LDL completed, regardless of result.
Diabetes: LDL Assessment	LDL Not Assessed	List of diabetic patients without LDL completed.
Diabetes: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with nephropathy assessment.
Diabetes: Nephropathy Assessment	Nephropathy Not Assessed	List of diabetic patients without nephropathy assessment.
Diabetic Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Diabetic Retinopathy	Retinopathy Not Assessed	List of diabetic patients who did not receive any retinal screening.
Diabetic Retinopathy	JVN Visit	List of diabetic patients with a JVN visit.
Diabetic Retinopathy	Ophthalmology Visit	List of diabetic patients with an Ophthalmology visit.
Diabetic Retinopathy	Optometry Visit	List of diabetic patients with an Optometry visit.
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit.
Access to Dental Services	No Documented Dental Visit	List of patients without documented dental visit.
*Access to Dental Services	*Treatment Completed	*List of User Pop patients with dental exam and all treatment completed.
*Access to Dental Services	*Treatment Not Completed	*List of User Pop patients with dental exam and not all treatment completed.
*Access to Dental Services	*With Prenatal or Nursing Mother Visit	*List of pregnant or breastfeeding female patients with treatment.
*Access to Dental Services	*No Prenatal or Nursing Mother Visit	*List of pregnant or breastfeeding female patients without treatment.
*Access to Dental Services	*With General Anesthesia	*List of User Pop patients less than 6 with general anesthesia.
*Access to Dental Services	*With General Anesthesia and Stainless Steel Crowns	*List of User Pop patients less than 6 with general anesthesia and stainless steel crowns.
Dental Sealants	With Intact Dental Sealants	List of User Pop patients 2 through15 with intact dental sealant.
Dental Sealants	No Intact Dental Sealants	List of User Pop patients 2 through 15 without intact dental sealant.
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report period.
Topical Fluoride	With Topical Fluoride Application	List of User Pop patients 1 through 15 with topical fluoride application.
Topical Fluoride	No Topical Fluoride Application	List of User Pop patients 1 through 15 without topical fluoride application.
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report period.
Influenza	Documented Influenza Immunization	List of patients aged 65 years or older with influenza vaccination, contraindication, or NMI refusal.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Influenza	No Documented Influenza Immunization	List of patients aged 65 years or older without influenza vaccination, contraindication, or NMI refusal.
Adult Immunizations	With up-to date Pneumovax	List of patients aged 65 years or older with pneumovax immunization or contraindication.
Adult Immunizations	Without up-to-date Pneumovax	List of patients aged 65 years or older without pneumovax immunization or contraindication.
* Adult Immunizations	Active Clinical Patients With 1:1:1	List of Active Clinical patients aged 19 through 59 years with 1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period).
* Adult Immunizations	Active Clinical Patients Without 1:1:1	List of Active Clinical patients aged 19 through 59 years without 1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period).
* Adult Immunizations	Active Clinical Patients With 1:1:1:1	List of Active Clinical patients aged 60 through 64 years with 1:1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period, one Zoster ever).
* Adult Immunizations	Active Clinical Patients Without 1:1:1:1	List of Active Clinical patients aged 60 through 64 years without 1:1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period, one Zoster ever).
* Adult Immunizations	Active Clinical Patients With 1:1:1:1:1	List of Active Clinical patients aged 65 years and older with 1:1:1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period, one Zoster ever, one up-to-date Pneumovax).
* Adult Immunizations	Active Clinical Patients Without 1:1:1:1:1	List of Active Clinical patients aged 65 years and older without 1:1:1:1:1 combination (i.e. one Tdap/Td in the past 10 years, one Tdap ever, one influenza during the Report Period, one Zoster ever, one up-to-date Pneumovax).

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Childhood Immunizations	Active Clinical Patients With 4:3:1:3*:3:1:4	List of Active Clinical patients 19 to 35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella, 4 Pneumococcal). **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
Childhood Immunizations	Active Clinical Patients Without 4:3:1:3*:3:1:4	List of Active Clinical patients 19 to 35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella, 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
Childhood Immunizations	Active Immunization Package Patients with 4:3:1:3*:3:1:4	List of Active Immunization Package patients 19 through 35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella, and 4 Pneumococcal). **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Childhood Immunizations	Active Immunization Package Patients without 4:3:1:3*:3:1:4	List of patients Active Immunization Package patients 19 through 35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
Childhood Immunizations	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients 19 through 35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
*Childhood Immunizations	*Active Immunization Package Patients with one dose of Hep A	*List of Active Immunization Package patients 19 through 35 months who received one dose of the Hep A vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
*Childhood Immunizations	*Active Immunization Package Patients without one dose of Hep A	*List of Active Immunization Package patients 19 through 35 months who have not received one dose of the Hep A vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19 through 35 months who received 2 or 3 doses of the rotavirus vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
*Childhood Immunizations	*Active Immunization Package Patients without 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19 through 35 months who have not received 2 or 3 doses of the rotavirus vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 2 doses of Influenza	*List of Active Immunization Package patients 19 through 35 months who received 2 doses of the influenza vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 2 doses of Influenza	*List of Active Immunization Package patients 19 through 35 months who have not received 2 doses of the influenza vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 4:3:1:3*:3:1:3	*List of Active Immunization Package patients 19 through 35 months who received the 4:3:1:3*:3:1:3 combination (4 DTaP, 3 OPV/IPV, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella, and 3 Pneumococcal). **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
*Childhood Immunizations	*Active Immunization Package Patients without 4:3:1:3*:3:1:3	*List of patients Active Immunization Package patients 19 through 35 months who have not received the 4:3:1:3*:3:1:3 combination (4 DTaP, 3 OPV/IPV, one MMR, 3 or 4 HiB, 3 Hep B, one Varicella and 3 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Pap Smear and HPV	List of female patients with a Pap smear documented in the past 3 years or Pap and HPV in past 5 years.
Cancer Screening: Pap Smear Rates	No Documented Pap Smear or Pap Smear and HPV	List of female patients without a Pap smear documented in the past 3 years or Pap and HPV in past 5 years.
Cancer Screening: Mammogram Rates	Documented Mammogram	List of female patients with a Mammogram documented in the past two years.
Cancer Screening: Mammogram Rates	No Documented Mammogram	List of female patients without a Mammogram documented in the past two years.
*Cancer Screening: Mammogram Rates	*Documented Mammogram	*List of female patients aged 52 through 74 years with a Mammogram documented in the past 2 years.
Cancer Screening: Mammogram Rates	No Documented Mammogram	List of female patients aged 52 through 74 years without a Mammogram documented in the past 2 years.
Colorectal Cancer Screening	CRC Screening (HEDIS)	List of patients aged 50 through 75 years with CRC screening (HEDIS definition).
Colorectal Cancer Screening	No CRC Screening (HEDIS)	List of patients aged 50 through 75 years without CRC screening (HEDIS definition).
*Colorectal Cancer Screening (Revised Logic #2-USPSTF)	*CRC Screening (USPSTF)	*List of patients aged 50 through 75 years with CRC screening (USPSTF definition).

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
*Colorectal Cancer Screening (Revised Logic #2-USPSTF)	*No CRC Screening (USPSTF)	*List of patients aged 50 through 75 years without CRC screening (USPSTF definition).
*Comprehensive Cancer Screening	*With Comprehensive Cancer Screening	*List of patients aged 24 through 75 years with comprehensive cancer screening.
*Comprehensive Cancer Screening	*Without Comprehensive Cancer Screening	*List of patients aged 24 through 75 years without comprehensive cancer screening.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening.
Tobacco Use and Exposure Assessment	No Documented Tobacco Screening	List of patients without documented tobacco screening.
Tobacco Use and Exposure Assessment	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users.
Tobacco Cessation	Tobacco Users w/cessation intervention	List of tobacco users with documented tobacco cessation intervention.
Tobacco Cessation	Tobacco Users w/o documented cessation intervention	List of tobacco users without documented tobacco cessation intervention.
Tobacco Cessation	Tobacco Users who quit tobacco use	List of tobacco users who quit tobacco use.
Tobacco Cessation	Tobacco Users who did not quit tobacco use	List of tobacco users who did not quit tobacco use.
Tobacco Cessation	Tobacco Users w/cessation intervention or quit tobacco use	List of tobacco users with documented tobacco cessation intervention or who quit tobacco use.
Tobacco Cessation	Tobacco Users without cessation intervention and did not quit tobacco use	List of tobacco users without documented tobacco cessation intervention and did not quit tobacco use.
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	List of female Active Clinical patients aged 15 through 44 years with documented screening.
Alcohol Screening (FAS Prevention)	No Documented Alcohol Screening	List of female Active Clinical patients aged 15 through 44 years without documented screening.
*Alcohol Screening	*Documented Alcohol Screening (FAS Prevention)	*List of female Active Clinical Plus Bh patients aged 15 through 44 years with documented screening.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
*Alcohol Screening	*Without Documented Alcohol Screening (FAS Prevention)	*List of female Active Clinical Plus Bh patients aged 15 through 44 years without documented screening.
*Alcohol Screening	*With Positive Alcohol Screen (FAS Prevention)	*List of female Active Clinical Plus Bh patients aged 15 through 44 years with a positive alcohol screen.
*Alcohol Screening	*With Negative Alcohol Screen (FAS Prevention)	*List of female Active Clinical Plus Bh patients aged 15 through 44 years with a negative alcohol screen.
*Alcohol Screening	*Documented Alcohol Screening	*List of Active Clinical Plus Bh patients aged 12 through 75 years with documented alcohol screening.
*Alcohol Screening	*Without Documented Alcohol Screening	*List of Active Clinical Plus Bh patients aged 12 through 75 years without documented alcohol screening.
*Alcohol Screening	*With Positive Alcohol Screen	*List of Active Clinical Plus Bh patients aged 12 through 75 years with a positive alcohol screen.
*Alcohol Screening	*With Negative Alcohol Screen	*List of Active Clinical Plus Bh patients aged 12 through 75 years with a negative alcohol screen.
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	List of female patients aged 15 through 40 years with documented IPV/DV screening.
Intimate Partner (Domestic) Violence Screening	No Documented IPV/DV Screening	List of female patients aged 15 through 40 years without documented IPV/DV screening.
*Intimate Partner (Domestic) Violence Screening	*Documented IPV/DV Screening	*List of female Active Clinical Plus Bh patients aged 15 through 40 years with documented IPV/DV screening.
*Intimate Partner (Domestic) Violence Screening	*No Documented IPV/DV Screening	*List of female Active Clinical Plus Bh patients aged 15 through 40 years without documented IPV/DV screening.
Depression Screening	Documented Depression Screening (equal to or greater than 18 AC)	List of Active Clinical patients aged 18 years or older screened for depression /diagnosed with mood disorder.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Depression Screening	No Documented Depression Screening (equal to or greater than 18 AC)	List of Active Clinical patients aged 18 years or older not screened for depression/diagnosed with mood disorder.
*Depression Screening	*With Documented Depression Screen (equal to or greater than 18)	*List of Active Clinical Plus Bh patients aged 18 years or older screened for depression/diagnosed with mood disorder or suicide ideation.
*Depression Screening	*Without Documented Depression Screen (equal to or greater than 18)	*List of Active Clinical Plus Bh patients aged 18 years or older not screened for depression/diagnosed with mood disorder or suicide ideation.
*Depression Screening	*With Documented Depression Screen 12 through 18)	*List of Active Clinical Plus Bh patients aged 12 through 18 years screened for depression/diagnosed with mood disorder or suicide ideation.
*Depression Screening	*Without Documented Depression Screen 12 through 18)	*List of Active Clinical Plus Bh patients aged 12 through 18 years not screened for depression/diagnosed with mood disorder or suicide ideation.
Childhood Weight Control	With BMI greater than or equal to 95th Percentile	List of patients aged 2 through 5 years with BMI at or above the 95th percentile.
*Weight Assessment and Counseling for Nutrition and Physical Activity	*With Comprehensive Assessment	*List of Active Clinical patients aged 3 through 17 years with comprehensive assessment.
*Weight Assessment and Counseling for Nutrition and Physical Activity	*Without Comprehensive Assessment	*List of Active Clinical patients aged 3 through 17 years without comprehensive assessment.
*Controlling High Blood Pressure	*Controlled BP	*List of diabetic patients with BP less than 140/90, or less than 150/90 for patients age 60 years and older.
*Controlling High Blood Pressure	*Uncontrolled BP	*List of diabetic patients with BP greater than or equal to 140/90, or greater than or equal to 150/90 for patients age 60 years and older.
Controlling High Blood Pressure – Million Hearts	With BP less than 149/90	List of hypertensive patients with BP less than 140/90.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Controlling High Blood Pressure – Million Hearts	With BP greater than or equal to 140/90	List of hypertensive patients with BP greater than or equal to 140/90.
Comprehensive CVD-Related Assessment	BP Assessed	List of Active CHD patients aged 22 years or older with blood pressure documented in the past two years.
Comprehensive CVD-Related Assessment	BP Not Assessed	List of Active CHD patients aged 22 years or older without blood pressure documented in the past two years.
Comprehensive CVD-Related Assessment	LDL Assessed	List of Active CHD patients aged 22 years or older with LDL completed during the Report Period.
Comprehensive CVD-Related Assessment	LDL Not Assessed	List of Active CHD patients aged 22 years or older without LDL completed during the Report Period.
Comprehensive CVD-Related Assessment	Documented Tobacco Screening	List of Active CHD patients aged 22 years or older with tobacco screening during the Report Period.
Comprehensive CVD-Related Assessment	No Documented Tobacco Screening	List of Active CHD patients aged 22 years or older without tobacco screening during the Report Period.
Comprehensive CVD-Related Assessment	With BMI Calculated	List of Active CHD patients aged 22 years or older with BMI calculated.
Comprehensive CVD-Related Assessment	Without BMI Calculated	List of Active CHD patients aged 22 years or older without BMI calculated.
Comprehensive CVD-Related Assessment	With Lifestyle Education	List of Active CHD patients aged 22 years or older with lifestyle education during the Report Period.
Comprehensive CVD-Related Assessment	Without Lifestyle Education	List of Active CHD patients aged 22 years or older without lifestyle education during the Report Period.
Comprehensive CVD-Related Assessment	Active CHD Pts 22 plus (+) With Comprehensive CVD Assessment	List of Active CHD patients aged 22 years or older with a comprehensive CVD assessment.
Comprehensive CVD-Related Assessment	Active CHD Pts 22 plus (+) Without Comprehensive CVD Assessments	List of Active CHD patients aged 22 years or older without a comprehensive CVD assessment.
Comprehensive CVD-Related Assessment	Documented Depression Screening	List of Active CHD patients aged 22 years or older with depression screening during the Report Period.
Comprehensive CVD-Related Assessment	No Documented Depression Screening	List of Active CHD patients aged 22 years or older without depression screening during the Report Period.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
HIV Screening	Documented HIV Test for Pregnant Patients	List of pregnant patients with documented HIV test in past 20 months.
HIV Screening	No Documented HIV Test for Pregnant Patients	List of pregnant patients without documented HIV test in past 20 months.
*HIV Screening	*With HIV Screening During Report Period (13 through 64 years)	*List of User Population patients aged 13 through 64 years with documented HIV test during the Report Period.
*HIV Screening	*Without HIV Screening During Report Period (13 through 64 years)	*List of User Population patients aged 13 through 64 years without documented HIV test during the Report Period.
*HIV Screening	*Positive Result	*List of User Population patients aged 13 through 64 years with documented HIV test and positive result.
*HIV Screening	*Negative Result	*List of User Population patients aged 13 through 64 years with documented HIV test and negative result.
*HIV Screening	*No Result	*List of User Population patients aged 13 through 64 years with documented HIV test and no result.
*HIV Screening	*With HIV Screening in Past 5 Years	*List of User Population patients aged 13 through 64 years with documented HIV test in past 5 years.
*HIV Screening	*Without HIV Screening in Past 5 Years	*List of User Population patients aged 13 through 64 years without documented HIV test in past 5 years.
*HIV Screening	*With HIV Screening Ever	*List of User Population patients aged 13 through 64 years with documented HIV test ever.
*HIV Screening	*Without HIV Screening Ever	*List of User Population patients aged 13 through 64 years without documented HIV test ever.
*HIV Screening	*With HIV Test for User Population	*List of User Population patients with documented HIV test.
*HIV Screening	*Newly HIV Positive Patients with CD4 Count	*List of HIV+ User Population patients aged 13 through 64 years with CD4 count.
*HIV Screening	*Newly HIV Positive Patients without CD4 Count	*List of HIV+ User Population patients aged 13 through 64 years without CD4 count.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis who were ever screened for Hep C.
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis or screening who were ever screened for Hep C.
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and Confirmatory Test	*List of patients born between 1945-1965 with Hep C diagnosis who were given Hep C confirmatory test.
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and no Confirmatory Test	*List of patients born between 1945-1965 with Hep C diagnosis who were not given Hep C confirmatory test.
*Hepatitis C Screening	*Positive Result	*List of patients born between 1945-1965 with Hep C confirmatory test and positive result.
*Hepatitis C Screening	*Negative Result	*List of patients born between 1945-1965 with Hep C confirmatory test and negative result.
*Hepatitis C Screening	*No Result	*List of patients born between 1945-1965 with Hep C confirmatory test and no result.
*Chlamydia Testing	*Active Clinical aged 16 through 25 years with Chlamydia screening	*List of Active Clinical patients with documented Chlamydia screening.
*Chlamydia Testing	*Active Clinical aged 16 through 25 years without Chlamydia screening	*List of Active Clinical patients without documented Chlamydia screening.
* STI Screening	*Diagnosed with an STI with HIV screen	*List of Active Clinical patients diagnosed with an STI who were screened for HIV.
* STI Screening	*Diagnosed with an STI without HIV screen	*List of Active Clinical patients diagnosed with an STI who were not screened for HIV.
Breastfeeding Rates	Patients 45 to 394 days with IFC Screening	List of Active Clinical patients 45 to 394 days who were screened for IFC at least once.
Breastfeeding Rates	Patients 45 to 394 days without IFC Screening	List of Active Clinical patients 45 to394 days who were not screened for IFC at least once.
Breastfeeding Rates	At 2 months of age, were Exclusively or Mostly Breastfed	List of Active Clinical patients screened at the age of two months (45 to 89 days) and were either exclusively or mostly breastfed.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the report period, unless defined otherwise.)
Breastfeeding Rates	At 2 months of age, were Not Exclusively or Mostly Breastfed	List of Active Clinical patients screened at the age of two months (45 to 89 days) old and were not exclusively or mostly breastfed.
*Optometry	*Active Clinical aged 18 and older with Primary Open-Angle Glaucoma and Optic Nerve Head Evaluation	*List of Active Clinical patients >=18 with primary open-angle glaucoma and optic nerve head evaluation.
*Optometry	*Active Clinical aged 18 and older with Primary Open-Angle Glaucoma and no Optic Nerve Head Evaluation	*List of Active Clinical patients >=18 with primary open-angle glaucoma and no optic nerve head evaluation.
*Visit Statistics	*No visit during Report Period	*List of Active Clinical patients with no qualifying visit during the Report Period.
*Visit Statistics	*Urgent Care as core clinic	*List of Active Clinical patients with Urgent Care as their only core clinic.

5.4 National GPRA/GPRAMA Clinical Performance Summaries Report

CI15 > RPT > NTL > **SUM**

5.4.1 Overview

The Clinical Performance Summary contains three sections:

- Selected Non-GPRA Measures
- GPRA Developmental Measures
- Official GPRA Measures

> **Note:** You will not be able to export this data to the Area Office. Use the GP menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Clinical Performance Summaries Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the “Select Reports Option” prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the “Select National GPRA/GPRAMA Reports Option” prompt, type **SUM** and press Enter to display the following information about the National GPRA/GPRAMA Clinical Performance Summaries Report.

```
      IHS 2015 National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the
National GPRA/GPRAMA Report for the 2015 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator you
need to run the GP menu option.

You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
July 1, 2014 through June 30, 2015 with a Baseline Year of July 1, 2009
through June 30, 2010. This report will include beneficiary population of
American Indian/Alaska Native only.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>
```

Figure 5-23: National GPRA/GPRAMA Clinical Performance Summaries Report: description

5. At the “Press Enter to continue” prompt, press Enter. The system checks to see if all taxonomies required for this report are present and have associated members.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-24: Checking taxonomies

6. At the (PRESS ENTER” prompt, press Enter to continue. The date ranges for this report are hard-coded. The system displays the dates, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010
```

Figure 5-25: Displaying date ranges

7. At the “Enter the Name of the Community Taxonomy” prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are at Section 5.2.2, Step 11.

The National GPRA/GPRAMA Clinical Performance Summaries Report includes all of the clinical performance summaries contained in the GP National GPRA/GPRAMA Report.

Note: The BG150 file is *not* created when this report is run.

5.5 National GPRA/GPRAMA Report by Designated Provider

CI15 > RPT > NTL > **DPRV**

5.5.1 Overview

This report will produce a National GPRA/GPRAMA Report for a selected designated primary care provider. This report includes only patients assigned to the selected provider but the patients must still meet the definitions of the denominators used in the report.

Note: You will not be able to export this data to the Area Office; use the GP menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Report by Designated Provider:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA Reports Option" prompt, type **DPRV** and press Enter to display the following information about the National GPRA/GPRAMA Report by Designated Provider.

```
         IHS 2015 National GPRA/GPRAMA Report by Designated Provider

This will produce a National GPRA/GPRAMA Report for a selected designated
primary care provider. Your facility must be using the designated
primary care provider functionality that assigns a panel of patients to a
primary care provider; otherwise, you will not be able to run this
report. The report will include only the patients assigned to the
selected provider but the patients must still meet the definitions of the
denominators used in the report.

This report will be run for the Report Period of July 1, 2014 through
June 30, 2015 with a Baseline Year of July 1, 2009 through June 30,
2010.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>
```

Figure 5-26: National GPRA/GPRAMA Report by Designated Provider: description

5. Press Enter to continue. The system checks to see if all taxonomies required for this report are present and have members associated to them.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

Which Designated Provider: PROVIDER,DEMO <Enter>
```

Figure 5-27: Checking taxonomies

6. At the "End of taxonomy check" prompt, press Enter to continue.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

          P         Provider's Names
          T         Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-28: Selecting provider names or a taxonomy

7. At the prompt, do one of the following:

- To enter provider names, press Enter, and then follow these steps:
  - Type the name of the designated primary care provider you want to report on and press Enter.
  - Type the first few letters of a provider's name and press Enter to see a selection of available providers beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the provider you want to report on and press Enter.
  - Repeat the above steps until all provider names are entered, then press Enter.
- To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
  - At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

   The hard-coded date ranges for this report display:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-29: Displaying date ranges

9. At the "Include Measure Logic Text in the Output Report" prompt, do one of the following:

   - Press Enter to accept the default (include the printed logic text in the report).
   - Type **N** (No) and press Enter to not print the logic text in the report.

10. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

The National GPRA/GPRAMA Report by Designated Provider includes the same content as the National GPRA/GPRAMA Report except that the rates are based on the designated primary care provider only.

Note: The BG150 file is *not* created when a user runs this report.

5.6 National GPRA Dashboard

CI15 > RPT > NTL > **DSH**

5.6.1 Overview

To run the National GPRA Dashboard Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter. The **CRS 2015** Main Menu displays.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter. The **CRS Reports** Menu displays.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter. The **National GPRA Reports** menu displays.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **DSH** and press Enter. The following information about the National GPRA Dashboard Report displays.

```
                        IHS 2015 National GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets. The report can be run
for your entire facility or a single primary provider. You will be asked to
provide the community taxonomy to determine which patients will be included
and the GPRA year for which you would like to run the report.  This report
will be run for the Report Period July 1 through June 30 of the year
provided with a Baseline Year of July 1, 2009 through June 30, 2010.  This
report will include beneficiary population of American Indian/Alaska Native
only.
```

Figure 5-30: National GPRA Dashboard Report: description

5. The system checks to see if all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-31: Checking taxonomies

```
     Select one of the following:

          F         Entire Facility
          P         One Designated Provider

Run report for: F//
```

Figure 5-32: Running the National GPRA Dashboard Report: selecting entire facility or one provider

6. At the "Run report for" prompt, do one of the following:

   - To run the report for the entire facility, press Enter to accept the default (**F**).
   - To run the report for one designated provider, type **P** and press Enter. Then follow these steps:
     - To enter provider names, press Enter. Then follow these steps:
       – Type the name of the designated primary care provider you want to report on and press Enter.
       – Type the first few letters of a provider's name and press Enter to see a selection of available providers beginning with those letters, or type two question marks (??) and press Enter to see the entire list. Then type the number of the provider you want to report on and press Enter.
       – Repeat the above steps until all provider names are entered, then press Enter.
     - To enter a taxonomy of providers, type **T** and press Enter. At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

          P         Provider's Names
          T         Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-33: Selecting provider names or a taxonomy

7. At the "Run report for GPRA year 2015 or 2016" prompt, enter the GPRA year for which you would like to run the report. The date ranges for this report are

hard-coded, based on the GPRA year selected in Step 7. The system displays the dates, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
```

Figure 5-34: Displaying date ranges

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Do one of the following:
     – Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters.
     – Type two question marks (**??**) and press Enter to see the entire list.

     Then type the number of the taxonomy you want to include and press Enter.

9. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

The National GPRA Dashboard Report includes all of the National GPRA measures and their status as compared to the current targets.

Note: The BG150 file is *not* created when a user runs this report.

5.7 Search Template for National Patient List

CI15 > RPT > NTL > **NST**

5.7.1 Overview

A search template may be created from a National GPRA/GPRAMA Patient List for patients meeting or not meeting a performance measure included in the National

GPRA/GPRAMA Report. You can select the performance measure, such as Pap smear in the past four years, and then choose the list you want; for example, patients without a Pap smear. You select the community taxonomy to determine which patients will be included and choose the report period.

The following patient list options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire patient list

When the Search Template for National Patient List option is run, the National GPRA/GPRAMA Report for the selected performance measure is included, but the patient list is not.

5.7.2 Creating a Search Template

To create a search template for a national patient list:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS 2015 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **NST** and press Enter to display the following information about the search template:

```
          IHS GPRA/GPRAMA Performance Patient Search Template Creation
                      CRS 2015, Version 15.0

This will produce a search template of patients who either met or did not
meet a National GPRA/GPRAMA Report performance measure. You will be asked
to select one performance measure topic and then to choose which
performance
measure numerators you would like to create a search template for.
For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 3 years.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.

Press enter to continue: <Enter>
```

Figure 5-35: Creating a Search Template for a National Patient List: description

5. At the prompt to continue, press Enter.

6. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-36: Checking taxonomies

   - If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-37: Checking taxonomies

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

7. The Performance Measure Selection list of available topics displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 09:33:40       Page:   1 of    2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

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

Figure 5-38: Performance Measure Selection screen

8. The action bar displays at the bottom of the screen. At the “Select Action” prompt, do one of the following:

   - To view multiple pages:

  - Type a plus sign (+) and press Enter to view the next page.
  - Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select a specific performance measure topic:

a. Type **S** and press Enter.

b. At the "Select Only One Measure" prompt, type the number corresponding to the performance measure topic you want and press Enter.

Note:	Only one topic may be selected when creating a search template.

The measure you selected is marked with an asterisk (*) before its number, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 09:35:41        Page:   1 of
2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

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

Figure 5-39: Selected performance measure topic

9. To save your selected topic, type **Q** and press Enter.

   The patient lists available for the performance measure topic you selected are displayed, as in the following example:

```
Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.

     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Uncontrolled BP
     5)  Controlled BP (GPRA Dev)
```

```
     6)  Uncontrolled BP (GPRA Dev)
Which item(s): (1-10): 3 <Enter>
```

Figure 5-40: Selecting patient lists

10. At the "Which item(s)" prompt; type the numbers of the items on which you want to report.

11. At the "Patient Search Template" prompt, do one of the following:

    - Type the name of the search template to which you want to save the patient list and press Enter.
    - Type the first few letters of a search template name and press Enter to see a list of templates beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the name of the template you want to use and press Enter.

    If a search template with the name you type does not currently exist, you are asked to confirm that you want to add it as a new search template. Type **Y** to add the new template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

    If a search template with the name you typed already exists, you are asked if you want to overwrite an existing search template (Figure 5-41). Type **Y** to overwrite the exiting template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

```
        Enter a search template name for the following list of patients:
   List of diabetic patients with controlled BP, defined as <140/90.
Patient Search Template: DEMO_DM_CONTROLLED_BP
  Are you adding 'DEMO_DM_CONTROLLED_BP' as
    a new SORT TEMPLATE? No// Y  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in the DEMO_DM_CONTROLLED_BP Search Template.
```

Figure 5-41: Specifying patient search template name

12. Repeat Step 11 to provide a search template name for each selected patient list.

```
Select List Type.

     Select one of the following:

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

Choose report type for the Lists: R// <Enter>  Random Patient List
```

Figure 5-42: Selecting the list report type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **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.
>
> Print patient lists only when you need them, or print to an electronic file.

```
     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 5-43 Selecting report date range

14. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

15. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

16. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.
- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy and press Enter.

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-44: Selecting beneficiary population

17. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:
    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.
18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:
    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

> **Note:** The output contains only the National GPRA/GPRAMA Report for the selected performance measure topic and will not include the lists of patients. The lists of patients will be stored in the search templates you created.

5.7.3 Search Template Content

The content of the National Search Template is the same as the content for the National GPRA/GPRAMA Patient List, except that it is saved to a search template.

5.8 GPRA/GPRAMA Forecast Patient List

CI15 > RPT > NTL > **FOR**

5.8.1 Overview

The GPRA/GPRAMA Forecast Patient List is linked to the Scheduling package and produces a list of patients with or without scheduled appointments that identifies all of the GPRA and GPRAMA measures each patient has not yet met.

The list may be run using several different options:

- By specified clinic and appointment date range
- For a selected patient and appointment date range
- All appointments for an entire facility or division to all clinics or specified clinics
- Any selected set of patients regardless of appointment status

This can be used to create a list of all GPRA and GPRAMA screenings or tests that a patient is due for at his or her next visit.

The denominator logic for this list is different than the denominator logic used in the National GPRA/GPRAMA Report. The definitions are different because, although a patient may not meet the GPRA or GPRAMA definition of "Active Clinical" or "Active Diabetic" at a particular appointment, the patient may meet one of those definitions later in the GPRA year. Thus, it was necessary to develop a separate set of denominator definitions for this patient list. The numerator logic, however, is the same. You can use the GPRA/GPRAMA Forecast Denominator Definitions (FORD) menu option to print these definitions.

This report is based on the CRS clinical logic and, consequently, may produce different results from the current clinical reminders available in the EHR package.

5.8.2 Running the Patient List

To run the GPRA/GPRAMA Forecast Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS 2015 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FOR** and press Enter to display the following information about the GPRA/GPRAMA Forecast Patient List:

```
This patient list is linked to the Scheduling Menu and enables users to
run a list of patients that are scheduled for appointments during a
user-defined time period to list of clinics at the facility defined by the
user and shows the GPRA/GPRAMA measures the patient will not meet as of
the date of the appointment. The list uses revised CRS logic for the GPRA/
GPRAMA measures, which is defined in the report, and also includes
information for the provider on how to fulfill the GPRA/GPRAMA measures.
PRESS ENTER: <Enter>
```

Figure 5-45: GPRA/GPRAMA Forecast Patient List: description

5. At the prompt, press Enter.

```
     Select one of the following:

          C         By CLINIC NAME for a specified appointment date range
          P         Selected Patient w/Appointments
          D         One Facility's or Divisions Appointments
          A         Any selected set of patients regardless of appt status

Create List/Sort by: C//  C <Enter>
```

Figure 5-46: Selecting report criteria

6. At the "Create List/Sort by" prompt, type the letter corresponding to the report selection criterion you want to use and press Enter, where:

   - **C** (By clinic name) creates a list for all clinics or for one or more selected clinics at a facility sorted by a specified appointment date range (default).
   - **P** (Selected patient) creates a list for one selected patient's appointments.
   - **D** (One facility's or division's appointments) creates a list for all of a facility's or division's appointments.
   - **A** (Any selected set of patients) creates a list for any selected set of patients, regardless of whether they had a scheduled appointment status. This option should be used for walk-in patients.

   Detailed instructions for each of the report selection criteria are found below.

5.8.2.1 C (By Clinic Name)

1. At the "Create List/Sort by" prompt, type **C** and press Enter, as shown in the following example:

```
Create List/Sort by: C// C  By CLINIC NAME for a specified appointment date
range

Run report for GPRA year 2015 or 2016:  2015  (2015) <Enter>
```

```
     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter> One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/14 <Enter> (NOV 01, 2014)
Enter Ending Appointment Date: 11/2/14 <Enter> (NOV 02, 2014)

     Select one of the following:

          A         ALL Patients with Appointments in the date range
          O         ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/14  (OCT 29, 2014)
```

Figure 5-47: Patient list by clinic

2. At the “Run report for GPRA year 2015 or 2016” prompt, enter the GPRA year for which you would like the report run.
3. At the “Include patients with Appointments to” prompt, do one of the following:
   - To include patients with appointments to all clinics, type **A** and press Enter.
   - To include patients with appointments to one or more selected clinics, type **S** and press Enter, and then follow these steps:
     – At the “Select CLINIC” prompt, do one of the following:
   - Type the name of a clinic and press Enter for each clinic you want to include.
   - Type the first few letters of a clinic name and press Enter to see a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the clinic and press Enter.
     – When you have selected all the clinics you want to include, press Enter without typing a clinic name.
4. At the “Do you wish to create” prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.

- To create a Search Template of the patients in the report, type **S** and press Enter.

5. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period you want to create the list for and press Enter.
6. At the "Enter Ending Appointment Date" prompt, type the ending date of the period you want to create the list for and press Enter.

> **Note:** You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

7. At the "Run the forecast report for:" prompt, do one of the following:
   - To include all patients with appointments in the date range entered, type **A** and press Enter.
   - To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:
     – At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.
8. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.2 P (Selected Patient)

9. At the "Create List/Sort by" prompt, type **P** and press Enter.

```
Create List/Sort by: C// P  Selected Patient w/Appointments

Run report for GPRA year 2015 or 2016:  2015  (2015) <Enter>

Select PATIENT NAME: PATIENT <Enter>
   1    PATIENT,CRJF                    M 05-14-1980             WW 900259
   2    PATIENT,CRS                     F 01-01-1985 XXX-XX-4444 WW 23456
   3    PATIENT,CRSA                    F 06-01-1970             WW 900000
   4    PATIENT,CRSAA                   F 02-01-1956             WW 900027
   5    PATIENT,CRSAB                   M 03-01-1957             WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                         M 05-14-1980             WW 900259

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients
```

```
Enter Beginning Appointment Date: 11/1/14 <Enter>  (NOV 01, 2014)
Enter Ending Appointment Date: 11/2/14 <Enter> (NOV 02, 2014)
```

Figure 5-48: Patient list by patient

10. At the "Run report for GPRA year 2015 or 2016" prompt, enter the GPRA year for which you would like the report run.

11. At the "Select PATIENT NAME" prompt, do one of the following:

    - Type the name of a patient and press Enter.
    - Type the first few letters of a patient name and press Enter to see a selection of patients beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the patient and press Enter.

12. At the "Do you wish to create" prompt, do one of the following:

    - To run a Forecast Report for the patients, type **R** and press Enter.
    - To create a Search Template of the patients in the report, type **S** and press Enter.

13. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period you want to create the list for and press Enter.

14. At the "Enter Ending Appointment Date" prompt, type the ending date of the period you want to create the list for and press Enter.

15. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.3 D (One Facility's or Division's Appointments)

1. At the "Create List/Sort by" prompt, type **D** and press Enter.

```
Create List/Sort by: C// D  One Facility's or Divisions Appointments
Select MEDICAL CENTER DIVISION NAME: DEMO INDIAN HOSPITAL       2582

Run report for GPRA year 2015 or 2016:  2015  (2015) <Enter>

     Select one of the following:

          A         ANY Clinic
          S         One or more selected Clinics

Include patients with Appointments to: A// S <Enter>  One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

     Select one of the following:
```

```
          R         Forecast Report for the Patients
          S         Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/14 <Enter> (NOV 01, 2014)
Enter Ending Appointment Date: 11/2/14 <Enter> (NOV 02, 2014)

     Select one of the following:

          A         ALL Patients with Appointments in the date range
          O         ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/14  (OCT 29, 2014)
```

Figure 5-49: Running the GPRA/GPRAMA Forecast Patient List by facility or division

2. At the "Run report for GPRA year 2015 or 2016" prompt, enter the GPRA year for which you would like the report run.
3. At the "Select MEDICAL CENTER DIVISION NAME" prompt, do one of the following:
   - Type the name of a facility or division and press Enter.
   - Type the first few letters of a facility or division name and press Enter to see a selection beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the facility or division and press Enter.
4. At the "Include patients with Appointments to" prompt, do one of the following:
   - To include patients with appointments to all clinics, type **A** and press Enter.
   - To include patients with appointments to one or more selected clinics:
     – Type **S** and press Enter.
     – At the "Select CLINIC" prompt, do one of the following:
   - Type the name of a clinic and press Enter for each clinic that you want to include.
   - Type the first few letters of a clinic name and press Enter to see a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the clinic and press Enter.
     – When you have selected all the clinics that you want to include, press Enter without typing a clinic name.
5. At the "Do you wish to create" prompt, do one of the following:
   - To run a Forecast Report for the patients, type **R** and press Enter.

- To create a Search Template of the patients in the report, type **S** and press Enter.

6. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period you want to create the list for and press Enter.
7. At the "Enter Ending Appointment Date" prompt, type the ending date of the period you want to create the list for and press Enter.

> **Note:** You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

8. At the "Run the forecast report for:" prompt, do one of the following:
   - To include all patients with appointments in the date range entered, type **A** and press Enter.
   - To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:
     – At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.
9. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.4 A (Any Selected Set of Patients)

1. At the "Create List/Sort by" prompt, type **A** and press Enter.

```
Create List/Sort by: C// A <Enter>  Any selected set of patients regardless
of appt status

Run report for GPRA year 2015 or 2016:  2015  (2015) <Enter>

Select patient(s): PATIENT <Enter>
   1    PATIENT,CRJF                M 05-14-1980                WW 900259
   2    PATIENT,CRS                 F 01-01-1985 XXX-XX-4444    WW 23456
   3    PATIENT,CRSA                F 06-01-1970                WW 900000
   4    PATIENT,CRSAA               F 02-01-1956                WW 900027
   5    PATIENT,CRSAB               M 03-01-1957                WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                     M 05-14-1980                WW 900259
Select patient(s): <Enter>

     Select one of the following:

          R         Forecast Report for the Patients
          S         Search Template of the Patients
```

```
Do you wish to create: R// R  Forecast Report for the Patients
```

Figure 5-50: Running the GPRA/GPRAMA Forecast Patient List by patient name

2. At the "Run report for GPRA year 2015 or 2016" prompt, enter the GPRA year for which you would like the report run.

3. At the "Select patient(s)" prompt, do one of the following:

   - To select individual patients, do one of the following:
     - Type the name of each patient and press Enter for each patient.
     - Type the first few letters of a patient name and press Enter to see a selection of patients beginning with those letters. Then type the number of a patient and press Enter.

       When you have selected all the patients you want to include, press Enter without typing a patient name or number.

   - To run the list for patients included in a search template, do one of the following:
     - Type a left bracket (**[**) followed by the name of the search template and press Enter.
     - Type a left bracket (**[**) followed by one or more letters in the search template name and press Enter to see a list of search templates beginning with those letters. Then type the number of a search template and press Enter.

       In Figure 5-51, all search templates containing "D" in the name are displayed and the third template named DEMO_VISITS_MALE_21-55 was selected. It contains 32 patients; therefore, the patient list will be run only for those 32 patients included in the search template.

4. At the "Do you wish to create" prompt, do one of the following:

   - To run a Forecast Report for the patients, type **R** and press Enter.
   - To create a Search Template of the patients in the report, type **S** and press Enter.

5. Instructions for the "Device" prompt are found in Step 6 below.

```
Create List/Sort by: C// Any selected set of patients regardless of appt
status
Select patient(s): [D
     1   DEMO_2003VISITS_MALE_21-55
                              (Jun 01, 2015)     User #6213 File #9000001
     2   DEMO_MALE_VISITS_21-55
                              (Jun 09, 2015)     User #6213 File #9000001
     3   DEMO_VISITS_MALE_21-55
                              (May 22, 2015)     User #6213 File #9000001
INQ
```

```
  4   DM_A1c_Test060110    (Jun 01, 2015)     User #6213 File #9000001
CHOOSE 1-4: 3  DEMO_VISITS_MALE_21-55
                              (May 22, 2015)     User #6213 File #9000001
INQ

32 entries added.
Select patient(s):
```

Figure 5-51: Running the GPRA/GPRAMA Forecast Patient List by search template

6. At the "Device" prompt, type a printer name or a file name.

Note: This report is *only* available in the printed format.

- To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites)

  To print a report to the screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.

  Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80 <Enter>  VT    Right Margin: 80// <Enter>
```

Figure 5-52: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-53: Specifying the file location

5.9 GPRA/GPRAMA Forecast Denominator Definitions

CI15 > RPT > NTL > **FORD**

5.9.1 Overview

This option is used to print the denominator definitions used in the GPRA/GPRAMA Forecast Patient List (FOR).

5.9.2 Running the Forecast Denominator Definitions

To print the GPRA/GPRAMA Forecast Denominator Definitions:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS 2015 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FORD** and press Enter.
5. At the "Device" prompt, type a printer name or a file name.

Note: This report is *only* available in printed format.

- To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites)

  To print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.

  Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-54: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-55: Specifying the file location

5.10 Comprehensive National GPRA/GPRAMA Patient List

CI15 > RPT > NTL > **CMP**

5.10.1 Overview

This option produces a patient list that displays all of the patients included in the National GPRA/GPRAMA Report and all of the performance measures reported to

Congress and OMB that each patient did not meet. This report option also displays the name and discipline of the provider the patient last saw and the date of the visit with the provider. For a list of the performance measures included in this report, see Section 5.10.3.

The following Patient List options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire patient list of patients and the measures they did not meet

5.10.2 Running the Patient List

To print the Comprehensive National GPRA/GPRAMA Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS 2015 Reports** Menu.
3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.
4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **CMP** and press Enter to display the following information about the Comprehensive National GPRA/GPRAMA Patient List:

```
                Comprehensive National GPRA/GPRAMA Patient List
                          CRS 2015, Version 15.0
This report will enable users to run a patient list that shows all of the
National GPRA/GPRAMA Report performance measures in which
a patient was included but did not meet. Performance measures
not relevant to a patient will not be listed. For example, if a male
patient who is 30 years old, he would not be listed as having not met
the Child Immunizations or Pap Smear measures.

The list will include the National GPRA/GPRAMA Report logic and performance
measure rates for Report Period, Previous Year, and Baseline Year for all
the measures, followed by a list of patients that shows which
measures each patient did not meet.

You will be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients,
and the Report Period and Baseline Year.

Press ENTER to Continue: <Enter>
```

Figure 5-56: Comprehensive National GPRA/GPRAMA Patient List: information display

5. At the prompt, press Enter.

A message displays warning about the number of pages the report could potentially include and recommending that you select the delimited output option.

6. Type **Y** and press Enter to continue, or type a caret (^) to return to the previous menu.

7. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-57: Checking taxonomies

   - If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-58: Checking taxonomies

To exit from the report and edit your taxonomies, type a caret (^) at any prompt until you return to the main menu.

```
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
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-59: Selecting list for all patients

8. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

   - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
   - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** 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.
>
> Print patient lists only when you need them, or print to an electronic file.

9. The system displays the date range options for the patient list, as in the following example:

```
     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 <Enter> January 1 - December 31
```

Figure 5-60: Selecting report date range

10. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the four-digit calendar year of the report end date (for example, 2015) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

11. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

12. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.

      Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question

marks (**??**) to see the entire list. Type the number of a taxonomy and press Enter.

```
     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//  <Enter>
Indian/Alaska Native (Classification 01)
```

Figure 5-61: Selecting beneficiary population

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

14. A summary of the Comprehensive National GPRA/GPRAMA Patient List Report displays.

15. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

> **Notes:** Depending on a variety of factors—the number of performance measures selected, the size of your database, your server configuration (RAM, processor speed, etc.)—the report may take 6 to 8 hours to run. *Always test your first report at night or on the weekend.*

5.10.3 Patient List Content

The following table shows the National GPRA/GPRAMA Report performance measures that are included in the GPRA Performance Plan to Congress (e.g., GPRA measures) that are applicable to each patient and will be included in this report.

Performance measures that are counts and not rates, such as Dental Sealants, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report.

Table 5-6: Content of the Comprehensive National GPRA/GPRAMA Patient List Report by Performance Measure Topic

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Glycemic Control	Good Glycemic Control	DM Good Control
DM: Blood Pressure Control	Controlled BP	DM Control BP
DM: LDL Assessment	LDL Assessed	DM LDL Doc
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
Access to Dental Services	Documented Dental Visit	Dental Visit
Dental Sealants	Intact Dental Sealants	Intact Sealants
Topical Fluoride	Documented Topical Fluoride	Doc Top Fluoride
Influenza	Documented Influenza Immunization	AC 65 plus (+) Influenza IZ
Adult Immunizations	Documented Up-To-Date Pneumovax	AC 65 plus (+) Pneumovax IZ
Childhood Immunizations	Active Immunization Package Patients With All Documented Childhood Immunizations IMM Pkg w/4:3:1:3*:3:1:4	IMM Pkg Child IZ
Cancer Screening: Pap Smear Rates	Documented Pap Smear	AC Pap Smear
Cancer Screening: Mammogram Rates	Documented Mammogram	AC Mammogram
Colorectal Cancer Screening	Documented CRC Screening	AC CRC Scrn
Tobacco Cessation	Documented Tobacco Cessation Intervention	AC Tobacco Cess
Alcohol Screening (FAS Prevention)	Documented Alcohol Screening	AC Alcohol Scrn

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	AC IPV/DV Scrn
Depression Screening	Documented Depression Screening	AC Depr Scrn
Childhood Weight Control	BMI < 95th Percentile	Child Weight Control
Comprehensive CVD-Related Assessment	Comprehensive CVD-Related Assessment	Active CHD Comp CVD
Prenatal HIV Testing	Documented HIV Test	AC Prenatal HIV Test
Breastfeeding Rates	Documented IFC Screening	AC Feed Choice Scrn

5.11 Selected Measures Reports for Local Facility Use

CI15 > RPT > **LOC**

5.11.1 Overview

The following reports are intended for local use by a facility for specific public health or performance improvement initiatives. Each report allows selection of one or more performance measure topics and different populations. All Selected Measures reports include the option to run patient lists.

- **Selected Measures with Community Specified (COM)** includes *all* selected denominators and numerators for performance measure topics. The report displays *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators; for example, Active Adult Diabetic patients. For any selected topic, this report displays *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 site's "official" GPRA Community taxonomy should be used. Other community taxonomies can also be specified for other local uses, such as comparing one community to another.

  This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both. For comparison to national reporting, only the AI/AN population can be selected.

- **Selected Measures with Patient Panel Population (PP)** includes *all* numerators, including any breakdowns by gender and age where defined, for selected performance measure topics. The report displays *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. For detailed instructions see Appendix C: .

- **Selected Measures with All Communities (ALL)** includes *all* denominators and numerators for selected performance measure topics. The report displays both Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators; for example, Active Adult Diabetic patients. For any selected topic, this report displays *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: AI/AN, non-AI/AN, or both.

5.11.2 Running the Reports with Patient Lists

To run the Selected Measures Reports with Patient Lists:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             ****************************************************
             **                 IHS/RPMS CRS 2015                **
             **   Reports for Local Use: IHS Clinical Measures   **
             ****************************************************
                             Version 15.0

                             DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

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

Figure 5-62: CRS Reports for Local Use: IHS Clinical Measures menu options

The following reports are the CRS reports for local use:

- **COM**. Selected Measures w/Community Specified reports only on patients residing in a community of residence that is included in the selected Community Taxonomy.

- **PP**. Selected Measures w/Patient Panel Population reports only on patients included in a selected patient panel. See Appendix C: for detailed instructions.
- **ALL**. Selected Measures w/All Communities reports on all patients in the site's RPMS database, regardless of community of residence.

> **Note:** To stop at any time during the report setup, type a caret (^) at any prompt until you return to your desired location.

5.11.2.1 Running the Selected Measures Community Specified Report

CI15 > RPT > LOC > **COM**

To run the Selected Measures Community Specified Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             **************************************************
             **                IHS/RPMS CRS 2015               **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                           Version 15.0

                           DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: COM <Enter>
Selected Measures with Community Specified
```

Figure 5-63: CRS Reports for Local Use menu: selecting the Selected Measures with Community Specified option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **COM** and press Enter to display information about the report option and a list of the available report types.

```
     IHS 2015 CRS - Clinical Performance Measure Report (Selected Measures)

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

```
   Select one of the following:

          DM        Diabetes-Related Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          IPC       Improving Patient Care Measures
          PQA       Pharmacy Quality Alliance Measures
          AST       Asthma-Related Measures
          SEL       Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: SEL
<Enter>
Selected Performance Measures (User Defined)
```

Figure 5-64: Selected Measures with Community Specified: information display

You can select from five predefined reports that contain topics specific to diabetes (DM), cardiovascular disease (CVD), women's health (WH), Improving Patient Care (IPC), or Pharmacy Quality Alliance (PQA) or you may choose your own topics (SEL) for the report.

5. At the "Which set of Performance measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **DM**, **CVD**, **WH, IPC, PQA or AST** and press Enter, then go to Step 8 for the taxonomy check.
   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The Performance Measure Selection screens are displayed, as in the following examples:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:01:09       Page:   1 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Diabetes: LDL Assessment
6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  RAS Antagonist Use in Diabetic Patients
9)  Diabetes: Access to Dental Services
10) Access to Dental Service
11) Dental Sealants
12) Topical Fluoride
13) Influenza
14) Adult Immunizations
15) Childhood Immunizations
16) Adolescent Immunizations
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
```

```
Select Action:+//
```

Figure 5-65: Performance Measure Selection screen, Page 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:03:23       Page:   2 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
17) Appropriate Treatment for Children with Upper Respiratory Infection
18) Appropriate Testing for Children with Pharyngitis
19) Cancer Screening: Pap Smear Rates
20) Cancer Screening: Mammogram Rates
21) Colorectal Cancer Screening
22) Comprehensive Cancer Screening
23) Tobacco Use and Exposure Assessment
24) Tobacco Cessation
25) Alcohol Screening (FAS Prevention)
26) Alcohol Screening and Brief Intervention (ASBI) in the ER
27) Intimate Partner (Domestic) Violence Screening
28) Depression Screening
29) Antidepressant Medication Management
30) Obesity Assessment
31) Childhood Weight Control
32) Weight Assessment and Counseling for Nutrition and Physical Activity
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-66: Performance Measure Selection screen, Page 2

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:04:32       Page:   3 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
33) Nutrition and Exercise Education for At Risk Patients
34) Physical Activity Assessment
35) Comprehensive Health Screening
36) Cardiovascular Disease and Cholesterol Screening
37) Cardiovascular Disease and Blood Pressure Control
38) Controlling High Blood Pressure
39) Controlling High Blood Pressure - Million Hearts
40) Comprehensive CVD-Related Assessment
41) Appropriate Medication Therapy after a Heart Attack
42) Persistence of Appropriate Medication Therapy after a Heart Attack
43) Appropriate Medication Therapy in High Risk Patients
44) Stroke and Stroke Rehabilitation:  Anticoagulant Therapy Prescribed for
Atri
45) Cholesterol Management for Patients with Cardiovascular Conditions
46) Heart Failure and Evaluation of LVS Function
47) HIV Screening
48) HIV Quality of Care
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-67: Performance Measure Selection screen, Page 3

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:05:33       Page:   4 of    5
IHS Clinical Performance Measures
```

```
* indicates the performance measure has been selected
+
49) Hepatitis C Screening
50) Chlamydia Testing
51) Sexually Transmitted Infection (STI) Screening
52) Osteoporosis Management
53) Osteoporosis Screening in Women
54) Rheumatoid Arthritis Medication Monitoring
55) Osteoarthritis Medication Monitoring
56) Asthma
57) Asthma Assessments
58) Asthma Quality of Care
59) Medication Therapy for Persons with Asthma
60) Chronic Kidney Disease Assessment
61) Proportion of Days Covered by Medication Therapy
62) Primary Medication Non-adherence
63) Medications Education
64) Medication Therapy Management Services
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-68: Performance Measure Selection screen, Page 4

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:05:33       Page:   5 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
65) Self Management (Confidence)
66) Public Health Nursing
67) Breastfeeding Rates
68) Use of High-Risk Medications in the Elderly
69) Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly
70) Functional Status Assessment in Elders
71) Fall Risk Assessment in Elders
72) Palliative Care
73) Annual Wellness Visit
74) Goal Setting
          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-69: Performance Measure Selection screen, Page 5

7. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   a. To view multiple pages:

      - Type a plus sign (+) and press Enter to view the next page.
      - Type a minus sign/hyphen (-) and press Enter to return to the previous page.

   b. To select performance measure topics:

      - Type **S** and press Enter.

- At the "Which item(s)" prompt, type the numbers preceding the measures you want.

  To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

  After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-70).

c. To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 11:08:01       Page:   1 of    4
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Diabetes: LDL Assessment
*6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  RAS Antagonist Use in Diabetic Patients
9)  Diabetes: Access to Dental Services
10) Access to Dental Service
11) Dental Sealants
12) Topical Fluoride
13) Influenza
14) Adult Immunizations
*15) Childhood Immunizations
16) Adolescent Immunizations
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//  Q <Enter> Quit
```

Figure 5-70: Running the Selected Measures Reports: showing selected performance measure topics

8. The system checks the taxonomies required to run the report. At the prompt, press Enter to continue.

```
     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: 3  July 1 - June 30

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015 <Enter> 2015
```

Figure 5-71: Running the Selected Measures Reports: selecting report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   a. To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   b. To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

      All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

      If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

      – To continue with the report, press Enter to accept the default answer "No."
      – To change your report date range, type **Y** and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period are displayed, as in the following example,

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010
```

Figure 5-72: Running the Selected Measure Reports: display of selected report date ranges

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (**??**) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

12. Your HOME location (as defined in Section 16) displays.

13. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed (Figure 5-73).

  Continue with Step 14 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No." Go to Step 16 to select the beneficiary (patient) population for the report.

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION        Oct 08, 2014 12:16:49          Page:   1 of
1
IHS 2015 Clinical Performance Measure 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 diabetic patients w/nephropathy assessment, if
any
3)  Childhood Imm: List of Pts 19-35 months with IZ, if any

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

Figure 5-73: Running the Selected Measures Report: choosing patient lists

14. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

```
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
```

```
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-74: Running the Selected Measures Report: selecting patient list type

15. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider name" prompt and press Enter.

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-75: Running the Selected Measures Report: selecting beneficiary population

16. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

    A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2015 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

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

```
These performance measures will be calculated: Diabetes Comprehensive Care
;      Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Lists will be produced for these measures: Diabetes Comprehensive Care ;
Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-76: Summary Screen for Selected Measures Report

17. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
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 <Enter> 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// F <Enter> 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 <Enter>

When the report is finished your delimited output will be found in the
Q:\ directory. The filename will be STST3-6.txt

DEVICE: HOME//
```

Figure 5-77: Running the Selected Measures Report: selecting output options

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

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

5.11.2.2 Running the Selected Measures with Patient Panel Report

CI15 > RPT > LOC > **PP**

To run the Selected Measures with Patient Panel Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             **************************************************
             **                IHS/RPMS CRS 2015                **
             **   Reports for Local Use: IHS Clinical Measures   **
             **************************************************
                           Version 15.0

                           DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: PP  <Enter>
Selected Measures w/ Patient Panel Population
```

Figure 5-78: CRS Reports for Local Use menu: selecting the Selected Measures with Patient Panel Population option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **PP** and press Enter to display information about the Selected Measures report (Figure 5-79). Press Enter to continue.

   The system checks the taxonomies required for this report, as in the following example:

```
          2015 Clinical Performance Measure Report (Selected Measures)
            Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and 2) the baseline period to compare data.

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 Selected Measures Report

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-79: Running the Selected Measures Patient Panel Report: display of report information and taxonomy check

5. At the "End of taxonomy check" prompt, press Enter.

6. At the "Enter Search Template name" prompt, do one of the following:

   - Type the name of the search template (i.e., the patient panel) you want to use and press Enter

     For instructions on creating search templates, see Appendix C: Creating a Patient Panel with Q-Man.

   - Type the first few letters of the search template name and press Enter to see a selection of search templates beginning with those letters, or type two question marks (**??**) to see the entire list. Then type the number of a search template and press Enter.

> **Note:** This field is *case-sensitive*. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; search templates with names in lower case letters will not be displayed.

7. At the "Which set of Measures should be included in this report" prompt, do one of the following:

   - To run a one of the predefined reports, type **DM**, **CVD**, **WH, IPC, PQA or AST** and press Enter, then follow these steps:

   a. Select a date range and baseline year (see Steps 12 and 13 in this section).

   b. Select patient lists to include if desired (see Step 9 in this section), and a report type for the lists (see Step 11 in this section).

c. Select an output type (see Step 15 in this section).

For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 8.

8. The Performance Measure Selection screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:

- To view multiple pages of available topics:

a. Type a plus sign (+) and press Enter to view the next page.

b. Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select performance measure topics:

a. Type **S** and press Enter.

b. At the "Which item(s)" prompt, type the numbers preceding the performance measures you want.

To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

After pressing Enter, each selected performance measure is marked with an asterisk (*) before its corresponding number.

- To save your selected measures, type **Q** (Quit) and press Enter.

9. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are displayed.

Continue with Step 10 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No." Go to Step 12 to select the date range for the report.

10. To select patient lists:

a. At the "Select Action" prompt, type **S** and press Enter.

b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

   After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

c. To save your selected lists, type **Q** (Quit) and press Enter.

11. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

12. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer "No."
- To change your report date range, type **Y** and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    A summary of the Selected Measures report displays, as in the following example:

```
SUMMARY OF 2015 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED
```

```
The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

The following search template of patients will be included in
this report: DEMO_MALE_VISITS_21-55
The HOME location is: HOME 505989

These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-80: Running the Selected Measures Patient Panel Report: summary of report to be run

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

> **Notes:** This is the last point from which you can exit before starting the report process. *The report may take 6 to10 hours to run*. Always test your first report at night or on the weekend.
>
> To exit, type a caret (^) at the "Device" prompt.

5.11.2.3 Running the Selected Measures with All Communities Report

CI15 > RPT > LOC > **ALL**

To run the Selected Measures with All Communities Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu.

```
             ***************************************************
             **                IHS/RPMS CRS 2015                **
             **   Reports for Local Use: IHS Clinical Measures  **
             ***************************************************
                            Version 15.0

                            DEMO INDIAN HOSPITAL

   COM    Selected Measures w/Community Specified
   PP     Selected Measures w/Patient Panel Population
   ALL    Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: ALL <Enter>
Selected Measures w/All Communities
```

Figure 5-81: CRS Reports for Local Use menu: selecting the Selected Measures w/All Communities

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **ALL** and press Enter to display information about the Selected Measures report, followed by the prompt to select a set of measures to include in the report, as in the following example:

```
        IHS 2015 Clinical Performance Measure Report (Selected Measures)
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and, 2) the baseline period to compare data to.

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 Measures
          CVD       Cardiovascular Disease Prevention for At-Risk Patients
          WH        Women's Health-Related Measures
          IPC       Improving Patient Care Measures
          PQA       Pharmacy Quality Alliance Measures
          AST       Asthma-Related Measures
          SEL       Selected Measures (User Defined)

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

Figure 5-82: Running the Selected Measures All Communities Report: display of report information and prompt to select measures

5. At the "Which set of measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **DM**, **CVD**, **WH, IPC, PQA or AST** and press Enter. Press Enter after the taxonomy check then follow these steps:
     - Select a date range and baseline year (see Steps 11 and 12 in this section).
     - Select patient lists to include if desired, and select a report type for the lists (see Steps 7, 8, and 9 in this section).
     - Select a beneficiary population (see Step 13 in this section).
     - Select an output type (see Step 16 in this section).

   For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The Performance Measure Selection screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages of available topics:
     - Type a plus sign (+) to view the next page.
     - Type a minus sign/hyphen (-) to return to the previous page.
   - To select performance measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the performance measures you want.

       To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

       After pressing Enter, each selected performance measure you selected is marked with an asterisk (*) before its number.

     - To save your selected performance measures, type **Q** (Quit) and press Enter.

7. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

Note:	You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed.

  Continue with Step 8 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No." Go to Step 10 to continue the report selection process.

8. To select patient lists:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

      After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

   c. To save your selected lists, type **Q** (Quit) and press Enter.

9. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, where:

   - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
   - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

10. The taxonomies required to run the report are checked. Press Enter to continue.

11. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

    All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer "No."
- To change your report date range, type **Y** and press Enter.

12. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period, as well as your HOME location (as defined in Section 16) are displayed.

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

14. A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2015 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

ALL Communities included.
The HOME location is: HOME 505989

These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Diabetes: LDL Assessment ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Diabetes: LDL Assessment ;

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

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-83: Running the Selected Measures All Communities Report: summary of report to be run

15. At the "Include Measure Logic Text in the Output Report" prompt, type Y (Yes) and press Enter to include the printed logic text in the report, or N (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

> **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.
>
> To exit, type a caret (^) at the "Device" prompt.

5.11.3 Reports Content

Table 5-7: Selected Measures Report: Diabetes-Related

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Diabetes Prevalence	All denominators	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with A1c, regardless of result 2) Patients with BP documented in past two years 3) Patients with controlled BP 4) Patients with LDL, regardless of result 5) Patients with nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx. 6) Patients receiving any retinal screening (no refusals) 7) Patients with diabetic foot exam 8) Patients with A1c *and* Blood Pressure *and* LDL *and* Nephropathy Assessment *and* Retinal exam *and* Diabetic Foot Exam
Diabetes (DM): Glycemic Control	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
DM: Blood Pressure Control	All denominators	All numerators
DM: LDL Assessment	All denominators	All numerators
DM: Nephropathy Assessment	All denominators	Patients with nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx.
DM: Retinopathy	All denominators	All numerators
RAS Antagonist Use in Diabetic Patients	All denominators	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Influenza	Active Diabetic patients	All numerators
Adult Immunizations	Active Diabetic patients	All numerators
Depression Screening	Active Diabetic patients, broken down by gender	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender	All numerators
Comprehensive CVD-Related Assessment	Active Diabetic CHD patients ages 22 and older	All numerators

Table 5-8: Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Tobacco Use and Exposure Assessment	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 tobacco users A) Patients identified as current smokers
Depression Screening	Active IHD patients, broken down by gender	All numerators
Obesity Assessment	Active Clinical patients ages 20 through 74, broken down by gender	For those with a BMI calculated, patients considered obese using BMI and standard tables
Cardiovascular Disease and Cholesterol Screening	All denominators	All numerators
Cardiovascular Disease and Blood Pressure Control	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Controlling High Blood Pressure	Active Clinical patients ages 18 through 85 diagnosed with hypertension, broken down by age and gender.	All numerators
Controlling High Blood Pressure – Million Hearts	Active Clinical patients ages 18 through 85 diagnosed with hypertension and no current diagnosis of pregnancy.	All numerators
Comprehensive CVD-Related Assessment	All denominators	All numerators
Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Persistence of Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Appropriate Medication Therapy in High Risk Patients	All denominators	All numerators
Cholesterol Management for Patients with Cardiovascular Conditions	All denominators	All numerators
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	All denominators	All numerators
Heart Failure and Evaluation of LVS Function	All denominators	All numerators

Table 5-9: Selected Measures Report: Women's Health Related

Performance Measure	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

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Colorectal Cancer Screening	Female Active Clinical patients ages 51–80 without a documented history of colorectal cancer	All numerators
Comprehensive Cancer Screening	Female Active Clinical patients ages 25-75.	Female patients with all necessary cancer screening
Tobacco Use and Exposure Assessment	1) Female Active Clinical patients ages 5 and older, broken down by age 2) Pregnant female User Population 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
Depression Screening	1) Female Active Clinical equal to or greater than (=>)18 2) Female Active Clinical equal to or greater than (=>)65 3) Female User Population equal to or greater than (=>)18 4) Female User Population equal to or greater than (=>)65 5) Female Active Diabetic 6) Female Active IHD	All numerators
Obesity Assessment	1) Female Active Clinical patients ages 2 through 74, broken down by age groups 2) Female User Population patients ages 2 through 74, broken down by age groups	All numerators
Weight Assessment and Counseling for Nutrition and Physical Activity	Female Active Clinical patients ages 3 and older, broken down by age groups	All numerators
Cardiovascular Disease and Cholesterol Screening	Female Active Clinical patients ages 23 plus (+)	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Controlling High Blood Pressure	1) Female Active Clinical patients ages 18 through 85 diagnosed with hypertension, broken down by age groups.	All Numerators
Prenatal HIV Testing	All denominators	All numerators
Chlamydia Testing	All denominators, broken out by age groups.	All numerators
Sexually Transmitted Infection (STI) Screening	Screenings needed for incidents of key STIs for female Active Clinical patients that occurred during the defined period (for numerator #3 and 3A only)	1) No denominator. Count of female Active Clinical patients diagnosed with one or more key STIs during the defined period 2) No denominator. Count of key separate STI incidents for female Active Clinical patients during the defined period 3) Total number of screenings performed or refused from one month prior to the date of relevant STI incident through two months after A) Number of documented refusals
Osteoporosis Management	All denominators	All numerators
Osteoporosis Screening in Women	All denominators	All numerators

Table 5-10: Selected Measures Report: Improving Patient Care

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Comprehensive Care	All denominators	1) Patients with HbA1c AND Blood Pressure AND LDL AND Nephropathy Assessment AND Retinal exam AND Diabetic Foot Exam 2) Patients with HbA1c, regardless of result 3) Patients with nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx 4) Patients receiving any retinal screening 5) Patients with diabetic foot exam

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes: Glycemic Control	Active Diabetic patients	Patients with A1c less than (<) 8
Diabetes: Blood Pressure Control	Active Diabetic patients	Patients with controlled BP, defined as less than (<) 140/90
Diabetes: LDL Assessment	Active Diabetic patients	1) Patients with LDL done, regardless of result 2) Patients with LDL results less than (<) 100
Diabetes: Nephropathy Assessment	Active Diabetic patients	All numerators
Diabetes: Access to Dental Services	All denominators	All numerators
Topical Fluoride	All denominators	1) Patients with topical fluoride application 2) Total number of patients with at least one topical fluoride application
Childhood Immunizations	Active Immunization patients	Patients who have received the 4313*314 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal)
Appropriate Testing for Children with Pharyngitis	All denominators	All numerators
Cancer Screening: Pap Smear Rates	Female Active Clinical patients ages 24 through 64 without documented history of Hysterectomy.	Patients with a Pap Smear documented in the past 3 years, or if patient is 30 to 64 years of age, either a Pap Smear documented in the past 3 years or a Pap Smear and an HPV DNA documented in the past 5 years.
Cancer Screening: Mammogram Rates	Female Active Clinical patients ages 52 through 64 without a documented history of bilateral mastectomy or two separate unilateral mastectomies.	Patients with a Mammogram documented in the past 2 years.
Colorectal Cancer Screening	All Active Clinical patients ages 50 through 75 without a documented history of colorectal cancer or total colectomy.	Patients who have had ANY CRC screening.
Comprehensive Cancer Screening	All denominators	All numerators
Tobacco Use and Exposure Assessment	Active Clinical patients ages 5 and older	Patients identified as current tobacco users

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Tobacco Cessation	Active Clinical patients identified as current tobacco users or tobacco users in cessation	Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid
Antidepressant Medication Management	Active Clinical plus Behavioral Health patients ages 18 and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year	All numerators
Physical Activity Assessment	Active Clinical patients ages 5 and older.	Patients assessed for physical activity during the Report Period.
Comprehensive Health Screening	All denominators	All numerators
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients ages 18 and over, broken down by gender.	Patients with blood pressure documented
Comprehensive CVD-Related Assessment	Active CHD patients	1) Patients with blood pressure assessed 2) Patients with LDL done, regardless of result 3) Patients with tobacco use assessed 4) Patients with BMI calculated 5) Patients who received lifestyle counseling
HIV Screening	Pregnant Active Clinical patients with no HIV ever	Patients who were screened for HIV
Breastfeeding Rates	1) Active Clinical patients who are 30-394 days old 2) Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of six months	1) Patients screened for infant feeding choice at the age of two months 2) Patients screened for infant feeding choice at the age of six months 3) Patients who, at the age of six months, were either exclusively or mostly breastfed
Goal Setting	All denominators	All numerators

Table 5-11: Selected Measures Report: Pharmacy Quality Alliance

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
RAS Antagonist Use in Diabetic Patients	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Medication Therapy for Persons with Asthma	Active Clinical patients 5 through 50 with persistent asthma without a documented history of emphysema or chronic obstructive pulmonary disease (COPD)	1) Patients with Suboptimal Control 2) Patients with Absence of Controller Therapy
Proportion of Days Covered by Medication Therapy	All denominators	All numerators
Primary Medication Non-adherence	All denominators	All numerators
Medication Therapy Management Services	All denominators	All numerators
Use of High-Risk Medications in the Elderly	Active Clinical patients ages 65 and older, broken down by age	All numerators
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	All denominators	All numerators

Table 5-12: Selected Measures Report: Asthma-Related

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Asthma	All denominators	All numerators
Asthma Assessments	All denominators	All numerators
Asthma Quality of Care	All denominators	All numerators
Medication Therapy for Persons with Asthma	All denominators	All numerators

5.11.4 Selected Measures Reports Patient Lists

Patient lists for individual performance measures are available with any Selected Measures report (COM, PP, or ALL menu options) and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider
- The entire list of patients

After selecting the measures to report, users select those measures for which they want to run patient lists.

5.11.5 Patient Lists Content

Table 5-13: Content of the Selected Measures Patient List Report by Performance Measure Topic

Performance Measure 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 A1c value, if any.
Diabetes: Blood Pressure Control	List of diabetic patients with BP value, if any.
Diabetes: Lipids Assessment	List of diabetic patients with documented LDL cholesterol test, if any.
Diabetes: Nephropathy Assessment	List of diabetic patients with nephropathy assessment, if any.
Diabetic Retinopathy	List of diabetic patients with qualified retinal evaluation, if any.
RAS Antagonist Use in Diabetic Patients	List of diabetic patients with hypertension, with RAS Antagonist medication, contraindication, or ADR, if any.
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit, if any.
Access to Dental Services	List of patients with documented dental visit and date.
Dental Sealants	List of patients with intact dental sealants.
Topical Fluoride	List of patients who received at least one topical fluoride application during Report period.
Influenza	List of patients with Influenza code, if any.
Adult Immunizations	List of patients equal to or greater than 18 yrs or DM DX with IZ, evidence of disease or contraindication, if any.
Childhood Immunizations	List of patients 19 through 35 months with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. Note: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be between 7 and 23 months.

Performance Measure Topic	Patient List
Adolescent Immunizations	List of patients 13 through 17 with IZ, if any. If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 HPV, no IZ will be listed for HPV.
Appropriate Treatment for Children with Upper Respiratory Infection	List of patients 3 months to 18 years with upper respiratory infection, with antibiotic prescription, if any.
Appropriate Testing for Children with Pharyngitis	List of patients 2 to 18 years with pharyngitis and a Group A Strep test, if any.
Cancer Screening: Pap Smear Rates	List of women 24 through 64 with documented Pap smear and HPV, if any.
Cancer Screening: Mammogram Rates	List of women 52 through 74 with mammogram/refusal, if any.
Colorectal Cancer Screening	List of patients 50 through 75 with CRC screening or refusal, if any.
Comprehensive Cancer Screening	List of patients 24 through 75 with comprehensive cancer screening, if any.
Tobacco Use and Exposure Assessment	List of patients 5 and older with documented tobacco screening, if any.
Tobacco Cessation	List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use.
Alcohol Screening (FAS Prevention)	List of female patients with documented alcohol screening, if any.
Alcohol Screening and Brief Intervention (ASBI) in the ER	List of visits for patients seen in the ER for an injury, with screening for hazardous alcohol use, results of screen and BNI, if any.
Intimate Partner (Domestic) Violence Screening	List of female patients 13 and older with documented IPV/DV screening, if any.
Depression Screening	List of patients with documented depression screening/diagnosed with mood disorder, if any.
Antidepressant Medication Management	List of patients with new depression DX and acute phase treatment (APT) and continuation phase treatment (CONPT), if any.
Obesity Assessment	List of patients with current BMI, if any.
Childhood Weight Control	List of patients ages 2 through 5, with current BMI.
Weight Assessment and Counseling for Nutrition and Physical Activity	List of patients ages 3 plus (+) with assessments, if any.
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any.
Physical Activity Assessment	List of patients with physical activity assessment and any exercise education.
Comprehensive Health Screening	List of patients with assessments received, if any.

Performance Measure Topic	Patient List
Cardiovascular Disease Prevention: Cholesterol Screening	List of patients screened with cholesterol or LDL value, if any.
Cardiovascular Disease Prevention: Blood Pressure Control	List of Patients equal to or greater than 18 or with CHD with BP value, if any.
Controlling High Blood Pressure	List of patients with hypertension and BP value, if any.
Controlling High Blood Pressure – Million Hearts	List of patients with hypertension and BP value, if any.
Comprehensive CVD-Related Assessment	List of patients with assessments received, if any.
Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with appropriate medication therapy, if any.
Persistence of Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with persistent medication therapy, if any.
Appropriate Medication Therapy in High Risk Patients	List of CHD patients 22 plus (+) with 180-day medication therapy during the Report Period, if any.
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	List of patients with stroke/TIA and atrial fibrillation with anticoagulant therapy, if any.
Cholesterol Management for Patients with Cardiovascular Conditions	List of patients with AMI, CABG, PCI, or IVD w/LDL value, if any.
Heart Failure and Evaluation of LVS Function	List of Active Clinical heart failure patients 18 plus (+) who received evaluation of LVS function, if any.
HIV Screening	List of pregnant patients or User Population patients with documented HIV test or refusal, if any.
HIV Quality of Care	List of patients 13 and older diagnosed with HIV, with CD4 test, viral load or antiretroviral Rx, if any.
Hepatitis C Screening	List of patients with documented Hepatitis C screening or confirmatory test ever, if any.
Chlamydia Testing	List of patients with documented Chlamydia screening, if any.
STI Screening	List of patients diagnosed with one or more STIs during the defined time period with related screenings.
Osteoporosis Management	List of female patients with new fracture who have had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients ages 65 and older with osteoporosis screening after age 65, if any.

Performance Measure Topic	Patient List
Rheumatoid Arthritis Medication Monitoring	List of RA patients 16 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” The chronic medications and all lab tests the patient did have are displayed.
Osteoarthritis Medication Monitoring	List of OA patients 40 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:” All lab tests the patient did have are displayed.
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations/ER/Urgent Care visits.
Asthma Assessments	List of asthmatic patients with assessments, if any.
Asthma Quality of Care	List of asthmatic patients with preferred asthma therapy medications, if any.
Medication Therapy for Persons with Asthma	List of patients with asthma with asthma medications, if any.
Chronic Kidney Disease Assessment	List of patients with Creatinine test, with GFR and value, if any.
Proportion of Days Covered by Medication Therapy	List of patients 18 and older prescribed medication therapy medication with proportion of days covered and gap days.
Primary Medication Non-adherence	List of patients 18 and older with an e-prescription for chronic medications, with returned to stock, if any.
Medications Education	List of patients receiving medications with medication education, if any.
Medication Therapy Management Services	List of patients greater than or equal to 18 receiving medications with medication therapy management, if any.
Self Management (Confidence)	List of patients who are confident in managing their health problems.
Public Health Nursing	List of patients with PHN visits documented. Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.
Breastfeeding Rates	List of patients 30 to 394 days old, with IFC value, if any.
Use of High-Risk Medications in the Elderly	List of patients 65 and older with at least one prescription for a high-risk medication.
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	List of patients 65 and older with two or more prescriptions for benzodiazepine sedative hypnotic medications.

Performance Measure Topic	Patient List
Functional Status Assessment in Elders	List of patients equal to or greater than 55 with functional status codes, if any. The following are the abbreviations used in the Numerator column: TLT–Toileting BATH–Bathing DRES–Dressing XFER–Transfers FEED–Feeding CONT–Continence FIN–Finances COOK–Cooking SHOP–Shopping HSWK–Housework/Chores MEDS–Medications TRNS–Transportation
Fall Risk Assessment in Elders	List of patients 65 years or older with fall risk assessment, if any.
Palliative Care	List of patients with a palliative care visit.
Annual Wellness Visit	List of patients with an annual wellness visit in the past 15 months.
Goal Setting	List of User Population patients with goal setting information during the Report Period.

5.12 GPRA/GPRAMA Performance Report

CI15 > RPT > OTH > **GPU**

5.12.1 Overview

The GPRA/GPRAMA Performance Report (GPU) includes the same performance measures included in the National GPRA/GPRAMA Report (see Section 5.2.3). However, unlike the National GPRA/GPRAMA 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 predefined quarters, such as September 30 or December 31, or users may enter any end date, such as November 14.

The GPRA/GPRAMA 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 way as the National GPRA/GPRAMA Report, as described in Section 5.3.2.

5.12.2 Running the Report

To run the GPRA/GPRAMA Performance Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **    Other National Reports    **
                        **********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: GPU <Enter> GPRA/GPRAMA Performance
Report
```

Figure 5-84: Other National Reports Menu: selecting the GPRA/GPRAMA Performance report

4. At the "Select Other National Reports Option" prompt, type **GPU** and press Enter to display information about the GPRA/GPRAMA Performance Report, as shown below. Press Enter to continue.

```
       IHS GPRA/GPRAMA Performance Report for a User Selected Date Range

This will produce a National GPRA/GPRAMA 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.

Press enter to continue: <Enter>
Checking for Taxonomies to support the GPRA Performance Report...
```

```
All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-85: Running the GPRA/GPRAMA Performance Report: report description display and taxonomy check

5. The site-populated taxonomies needed to run the report are checked. Press Enter to continue.

```
Do you want to run the report on a Patient Panel? N// YES

Please enter the search template name.  The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO PANEL
                          (Jun 19, 2014)       User #5785 File #9000001  INQ
```

Figure 5-86: Running the GPRA/GPRAMA Performance Report: selecting report date range

6. At the "Do you want to run the report on a Patient Panel?" prompt, do one of the following:

   - To run the report using a patient panel, type **Y** and press Enter, and then follow this step:
     – At the "Enter SEARCH TEMPLATE name" prompt, enter the name of the patient panel and press Enter.
   - To run the report on all applicable patients, type **N** and press Enter.

```
     Select one of the following:

          F         Entire Facility
          P         One Designated Provider

Run report for: F//
```

Figure 5-87: Running the GPRA/GPRAMA Performance Report: selecting entire facility or one provider

7. At the prompt, do one of the following:

   - To run the report for the entire facility, press Enter.
   - To run the report for one designated provider, type **P** and press Enter, and then follow this step:
     – At the "Which Designated Provider" prompt, enter the name of the provider and press Enter.

```
     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 <Enter>  January 1 - December 31
```

Figure 5-88: Running the GPRA/GPRAMA Performance Report: selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010  (2010)

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-89: Running the GPRA/GPRAMA Performance Report: selecting dates and community taxonomy

10. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (**??**) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

```
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  <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-90: Running the GPRA/GPRAMA Performance Report: selecting beneficiary population

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (**??**) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

12. Your HOME location, as defined in the Site Parameters (Section 16), displays.

13. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N**. You should only choose this option when you are ready to send final data to your Area Office.

    A summary of the GPRA/GPRAMA Performance Report displays, as in the following example:

```
         SUMMARY OF IHS GPRA/GPRAMA PERFORMANCE REPORT TO BE GENERATED
                         CRS 2015, Version 15.0

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: HOME 505989

Include Measure Logic Text in the Output Report? Y//

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 5-91: Summary Screen for GPRA/GPRAMA Performance Report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.12.3 Report Content

The topics included in the GPRA/GPRAMA Performance Report are the same as those included on the National GPRA/GPRAMA Report (for details, see Section 5.2.3). The GPRA/GPRAMA Performance Report Patient List contains the same content as the National GPRA/GPRAMA Patient List (for details, see Section 5.3.3).

5.13 Other National Measures Report

CI15 > RPT > OTH > **ONM**

5.13.1 Overview

The Other National Measures (ONM) Report primarily reports non-GPRA measures for which national data is needed and includes some GPRA measures to provide context to the non-GPRA measures. Patient lists for the ONM Report may be run using the OST menu option.

The ONM Report provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide ONM Report.

5.13.2 Running the Report

The Other National Measures Report provides users with two options for running the report: (1) using the same hard-coded report parameters (Report Period, Previous Year Period, and Baseline Year) as the National GPRA/GPRAMA Report, or (2) using custom, user-defined report parameters. These options are shown below.

```
                    IHS 2015 Other National Measures Report

Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA/GPRAMA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)

        U  User-defined Report: You select the report and baseline
           periods and beneficiary population

Select a Report Option: H//
```

Figure 5-92: Other National Measures Report: options

The hard-coded report is run for all performance measures. The report period is set to the current GPRA report period; the previous year period is set to one year prior to the report period; and the baseline year is set to July 1, 2009 through June 30, 2010. The patient population is set to AI/AN only.

The user-defined report can be run for all performance measures or only for selected measures, and the date ranges and patient population are set by the user.

- To run the report using the hard-coded report parameters, go to Section 5.13.2.1.
- To run the report using user-defined parameters, go to Section 5.13.2.2.

5.13.2.1 Hard-Coded Report Option

1. At the “Select IHS Clinical Reporting System (CRS) Main Menu Option” prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the “Select CRS 2015 Option” prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the “Select Reports Option” prompt, type **OTH** and press Enter to display the O**ther National Reports** menu, as in the following example:

```
**********
```

```
                        **      IHS/RPMS CRS 2015      **
                        **    Other National Reports   **
                        *********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: ONM  <Enter> Other National Measures
Report
```

Figure 5-93: Other National Reports menu: selecting the Other National Measures Report

4. At the "Select Other National Reports Option" prompt, type **ONM** and press Enter.

```
                    IHS 2015 Other National Measures Report

Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA/GPRAMA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)
        U  User-defined Report: You select the report and baseline
           periods and beneficiary population

Select a Report Option: H// <Enter> Hard-coded Report
```

Figure 5-94: Selecting Hard-coded Report

5. At the "Select a Report Option" prompt, press Enter to accept the default option, "H," and display the following information about the report:

```
                        IHS 2015 Other National Measures Report

This will produce an Other National Measures report. You will be asked to
provide the community taxonomy to determine which patients will be
included. This report will be run for the Report Period July 1, 2014
through June 30, 2015 with a Baseline Year of July 1, 2009 through June 30,
2010. This report will include beneficiary population of American
Indian/Alaska Native only.

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

Press Enter to Continue: <Enter>
```

Figure 5-95: Information displayed for the Hard-coded Report option

6. Press Enter to continue.

```
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-96: Hard-coded Report option: checking taxonomies

7. The system checks to see if all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

8. The hard-coded date ranges for this report, the HOME location, and the beneficiary population included in the report are displayed, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

Your HOME location is defined as: HOME asufac: 505989

Beneficiary Population is set to American Indian/Alaskan Native Only.

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES// <Enter>
```

Figure 5-97: Hard-coded Report option: displaying report parameters

9. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

   - Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
   - Type the name of a community taxonomy and press Enter.
   - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies that begin with those letters, or type two question marks (**??**) and press Enter to see the entire list. Type the number of the taxonomy you want to use and press Enter.

10. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N** and press Enter.

11. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

12. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.13.2.2 User-Defined Report Option

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                        ********************************
                        **      IHS/RPMS CRS 2015      **
                        **    Other National Reports   **
                        ********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: ONM  <Enter> Other National Measures
Report
```

Figure 5-98: Other National Reports menu: selecting the Other National Measures Report

4. At the "Select Other National Reports Option" prompt, type **ONM** and press Enter.

```
Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA/GPRAMA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)
        U  User-defined Report: You select the report and baseline
           periods and beneficiary population
```

```
Select a Report Option: H// U <Enter>  User-defined Report
```

Figure 5-99: Running the Other National Measures Report: selecting User-defined Report option

5. At the "Select a Report Option" prompt, type **U** and press Enter to display the following information about the report:

```
                    IHS 2015 Other National Measures Report

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

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

Press Enter to Continue: <Enter>
```

Figure 5-100: Running the Other National Measures Report: displaying information for the User-defined Report option

6. Press Enter to continue.

```
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-101: Running the Other National Measures Report, User-Defined Report option: checking taxonomies

7. The system checks to see if all taxonomies required for this report are present and have members associated with them. At the prompt, press Enter to continue.

```
     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 5-102: Running the Other National Measures Report, User-Defined Report option: selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

10. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies, or type two question marks (**??**) to see the entire list. Type the number of the taxonomy you want to include and press Enter.

11. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

12. The HOME location displays. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N** and press Enter.

    If you type **Y** to export the ONM data to the Area Office, a file will automatically be created for use by the Area Office to create the Area Aggregate Other National Measures Report.

13. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

14. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.13.3 Report Content

The following measures are included in the Other National Measures Report. Measures also included in the National GPRA/GPRAMA Report/GPRA/GPRAMA Performance Report are shown in bold font in the following table.

Table 5-14: Content of the Other National Measures Report by Performance Measure Topic

Performance Measure	**Denominator**	**Numerator(s) (documented in past year, unless defined otherwise)**
Diabetes Comprehensive Care	Active Diabetic Patients	1) With A1c documented 2) With BP documented 3) With controlled BP (less than (<)140/90) 4) With LDL done 5) With nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx 6) With retinal evaluation 7) With diabetic foot exam 8) With comprehensive diabetes care (documented A1c and Blood Pressure and LDL and Nephropathy Assessment *and* Retinal exam *and* diabetic foot exam)
RAS Antagonist Use in Diabetic Patients	Active Diabetic Patients with Hypertension	1) Patients receiving RAS Antagonist medication 2) Patients with contraindication/ previous adverse reaction to RAS Antagonist therapy
Topical Fluoride	No denominator. This measure is a total count only, not a percentage.	Total number of topical fluoride applications (no refusals)
Influenza	1) Active Clinical patients 2) Active Clinical patients ages 18 through 49 and considered high risk for influenza. 3) Active Diabetic patients	1) With influenza vaccination, contraindication, or NMI refusal A) With contraindication/ NMI refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult Immunizations	1) Active Clinical patients ages 18 through 64 and considered high risk for pneumococcal. 2) Active Diabetic patients 3) Active Clinical patients ages 18 and older, broken down by age groups	1) With up to date pneumovax or contraindication ever or NMI refusal A) With contraindication/ NMI refusal 2) With 1 dose of Tdap ever 3) With 1 dose of Tdap/Td in the past 10 years
Adolescent Immunizations	1) Active Clinical patients ages 13 through 17, broken down by gender.	1) With 1:1:3 combo 2) With 1:1 combo 3) With 1 dose of Tdap 4) With 1 dose of meningococcal 5) With 3 doses of HPV
Alcohol Screening and Brief Intervention (ASBI) in the ER	1) Active Clinical Plus BH patients age 15 through 34 seen in the ER for injury 2) Active Clinical Plus BH patients age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period 3) User Population patients age 15 through 34 seen in the ER for injury 4) User Population patients age 15 through 34 seen in the ER for injury and screened positive for hazardous alcohol use during the Report Period	1) Screened in the ER for hazardous alcohol use A) With a positive screen 2) With a brief negotiated interview (BNI) at or within 7 days of the ER visit A) Provided a BNI at the ER visit B) Provided a BNI not at the ER visit but within 7 days of the ER visit
Depression Screening	Active Diabetic patients, broken down by gender.	1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis 2) With depression-related education or refusal of education in past year.

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Antidepressant Medication Management	1) As of the 120th day of the Report period, Active Clinical Plus BH patients 18 years and older who were diagnosed with a new episode of depression and treated with antidepressant medication in the past year.	1) Effective Acute Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication for continuous treatment of at least 84 days (12 weeks). 2) Effective Continuation Phase Treatment: Patients who filled a sufficient number of separate prescriptions/refills of antidepressant medication treatment to provide continuous treatment for at least 180 days (6 months).
Physical Activity Assessment	1) Active Clinical patients ages 5 and older. 2) Numerator 1 (Active Clinical Patients assessed for physical activity during the Report Period). 3) User Population patients ages 5 and older. 4) Numerator 1 (User Population Patients assessed for physical activity during the Report Period).	Patients assessed for physical activity during the Report Period. A. Patients from Numerator 1 who have received exercise education following their physical activity assessment.
Cardiovascular Disease and Cholesterol Screening	Active Clinical patients ages 23+	1) With documented total cholesterol screening in past 5 years
Cardiovascular Disease and Blood Pressure Control	1) Active Clinical patients ages 18+ 2) Active Clinical Pts w/ischemic disease DX	All numerators
Appropriate Medication Therapy after a Heart Attack	Active Clinical patients 35 and older discharged for an AMI	1) With beta-blocker Rx//contraindication (no refusals) 2) With ASA Rx/contraindication (no refusals) 3) With ACEI/ARB Rx/contraindication (no refusals) 4) With statin Rx/contraindication (no refusals) 5) With all above meds

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical patients 35 and older diagnosed with an AMI	1) With 135-day beta-blocker Rx/contraindication (no refusals) 2) With 135-day ASA Rx/contraindication (no refusals) 3) With 135-day ACEI/ARB Rx/contraindication (no refusals) 4) With 135-day statin Rx/contraindication (no refusals) 5) With all above meds
Appropriate Medication Therapy in High Risk Patients	Active IHD patients ages 22 and older	1) With 180-day beta-blocker Rx/contraindication (no refusals) 2) With 180-day ASA Rx/contraindication (no refusals) 3) With 180-day ACEI/ARB Rx/contraindication (no refusals) 4) With 180-day statin Rx/contraindication (no refusals) 5) With all above meds
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical patients ages 18 to 75 diagnosed with AMI, CABG, PTCA, or IVD	All numerators
Heart Failure and Evaluation of LVS Function	Active Clinical ages 18 or older discharged with heart failure during the Report Period	1) With LVS function evaluated before arrival, during hospitalization, or is planned for after discharge
HIV Quality of Care	All User Population 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.	All numerators
Sexually Transmitted Infection (STI) Screening	No denominator for numerators #1 and 2. These measures are total counts only; not percentages. 1) HIV/AIDS screenings needed for key STI incidents, broken down by gender	1) Total count of Active Clinical patients who were diagnosed with one or more key STIs 2) Total count of separate key STI incidents for Active Clinical patients 3) Needed HIV/AIDS screenings performed
Asthma	Active Clinical patients.	Patients who have had two asthma-related visits or with persistent asthma

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Medication Therapy for Persons with Asthma	Active Clinical patients ages 5 through 50 with persistent asthma or who have had two asthma-related visits during the Report Period	1) Suboptimal Control: Patients who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period during the Report Period. 2) Absence of Controller Therapy: Patients who were dispensed more than 3 canisters of short acting beta2 agonist inhalers over a 90-day period and who did not receive controller therapy during the same 90-day period.
Proportion of Days Covered by Medication Therapy	All denominators	All numerators
Primary Medication Non-adherence	All denominators	All numerators
Medication Therapy Management Services	All denominators	All numerators
Public Health Nursing	No denominator. These measures are total counts only; not percentages.	1) Number of visits by PHNs in any setting A) Ages 0 to 28 days B) Ages 29 days to 12 months C) Ages 1 through 64 years D) Ages 65plus (+) E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 0 to 28 days B) Ages 29 days to 12 months C) Ages 1 through 64 years D) Ages 65 plus (+) E) PHN driver/interpreter
Use of High-Risk Medications in the Elderly	Active Clinical patients ages 65 and older, broken down by gender	1) With at least one high-risk medication for the elderly 2) With at least two different high-risk medications for the elderly
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	Active Clinical patients ages 65 and older	All numerators

5.14 Other National Measures Report Patient List

CI15 > RPT > OTH > **OST**

5.14.1 Overview

The Other National Measures Report Patient List (OST) option prints one or more patient lists including patients who *do* or *do not* meet a measure, or both, for one or more performance measure topics included in the Other National Measures Report.

5.14.2 Running the Report Patient List

To run the Other National Measures Report Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **    Other National Reports    **
                        **********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: OST <Enter> Other National Measures
Report Patient List
```

Figure 5-103: Other National Reports Menu

4. At the "Select Other National Reports Option" prompt, type **OST** and press Enter to display information about the patient list, as in the following example. Press Enter to continue.

```
          IHS Other National Measures Performance Report Patient List
                        CRS 2015, Version 15.0

This will produce a list of patients who either met or did not meet
an Other National Measures Report performance measure or a list of
both those patients who met and those who did not meet an Other National
Measures Report performance measure. You will be asked to select one or
```

```
more performance measure topics and then choose which performance
measure numerators you would like to report on.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue: <Enter>
Checking for Taxonomies to support the Other National Measures Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-104: Report information and taxonomy check

5. At the "End of taxonomy check" prompt, press Enter to display the **Performance Measure Selection** screen, as shown in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:24:49       Page:   1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Comprehensive Care
2)  RAS Antagonist Use in Diabetic Patients
3)  Topical Fluoride
4)  Influenza
5)  Adult Immunizations
6)  Adolescent Immunizations
7)  Alcohol Screening and Brief Intervention (ASBI) in the ER
8)  Intimate Partner (Domestic) Violence Screening
9)  Depression Screening
10) Antidepressant Medication Management
11) Physical Activity Assessment
12) Cardiovascular Disease and Cholesterol Screening
13) Cardiovascular Disease and Blood Pressure Control
14) Appropriate Medication Therapy after a Heart Attack
15) Persistence of Appropriate Medication Therapy after a Heart Attack
16) Appropriate Medication Therapy in High Risk Patients
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-105: Selecting performance measure topics, Page 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:24:49       Page:   2 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

17) Cholesterol Management for Patients with Cardiovascular Conditions
18) Heart Failure and Evaluation of LVS Function
19) HIV Quality of Care
20) Sexually Transmitted Infection (STI) Screening
21) Asthma
22) Medication Therapy for Persons with Asthma
23) Proportion of Days Covered by Medication Therapy
24) Primary Medication Non-adherence
25) Medication Therapy Management Services
26) Public Health Nursing
27) Use of High-Risk Medications in the Elderly
```

```
28) Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-106: Selecting performance measure topics, Page 2

6. The action bar appears at the bottom of the screen. At the "Select Action" prompt, do one of the following to view available topics:

   - Type a plus sign (+) and press Enter to view the next page.
   - Type a hyphen (-) and press Enter to return to the previous page.

7. To select performance measures to include in the report:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which item(s)" prompt, type the numbers of the measures you want to include and press Enter.

      To select multiple measures, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of ranges and numbers (e.g., 1 through 2, 4, 6, 10).

      After pressing Enter, each selected measure is marked with an asterisk (*) to the left of its number (Figure 5-107).

      For a list of the available performance measure topics, see the first column in Table 5-15.

   c. To save your selected performance measures, type **Q** at the "Select Action" prompt and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 10:26:16       Page:   1 of    2
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Comprehensive Care
2)  RAS Antagonist Use in Diabetic Patients
3)  Topical Fluoride
4)  Influenza
5)  Adult Immunizations
6)  Adolescent Immunizations
7)  Alcohol Screening and Brief Intervention (ASBI) in the ER
8)  Intimate Partner (Domestic) Violence Screening
*9)  Depression Screening
10) Antidepressant Medication Management
11) Physical Activity Assessment
12) Cardiovascular Disease and Cholesterol Screening
13) Cardiovascular Disease and Blood Pressure Control
14) Appropriate Medication Therapy after a Heart Attack
15) Persistence of Appropriate Medication Therapy after a Heart Attack
16) Appropriate Medication Therapy in High Risk Patients
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
```

```
Select Action:+// Q <Enter> Quit
```

Figure 5-107: Showing selected topics

```
Please select one or more of these report choices within the
Depression Screening performance measure topic.

     1)  Active Diabetic Patients with Depression Screening
     2)  Active Diabetic Patients without Depression Screening
Which item(s): (1-2): 1

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
          P         Patient List by Provider
          A         All Patients

Choose report type for the Lists: R// Patient List by Provider
Enter Designated Provider Name: Provider,Tom <Enter>
```

Figure 5-108: Selecting patient lists for each topic and selecting list type

8. Patient lists available for the first performance measure you selected are displayed (Figure 5-108). At the "Which item(s)" prompt, type the number of the list you would like to print and press Enter.

   If you selected more than one performance measure, the patient lists available for the next measure displays. For a list of available patient lists, see the second and third columns in Table 5-15.

9. At the "Choose report type for the Lists" prompt, type the letter corresponding to the type of patient list you want and press Enter, where:

   - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
   - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
   - **A** (All Patients) produces a list of all patients.

   If you select **P** (Patient List by Provider), type the name of a designated provider and press Enter.

Notes: 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.

Print patient lists only when you need them, or print to an electronic file.

```
     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 <Enter>  January 1 - December 31
```

Figure 5-109: Selecting report date range

10. At the "Enter the date range for your report" prompt, do one of the following:

    - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

      At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

    - To define a custom report period, type **5** and press Enter.

      At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

11. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges you have selected are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010  (2010)

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

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

```
Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-110: Displaying report date ranges and selecting community taxonomy

12. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to use and press Enter.

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

14. At the "Include Measure Logic Text in the Output Report" prompt, type Y (Yes) and press Enter to include the printed logic text in the report, or N (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.14.3 Patient List Content

The content of the patient list report is determined by the performance measure topic and performance measure you select. The following table shows the performance measure topics, their associated met/not met measures, and content of the patient lists.

> **Note:** Not every measure will have a Met and Not Met patient list option. For example, for topical fluoride (number of applications), users may only print a patient list containing patients meeting the measure, because this measure is a count, not a percentage.

In addition to the patient lists being printed, the Other National Measures Report for the selected performance measure topics will also be printed.

Table 5-15: Content of the Other National Measures Patient List Report by Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Comprehensive Care	A1c documented	List of diabetic patients who did have their A1c assessed.
Diabetes Comprehensive Care	No A1c documented	List of diabetic patients who did not have their A1c assessed.
Diabetes Comprehensive Care	BP documented	List of diabetic patients who did have their BP assessed.
Diabetes Comprehensive Care	No BP documented	List of diabetic patients who did not have their BP assessed.
Diabetes Comprehensive Care	Controlled BP	List of diabetic patients with controlled BP, defined as less than 140/90.
Diabetes Comprehensive Care	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as greater than 140/90.
Diabetes Comprehensive Care	LDL documented	List of diabetic patients with LDL completed.
Diabetes Comprehensive Care	LDL not assessed	List of diabetic patients without LDL completed.
Diabetes Comprehensive Care	Nephropathy assessed	List of diabetic patients with nephropathy assessment.
Diabetes Comprehensive Care	No nephropathy assessment	List of diabetic patients without nephropathy assessment.
Diabetes Comprehensive Care	Retinal evaluation	List of diabetic patients with retinal evaluation.
Diabetes Comprehensive Care	No retinal evaluation	List of diabetic patients without retinal evaluation.
Diabetes Comprehensive Care	Documented Diabetic Foot Exam	List of diabetic patients with a diabetic foot exam.
Diabetes Comprehensive Care	No Documented Diabetic Foot Exam	List of diabetic patients without a diabetic foot exam.
Diabetes Comprehensive Care	With Comprehensive Diabetes Care	List of diabetic patients with comprehensive diabetes care.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Diabetes Comprehensive Care	Without Comprehensive Diabetes Care	List of diabetic patients without comprehensive diabetes care.
RAS Antagonist Use in Diabetic Patients	With RAS Antagonist medication	List of diabetic patients with hypertension and with RAS Antagonist medication.
RAS Antagonist Use in Diabetic Patients	With no RAS Antagonist medication or with RAS Antagonist contraindication or ADR	List of diabetic patients with hypertension and with no RAS Antagonist medication or with RAS Antagonist contraindication or ADR.
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report period.
Influenza	Active Clinical Patients with Influenza Immunization	List of patients with influenza vaccination, contraindication, or NMI refusal.
Influenza	Active Clinical Patients without Influenza Immunization	List of patients without influenza vaccination, contraindication, or NMI refusal.
Influenza	Diabetic Patients with Influenza Immunization	List of diabetic patients with influenza vaccination, contraindication, or NMI refusal.
Influenza	Diabetic Patients without Influenza Immunization	List of diabetic patients without influenza vaccination, contraindication, or NMI refusal.
Adult Immunizations	High Risk Patients with Pneumovax	List of patients 18 through 64 considered high risk for pneumococcal with pneumovax vaccination, contraindication, or NMI refusal.
Adult Immunizations	High Risk Patients without Pneumovax	List of patients 18 through 64 considered high risk for pneumococcal without pneumovax vaccination, contraindication, or NMI refusal.
Adult Immunizations	Diabetic Patients with up-to-date Pneumovax	List of diabetic patients with pneumovax vaccination, contraindication, or NMI refusal.
Adult Immunizations	Diabetic Patients without up-to-date Pneumovax	List of diabetic patients without pneumovax vaccination, contraindication, or NMI refusal.
Adult Immunizations	Active Clinical 18 and older with Tdap	List of patients 18 plus (+) with Tdap vaccination, contraindication, evidence of disease or NMI refusal.
Adult Immunizations	Active Clinical 18 and older without Tdap	List of patients 18 plus (+) without Tdap vaccination, contraindication, evidence of disease or NMI refusal.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Adult Immunizations	Active Clinical 18 and older with Tdap/Td in past 10 years	List of patients 18 plus (+) with Tdap or Td vaccination or NMI refusal in the past 10 years, or contraindication or evidence of disease ever.
Adult Immunizations	Active Clinical 18 and older without Tdap/Td in past 10 years	List of patients 18 plus (+) without Tdap or Td vaccination or NMI refusal in the past 10 years, or contraindication or evidence of disease ever.
Adolescent Immunizations	Active Clinical 13 through 17 with 1:3:2:1	List of Active Clinical patients 13 through 17 with 1:3:2:1 combination (i.e. one Td/Tdap, 3 Hepatitis B, 2 MMR, one Varicella).
Adolescent Immunizations	Active Clinical 13 through 17 without 1:3:2:1	List of Active Clinical patients 13 through 17 without 1:3:2:1 combination (i.e. one Td/Tdap, 3 Hepatitis B, 2 MMR, one Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 Hep B, no IZ will be listed for Hep B.
Adolescent Immunizations	Active Clinical 13 through 17 with 1:1:3	List of Active Clinical patients 13 through 17 with 1:1:3 combination (i.e. one Tdap/Td, one Meningococcal, 3 HPV).
Adolescent Immunizations	Active Clinical 13 through 17 without 1:1:3	List of Active Clinical patients 13 through 17 without 1:1:3 combination (i.e. one Tdap/Td, one Meningococcal, 3 HPV). 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 HPV, no IZ will be listed for HPV.
Adolescent Immunizations	Active Clinical 13 through 17 with 1:1	List of Active Clinical patients 13 through 17 with 1:1 combination (i.e. one Tdap/Td, one Meningococcal).
Adolescent Immunizations	Active Clinical 13 through 17 without 1:1	List of Active Clinical patients 13 through 17 without 1:1 combination (i.e. one Tdap/Td, one Meningococcal).
Adolescent Immunizations	Active Clinical 13 through 17 with one Tdap	List of Active Clinical patients 13 through 17 with one Tdap ever.
Adolescent Immunizations	Active Clinical 13 through 17 without one Tdap	List of Active Clinical patients 13 through 17 without one Tdap ever.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Adolescent Immunizations	Active Clinical 13 through 17 with one Meningococcal	List of Active Clinical patients 13 through 17 with one Meningococcal ever.
Adolescent Immunizations	Active Clinical 13 through 17 without one Meningococcal	List of Active Clinical patients 13 through 17 without one Meningococcal ever.
Adolescent Immunizations	Female Active Clinical 13 through 17 with 3 HPV	List of female Active Clinical patients 13 through 17 with 3 doses of HPV ever.
Adolescent Immunizations	Active Clinical 13 through 17 without 3 HPV	List of Active Clinical patients 13 through 17 without 3 doses of HPV ever. If a patient did not have all doses, the IZ will not be listed.
Alcohol Screening and Brief Intervention (ASBI) in the ER	Active Clinical Plus BH Patients 15 through 34 with ER Injury Screened for Alcohol Use	Active Clinical Plus BH patients 15 through 34 seen in the ER for injury who were screened for hazardous alcohol use.
Alcohol Screening and Brief Intervention (ASBI) in the ER	Active Clinical Plus BH Patients 15 through 34 with ER Injury Not Screened for Alcohol Use	Active Clinical Plus BH patients 15 through 34 seen in the ER for injury who were not screened for hazardous alcohol use.
Alcohol Screening and Brief Intervention (ASBI) in the ER	Active Clinical Plus BH Patients 15 through 34 with ER Injury and Positive Alcohol Screen with BNI	Active Clinical Plus BH patients 15 through 34 seen in the ER for injury with positive alcohol screen who received a BNI.
Alcohol Screening and Brief Intervention (ASBI) in the ER	Active Clinical Plus BH Patients 15 through 34 with ER Injury and Positive Alcohol Screen without BNI	Active Clinical Plus BH patients 15 through 34 seen in the ER for injury with positive alcohol screen who did not receive a BNI.
Depression Screening	Active Diabetic Patients with Depression Screening	List of Active Diabetic patients screened for depression/diagnosed with mood disorder.
Depression Screening	Active Diabetic Patients with Depression Screening	List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.
Antidepressant Medication Management	Active Clinical Plus BH 18 plus (+) with new depression diagnosis and no APT	List of Active Clinical Plus BH patients with new depression DX and no acute phase treatment (APT).
Antidepressant Medication Management	Active Clinical Plus BH 18 plus (+) with new depression diagnosis and no CONPT	List of Active Clinical Plus BH patients with new depression DX and no continuation phase treatment (CONPT).
Physical Activity Assessment	Active Clinical 5 plus (+) with physical activity assessment	List of Active Clinical patients 5 and older who had a physical activity assessment.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Physical Activity Assessment	Active Clinical 5 plus (+) without physical activity assessment	List of Active Clinical patients 5 and older who did not have a physical activity assessment.
Physical Activity Assessment	Active Clinical 5 plus (+) with physical activity assessment and exercise education	List of Active Clinical patients 5 and older who had a physical activity assessment and received exercise education.
Physical Activity Assessment	Active Clinical 5 plus (+) with physical activity assessment and without exercise education	List of Active Clinical patients 5 and older who had a physical activity assessment and did not receive exercise education.
Cardiovascular Disease and Cholesterol Screening	Active Clinical 23 plus (+) with Total Cholesterol Screening	List of Active Clinical patients 23 plus (+) screened for total cholesterol in past 5 years.
Cardiovascular Disease and Cholesterol Screening	Active Clinical 23 plus (+) without Total Cholesterol Screening	List of Active Clinical patients 23 plus (+) not screened for total cholesterol in past 5 years.
Cardiovascular Disease and Blood Pressure Control	Active Clinical 18 plus (+) or with CHD with BP Assessed	List of Active Clinical patients equal to or greater than (equal to or greater than (=>)) 18 or who have CHD who had their BP assessed twice in past two years.
Cardiovascular Disease and Blood Pressure Control	Active Clinical 18 plus (+) or with CHD w/o BP Assessment	List of Active Clinical patients equal to or greater than (equal to or greater than (=>)) 18 or who have CHD who have not had their BP assessed twice in past two years.
Cardiovascular Disease and Blood Pressure Control	Active Clinical 18 plus (+) or with IHD w/Normal BP (less than (<)120/80)	List of Active Clinical patients equal to or greater than (equal to or greater than (=>)) 18 or who have CHD who have normal BP (less than 120/80).
Cardiovascular Disease and Blood Pressure Control	Active Clinical 18 plus (+)or with IHD w/Uncontrolled BP (greater than or equal to (greater than or equal to (>=))120/80)	List of Active Clinical patients equal to or greater than 18 or who have CHD who have uncontrolled BP (equal to or greater than 120/80).
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with Beta-Blocker Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI with beta-blocker therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without Beta-Blocker Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI without beta-blocker therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with ASA Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI with ASA therapy.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without ASA Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI without ASA therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with ACEI/ARB Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI with ACEI/ARB therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without ACEI/ARB Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI without ACEI/ARB therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with Statin Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI with statin therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without Statin Therapy	List of Active Clinical patients equal to or greater than 35 discharged for AMI without statin therapy.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with All Meds	List of Active Clinical patients equal to or great than 35 discharged for AMI with all appropriate medications.
Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without All Meds	List of Active Clinical patients equal to or greater than 35 discharged for AMI without all appropriate medications.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with 135-day Beta-Blocker Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx with 135-day beta-blocker therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without 135-day Beta-Blocker Therapy	List of Active Clinical patients equal to or greater than (=>)>35 with AMI Dx without 135-day beta-blocker therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (++ with 135-day ASA Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx with 135-day ASA therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without 135-day ASA Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx without ASA therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with 135-day ACEI/ARB Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx with 135-day ACEI/ARB therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without 135-day ACEI/ARB Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx without 135-day ACEI/ARB therapy.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with 135-day Statin Therapy	List of Active Clinical patients equal to or greater than 35 with AMI Dx with 135-day statin therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without 135-day Statin Therapy	List of Active Clinical equal to or greater than 35 with AMI Dx without 135-day statin therapy.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) with 135-day Treatment of All Meds	List of Active Clinical patients equal to or greater than equal to or greater than 35 with AMI Dx with 135-day therapy for all appropriate meds.
Persistence of Appropriate Medication Therapy after a Heart Attack	Active Clinical 35 plus (+) without 135-day Treatment of All Meds	List of Active Clinical patients equal to or greater than 35 with AMI Dx without 135-day therapy for all appropriate meds.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) with 180-day Beta-Blocker Therapy	List of Active CHD patients 22 plus (+) with 180-day beta-blocker therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) without 180-day Beta-Blocker Therapy	List of Active CHD patients 22 plus (+) without 180-day beta-blocker therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) with 180-day ASA Therapy	List of Active CHD patients 22 plus (+) with 180-day ASA therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) without 180-day ASA Therapy	List of Active CHD patients 22 plus (+) without 180-day ASA therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) with 180-day ACEI/ARB Therapy	List of Active CHD patients 22 plus (+) with 180-day ACEI/ARB therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) without 180-day ACEI/ARB Therapy	List of Active CHD patients 22 plus (+) without 180-day ACEI/ARB therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) with 180-day Statin Therapy	List of Active CHD patients 22 plus (+) with 180-day statin therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) without 180-day Statin Therapy	List of Active CHD patients 22 plus (+) without 180-day statin therapy.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) with 180-day Treatment of All Meds	List of Active CHD patients 22 plus (+) with 180-day therapy for all appropriate meds.
Appropriate Medication Therapy in High Risk Patients	Active CHD 22 plus (+) without 180-day Treatment of All Meds	List of Active CHD patients 22 plus (+) without 180-day therapy for all appropriate meds.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18 through 75 with CVD with LDL Assessed	List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL completed, regardless of result.
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18 through 75 with CVD without LDL Assessed	List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD without LDL completed.
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18 through 75 with CVD with LDL less than (<)100	List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL less than 100.
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18 through 75 with CVD with LDL 100 through h130	List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL 100-130.
Cholesterol Management for Patients with Cardiovascular Conditions	Active Clinical 18 through 75 with CVD with LDL greater than (>)130	List of Active Clinical patients 18 through 75 with DX of AMI, CABG, PCI, or IVD with LDL greater than 130.
Heart Failure and Evaluation of LVS Function	Active Clinical 18 plus (+) with Evaluation of LVS Function	List of Active Clinical heart failure patients 18 plus (+) who received evaluation of LVS function.
Heart Failure and Evaluation of LVS Function	Active Clinical 18 plus (+) without Evaluation of LVS Function	List of Active Clinical heart failure patients 18 plus (+) who did not receive evaluation of LVS function.
HIV Quality of Care	Patients 13 plus (+) with HIV Dx with CD4 test only	List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 test only.
HIV Quality of Care	Patients 13 plus (+) without HIV Dx with CD4 test	List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 test only.
HIV Quality of Care	Patients 13 plus (+) with HIV Dx with HIV viral load only	List of patients 13 plus (+) with HIV diagnosis during the Report Period who received HIV viral load only.
HIV Quality of Care	Patients 13 plus (+) with HIV Dx without HIV viral load	List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive HIV viral load only.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
HIV Quality of Care	Patients 13 plus (+) with HIV Dx with CD4 and HIV viral load	List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 and HIV viral load.
HIV Quality of Care	Patients 13 plus (+) with HIV Dx without CD4 and HIV viral load	List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load.
HIV Quality of Care	Patients 13 plus (+)+ with HIV Dx with CD4 or HIV viral load	List of patients 13 plus (+) with HIV diagnosis during the Report Period who received CD4 or HIV viral load.
HIV Quality of Care	Patients 13 plus (+)+ with HIV Dx without CD4 or HIV viral load	List of patients 13 plus (+) with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load.
HIV Quality of Care	Patients 13 plus (+)+ with HIV Dx with prescription for antiretroviral medication	List of patients 13+ with HIV diagnosis during the Report Period who received a prescription for an antiretroviral medication.
HIV Quality of Care	Patients 13 plus (+)+ with HIV Dx without prescription for antiretroviral medication	List of patients 13+ with HIV diagnosis during the Report Period who did not receive a prescription for an antiretroviral medication.
STI Screening	Active Clinical with STI who were Screened for Other Key STIs	List of Active Clinical patients diagnosed with an STI who were screened for other key STIs.
STI Screening	Active Clinical with STI who were not Screened for Other Key STIs	List of Active Clinical patients diagnosed with an STI who were not screened for other key STIs.
STI Screening	Active Clinical with STI who were Screened for HIV/AIDS	List of Active Clinical patients diagnosed with an STI who were screened for HIV.
STI Screening	Active Clinical with STI who were not Screened for HIV/AIDS	List of Active Clinical patients diagnosed with an STI who were not screened for HIV.
STI Screening	User Population with STI who were Screened for Other Key STIs	List of User Population patients diagnosed with an STI who were screened for other key STIs.
STI Screening	User Population with STI who were not Screened for Other Key STIs	List of User Population patients diagnosed with an STI who were not screened for other key STIs.
STI Screening	User Population with STI who were Screened for HIV/AIDS	List of User Population patients diagnosed with an STI who were screened for HIV.
STI Screening	User Population with STI who were not Screened for HIV/AIDS	List of User Population patients diagnosed with an STI who were not screened for HIV.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Asthma	Active Clinical with Asthma	List of Active Clinical patients diagnosed with asthma.
Medication Therapy for Persons with Asthma	Active Clinical 5 through 50 with Asthma with Suboptimal Control	List of Active Clinical patients ages 5 through 50 with asthma who were dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
Medication Therapy for Persons with Asthma	Active Clinical 5 through 50 with Asthma without Suboptimal Control	List of Active Clinical patients ages 5 through 50 with asthma who were not dispensed more than 3 canisters of a short-acting beta2 agonist inhaler during the same 90-day period.
Medication Therapy for Persons with Asthma	Active Clinical 5 through 50 with Asthma with no Controller Therapy	List of Active Clinical patients ages 5 through 50 with asthma who did not receive controller therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Beta-blockers greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for beta-blockers is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Beta-blockers less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for beta-blockers is <80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Beta-blocker Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their beta-blocker medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for RAS Antagonists greater than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for RAS Antagonists is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for RAS Antagonists less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for RAS Antagonists is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with RAS Antagonist Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their RAS Antagonist medication therapy.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for CCBs greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for calcium channel blockers is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for CCBs less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for calcium channel blockers is <80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with CCB Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their calcium channel blocker medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Biguanides greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for biguanides is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Biguanides less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for biguanides is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Biguanide Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their biguanide medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Sulfonylureas greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for sulfonylureas is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Sulfonylureas less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for sulfonylureas is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Sulfonylurea Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their sulfonylurea medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Thiazolidinediones greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for thiazolidinediones is greater than or equal to 80%.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Thiazolidinediones less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for thiazolidinediones is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Thiazolidinedione Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their thiazolidinedione medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for DPP-IVs greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for DPP-IV is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for DPP-IVs less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for DPP-IV is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with DPP-IVs Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their DPP-IV medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Diabetes All Classes greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for Diabetes All Class is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Diabetes All Classes less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for Diabetes All Class is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Diabetes All Class Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their Diabetes All Class medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Statins greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for statins is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Statins less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for statins is less than 80%.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Statin Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their statin medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Non-warfarin Anticoagulants greater than or equal to 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for non-warfarin anticoagulants is greater than or equal to 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Non-warfarin Anticoagulants less than 80%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for non-warfarin anticoagulants is less than 80%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with Non-warfarin Anticoagulant Gap greater than or equal to 30 Days	List of Active Clinical patients greater than or equal to 18 who had a gap greater than or equal to 30 days in their non-warfarin anticoagulant medication therapy.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Antiretroviral Agents greater than or equal to 90%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for antiretroviral agents is greater than or equal to (>=)90%.
Proportion of Days Covered by Medication Therapy	Active Clinical 18 plus (+) with PDC for Antiretroviral Agents less than 90%	List of Active Clinical patients greater than or equal to 18 whose proportion of days covered for antiretroviral agents is less than 90%.
Primary Medication Non-adherence	Active Clinical 18 plus (+) with E-prescription for a Chronic Medication that has been Returned To Stock	List of Active Clinical patients greater than or equal to 18 with an e-prescription for a chronic medication that has been returned to stock.
Medication Therapy Management Services	Active Clinical 18 plus (+) with MTM	List of Active Clinical patients greater than or equal to 18 receiving medications with medication therapy management.
Medication Therapy Management Services	Active Clinical 18 plus (+) without MTM	List of Active Clinical patients greater than or equal to 18 receiving medications without medication therapy management.
Public Health Nursing	Documented PHN Visits in Any Setting, including Home	List of patients with a PHN visits in any setting, including Home.
Public Health Nursing	Documented PHN Visits in Home Setting	List of patients with a PHN visits in Home setting.

Performance Measure Topic	Performance Measure	Patient List (Time frame for meeting the measure is during the Report period, unless defined otherwise.)
Use of High-Risk Medications in the Elderly	With At Least One High-Risk Medication	List of Active Clinical patients 65 and older with at least one high-risk medication.
Use of High-Risk Medications in the Elderly	Without At Least One High-Risk Medication	List of Active Clinical patients 65 and older without at least one high-risk medication.
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	With Two or More Prescriptions for Benzodiazepine Sedative Hypnotic Medications	List of Active Clinical patients 65 and older with two or more prescriptions for benzodiazepine sedative hypnotic medications.
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	Without Two or More Prescriptions for Benzodiazepine Sedative Hypnotic Medications	List of Active Clinical patients 65 and older without two or more prescriptions for benzodiazepine sedative hypnotic medications.

5.15 Elder Care Report

CI15 > RPT > OTH > **ELD**

5.15.1 Overview

The Elder Care Report contains quality of care measures 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. The measure "rate of functional status assessment" is unique to this report. Performance measures are also reported by age ranges 55 through 64, 65 through 74, 75 through 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: (AI/AN, non-AI/AN, or both; and the report can be exported to the Area Office by the site for aggregation into an Area-Office-wide Elder Care Report.

Patient Lists may be run for this report.

5.15.2 Running the Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **    Other National Reports    **
                        **********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option:
```

Figure 5-111: Other National Reports Menu

4. At the "Select Other National Reports Option" prompt, type **ELD** and press Enter to display information about the Elder Care report, as in the following example:

```
              2015 Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all
ELDER performance measures for a year period you specify. You will
be asked to provide: 1) the reporting period, 2) the baseline period
to compare data to, 3) the community taxonomy to determine which
patients will be included, and 4) the patient population (i.e. AI/AN only,
non AI/AN, or both) to determine which patients will be included.

If you choose to run the report for all Elder Care measures, 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 28 measures in the Elder Care Performance Measure Report.
Press enter to continue:

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5-112: Report description display and measure selection

5. Press Enter to continue.

6. At the "Run the report on" prompt, do one of the following:

- To include only *selected measures* in the Elder Care report, type **S** and press Enter to display the **Performance Measure Selection** screen. Continue with Step 7 to select performance measures.
- To include *all measures* in the Elder Care report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 07:29:52       Page:   1 of    2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes Glycemic Control
3)  Diabetes: Blood Pressure Control
4)  Diabetes: LDL Assessment
5)  Diabetes: Nephropathy Assessment
6)  Diabetic 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 Screening
16) Obesity Assessment

+         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//     S <Enter>  Select Measure
```

Figure 5-113: Selecting performance measure topics (Step 7)

7. The action bar appears at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages,
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a hyphen (-) and press Enter to return to the previous page.
   - To select specific measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the measure topics you want.

       To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

       After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

     - To save your selected topics, type **Q** (Quit) and press Enter.

For a list of the available performance measure topics, see the first table column in Section 5.14.3.

8. The system checks to see if all taxonomies required for the Elder Care report are present. At the prompt, press Enter to continue.

```
     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 5-114: Selecting report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

    The screen displays your Home location, as defined in the Site Parameters.

12. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **Elder Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

      Continue with Step 13 to select the lists.

    - To run the report without including patient lists, press Enter to accept the default, "No."

      Go to Step 15 to continue the report selection process.

> **Note:** You must have security access to run any Patient List. This prompt will not be displayed if you do not have security access.

```
ELDER MEASURE LIST SELECTION  Oct 08, 2014 10:53:52       Page:   1 of    1
IHS FY 14 ELDER Performance Measure 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                          Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 5-115: Choosing patient lists

13. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include and press Enter.

       To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, Type **Q** (Quit) and press Enter.

```
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
          P         Patient List by Provider
          A         All Patients

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

Figure 5-116: Selecting patient list type

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

    If you select P (Patient List by Provider), type the name of a Designated Provider at the "Enter Designated Provider Name" prompt and press Enter.

```
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 5-117: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include in the report and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

16. If you are running the Elder Care report for *all* measures, you can choose whether to send this data to your Area Office.

    - If you are ready to send the final data to your Area Office, type **Y** and press Enter at the "Do you wish to export this data to Area" prompt.
    - If you are not ready to send final data to your Area Office, type **N** and press Enter.

Note: You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Elder Care Report displays, as in the following example:

```
                SUMMARY OF FY 15 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

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 5-118: Summary Screen for Elder Care Report

17. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.15.3 Report Content

Table 5-16: Content of the Elder Care Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User population 55 plus (+), 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 plus (+), broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (greater than (>)9.5) 3) With Very Poor control (greater than or equal to (>=)12) 4) With Poor control (greater than (>)9.5 and less than (<)12) 5) With Fair control (equal to or greater than (=>)8 and equal to or greater than (=>)9.5) 6) With A1c equal to or greater than (=>)7 and less than (<)8 7) With Good control (less than (<)8) 8) With A1c less than (<)7 9) With Hemoglobin A1c without result
DM: Blood Pressure Control	Active diabetic patients 55 plus (+), broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
DM: LDL Assessment	Active diabetic patients 55 plus (+), broken down by age groups	1) With LDL, any value 2) With LDL less than (<)130 3) With LDL less than (<) 100 4) With LDL 100 through 129
DM: Nephropathy Assessment	Active diabetic patients 55 plus (+), broken down by age groups	With estimated GFR AND a urine albumin-to-creatinine ratio or with ESRD
DM: Retinopathy	Active diabetic patients 55 plus (+) with no history of bilateral blindness, broken down by age groups	1) With any retinal screening (no refusals) A) With diabetic retinal exam B) With other eye exam 2) With refusal of diabetic retinal exam
Diabetic Access to Dental Services	Active diabetic patients 55 plus (+), broken down by age groups	With documented dental exam (no refusals)
Access to Dental Services	User population 55 plus (+), broken down by age groups	With documented dental exam (no refusals)
Adult IZ: Influenza	Active clinical patients 55 plus (+), broken down by age groups	1) With influenza vaccination in past year or contraindication ever A) With contraindication or NMI refusal

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult IZ: Pneumovax	Active clinical patients 55 plus (+), broken down by age groups	1) With up to date pneumovax or contraindication ever or NMI refusal A) With contraindication or NMI refusal
Cancer Screening: Mammogram Rates	Female active clinical patients 55 plus (+), broken down by age groups	1) With documented mammogram in past 2 years (no refusals) 2) With refusal in past year
Colorectal Cancer Screening	Active clinical patients 55 plus (+), broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With refusal in past year 3) With FOBT/FIT in past year 4) With flex sig in past 5 years or colonoscopy in past 10 years
Tobacco Use Assessment	Active clinical patients 55 plus (+), 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 plus (+), broken down by age groups	1) With documented IPV/DV screen (no refusals) A) With IPV/DV exam B) With IPV/DV diagnosis C) With IPV/DV education or counseling
Depression Screening	Active clinical patients 55 plus (+), broken down by gender and age groups	1) With depression screening or diagnosed with mood disorder (no refusals) A) With depression screening B) With mood disorder diagnosis 2) With depression-related patient education
Obesity Assessment (BMI)	Active clinical patients 55 plus (+), broken down by age and gender groups	1) With BMI calculated A) With BMI and assessed as overweight B) With BMI and assessed as obese C) Total of overweight and obese D) With refusal
Cardiovascular Disease and Blood Pressure Control	Active clinical patients 55 plus (+), broken down by age and gender groups	With BP documented

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cardiovascular Disease and Cholesterol Screening	Active clinical patients 55 plus (+), broken down by age and gender groups	1) With blood cholesterol screening in past 5 years 2) With cholesterol greater than or equal to (>=) 240 3) With LDL in past 5 years, regardless of result 4) With LDL less than (<) 100 5) With LDL 100-130 6) With LDL 131-160 7) With LDL greater than (>) 160
Osteoporosis Management	Female active clinical patients 55 plus (+) with fracture, broken down by age groups	Treated or tested for osteoporosis
Osteoporosis Screening in Women	Female active clinical patients ages 65 plus (+) without a documented history of osteoporosis, broken down by age groups.	Screened for osteoporosis after the age of 65
Osteoarthritis Medication Monitoring	Active clinical patients ages 55 plus (+) diagnosed with osteoarthritis, broken down by age groups	Patients who received appropriate monitoring of medication during the Report Period.
Functional Status	Active clinical patients 55 plus (+), broken down by age and gender groups	With functional status screening
Asthma	1) Active clinical patients 55 plus (+), broken down by age groups 2) From numerator 1	1) With two asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma
Public Health Nursing	No denominator; counts only	1) Number of visits by PHNs in any setting, patients ages 55+ A) Ages 55 through 64 B) Ages 65 through 74 C) Ages 75 through 84 D) Ages 85 plus (+) E) PHN driver/interpreter 2) Number of visits by PHNs in Home setting A) Ages 55 through 64 B) Ages 65 through 74 C) Ages 75 through 84 D) Ages 85 plus (+) E) PHN driver/interpreter

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Fall Risk Assessment in Elders	Active clinical patients 65 plus (+), broken down by age and gender groups	1) Screened for fall risk or with fall-related diagnosis A) Screened for fall risk B) History of fall C) Fall-related diagnosis, D) Abnormality of gait/balance 2) Refusal of fall risk screen
Use of High-Risk Medications in the Elderly	Active clinical patients 65 plus (+), broken down by gender and age groups	1) With at least one high-risk medication 2) With at least two high-risk medications Included in both numerators above are the following subnumerators: A) Anticholinergic meds B) Antithrombotic meds C) Anti-infective meds D) Cardiovascular meds E) Central nervous system meds F) Endocrine meds G) Gastrointestinal meds H) Pain meds I) Skeletal muscle relaxant meds
Palliative Care	No denominator. This measure is a total count only, not a percentage.	1) The total number of active clinical patients 55 and older with at least one palliative care visit during the Report Period. Broken down by gender and age groups. 2) The total number of palliative care visits for active clinical patients 55 and older during the report period. Broken down by gender and age groups.
Annual Wellness Visit	Active Clinical patients 65 plus (+), broken down by gender and age groups	With at least one Annual Wellness exam in the past 15 months

5.15.4 Elder Care Patient List

Patient Lists are available for individual measures included in the Elder Care Report and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider
- The entire patient list

Select which measures you want to run Patient Lists for after you have selected the measures for the report.

Table 5-17: Elder Care Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	Diabetic patients equal to or greater than (=>)55 with most recent diagnosis
Diabetes: Glycemic Control	Diabetic patients equal to or greater than 55 with most recent A1c value, if any.
Diabetes: Blood Pressure Control	Diabetic patients equal to or greater than 55 with BP value, if any.
Diabetes: LDL Assessment	Diabetic patients equal to or greater than 55 with LDL cholesterol test, if any.
Diabetes: Nephropathy Assessment	List of patients equal to or greater than 55 with nephropathy assessment, if any.
Diabetic Retinopathy	List of diabetic patients equal to or greater than 55 with qualified retinal evaluation, if any.
Diabetes: Access to Dental Services	List of diabetic patients equal to or greater than 55 and documented dental visit, if any.
Access to Dental	List of patients equal to or greater than 55 with documented dental visit and date.
Adult Immunizations: Influenza	List of patients equal to or greater than 55 with influenza immunization/contraindication and date, if any.
Adult Immunizations: Pneumovax	List of patients equal to or greater than 55 with pneumovax immunization/contraindication and date, if any.
Cancer Screening: Mammogram Rates	List of female patients equal to or greater than 55 with mammogram, if any.
Colorectal Cancer Screening	List of patients equal to or greater than 55 with CRC screening, if any.
Tobacco Use and Exposure Assessment	List of patients equal to or greater than 55 with documented tobacco screening, if any.
Intimate Partner Violence/Domestic Violence	List of female patients equal to or greater than 55 with documented IPV/DV screening, if any.
Depression Screening	List of patients equal to or greater than 55 with documented depression screening/diagnosed with mood disorder, if any.
Obesity Assessment	List of patients 55 through 74 with current BMI, if any.
Cardiovascular Disease and Blood Pressure Control	List of patients equal to or greater than 55 with mean BP, if any.
Cardiovascular Disease and Cholesterol Screening	List of patients equal to or greater than 55 with cholesterol or LDL value if any.
Osteoporosis Management	List of female patients equal to or greater than 55 with new

Performance Measure Topic	Patient List
	fracture who had osteoporosis treatment or testing, if any.
Osteoporosis Screening in Women	List of female patients equal to or greater than 65 with osteoporosis screening, if any.
Osteoarthritis Med Monitoring	List of OA patients 55 and older prescribed maintenance therapy medication with monitoring lab tests, if any. The numerator values for patients who meet the measure are prefixed with “YES:” and patients who did not meet the measure are prefixed with “NO:”. All laboratory tests the patient did have are displayed.

Performance Measure Topic	Patient List
Functional Status	List of patients equal to or greater than 55 with functional status codes, if any. The following are the abbreviations used in the Numerator column: TLT–Toileting BATH–Bathing DRES–Dressing XFER–Transfers FEED–Feeding CONT–Continence FIN–Finances COOK–Cooking SHOP–Shopping HSWK–Housework/Chores MEDS–Medications TRNS–Transportation
Asthma	List of patients equal to or greater than 55 diagnosed with asthma and any asthma-related hospitalizations.
PHN	List of patients equal to or greater than 55 with PHN visits documented Numerator codes in patient list: All PHN = Number of PHN visits in any setting; Home = Number of PHN visits in home setting; Driver All = Number of PHN driver/interpreter visits in any setting; Driver Home = Number of PHN driver/interpreter visits in home setting.
Fall Risk Assessment	List of patients 65 years or older with fall risk assessment, if any.
Use of High-Risk Medications in the Elderly	List of patients 65 and older with at least one prescription for a high-risk medication.
Palliative Care	List of patients equal to or greater than 55 with at least one palliative care visit during the Report Period.
Annual Wellness Visit	List of patients equal to or greater than 65 with at least one annual wellness exam in the past 15 months, if any.

5.16 Patient Education with Community Specified Report

CI15 > RPT > OTH > PED > **PCM**

5.16.1 Overview

The Patient Education with Community Specified Report contains performance measures specific to user population patients who have received patient education. Sites are not required to run the Patient Education report.

Patient Lists may be run for this report.

5.16.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** main menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```
                        ********************************
                        **      IHS/RPMS CRS 2015      **
                        **    Other National Reports   **
                        ********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: PED <Enter>  Patient Education
Reports
```

Figure 5-119: Other National Reports menu: selecting the Patient Education Report

4. At the "Select Other National Reports Option" prompt, type **PED** and press Enter to display the Patient Education Reports Menu.

```
                      ************************************
                      **        IHS/RPMS CRS 2015         **
                      **  Patient Education Reports Menu  **
                      ************************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   PCM    Patient Education w/Community Specified
   P3     Patient Education w/Patient Panel Population

Select Patient Education Reports Option: PCM <Enter>  Patient Education
w/Community Specified
```

Figure 5-120: Patient Education Reports Menu: selecting the Patient Education with Community Specified Report

5. At the "Select Patient Education Reports Option" prompt, type **PCM** and press Enter to display information about the report, as in the following example:

```
          Patient Education w/Community Specified Report

This will produce a report for all patients in the User Population for
```

```
Patient Education performance measures you specify for a given period.
You will be asked to: 1) select the measures, and provide 2) the
reporting period, 3) the baseline period to compare data to, 4) the
community taxonomy to determine which patients will be included, and
5) the patient population (i.e. AI/AN only, non AI/AN, or both) 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.
PRESS ENTER:

     Select one of the following:

          S         Selected set of Measures
          A         All Measures

Run the report on: S//
```

Figure 5-121: Patient Education with Community Specified Report: report description display and selecting measures to include

6. At the "Run the report on" prompt, do one of the following:

   - To include only *selected measures* in the PCM report, type **S** and press Enter to display the Patient Ed Measure Selection screen. Continue with Step 7 to select performance measures.
   - To include *all measures* in the PCM report, type **A** (All Measures) and press Enter. Go to Step 8 to continue selecting report options.

```
PATIENT ED MEASURE SELECTION  Oct 08, 2014 07:51:14        Page:   1 of
1
IHS Patient Education Measures
* indicates the performance measure has been selected

1)  Rate of User Population Patients Receiving Patient Education
2)  Rate of Time by Provider Discipline
3)  Rate for Top 25 Patient Education Topics
4)  Rate for Top 25 Education Subtopics
5)  Rate for Top 15 Provider Disciplines Who Educated
6)  Rate of Patient Understanding of Education
7)  Goal Setting

          Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//  Q <Enter> Quit
```

Figure 5-122: Selecting performance measure topics

7. The action bar appears at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:

  - Type a plus sign (+) and press Enter to view the next page.
  - Type a hyphen (-) and press Enter to return to the previous page.
- To select specific measure topics:
  - At the "Select Action" prompt, type **S** and press Enter.
  - At the "Which item(s)" prompt, type the numbers preceding the topics you want.

    To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 2, 4, 6, 10).

    After pressing Enter, each selected topic is marked with an asterisk (*) before its number, as in the following example:

  - To save your selected topics, type **Q** (Quit) and press Enter.

```
     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 <Enter>  January 1 - December 31
```

Figure 5-123: Selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges selected for the report are displayed, including Report Period, Previous Year Period, and Baseline Period, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015 <Enter>  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
```

```
Enter Year (e.g. 2010): 2010 <Enter>  (2010)

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

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

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-124: Selecting report date ranges and community taxonomy

10. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
    - Type the name of a community taxonomy and press Enter.
    - Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the taxonomy you want to include and press Enter.

11. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Patient Ed List Selection screen. Only the patient lists for the topics you have selected for your report are listed.

      Continue with Step 12 to select the lists.

    - To run the report without including patient lists, press Enter to accept the default, "No."

      Go to Step 14 to continue the report selection process.

> **Note:** You must have security access to run any Patient List. This prompt will not be displayed if you do not have security access.

```
PATIENT ED LIST SELECTION     Oct 08, 2014 07:56:45       Page:   1 of    1
IHS FY 14 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1)  List of User Pop Pts who received Pt Ed during Report Period
2)  List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3)  List of User Pop Pts who received pt ed during report period, w/count
of ea
```

```
4)  List of User Pop Pts who received pt ed during the Report Period
w/topic, i
5)  List of User Pop Pts who received pt ed during report period, w/prov
disc
6)  List of User Pop Pts w/ pt ed w/ level of understanding, if any
7)  List of User Pop Pts w/ Goal Setting information

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

Figure 5-125: Selecting patient lists

12. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include and press Enter.

       To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 8, 9), or a combination of ranges and numbers (e.g., 1 through 4, 5, 7, 10).

       After pressing Enter, each selected topic is marked with an asterisk (*) before its number (Figure 5-125).

    c. To save your selected lists, type **Q** (Quit) and press Enter.

```
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
          P         Patient List by Provider
          A         All Patients

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

Figure 5-126: Selecting report type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

    - **R** (Random Patient List) produces a list containing 10% of the entire patient list.
    - **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
    - **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** 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.
>
> Print patient lists only when you need them, or print to an electronic file.

```
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 <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-127: Selecting beneficiary population

14. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient population.

15. If you are running the PCM report for all measures, you can choose whether to send this data to your Area Office.

    - If you are ready to send the final data to your Area Office, type **Y** and press Enter at the "Do you wish to export this data to Area" prompt.
    - If you are not ready to send final data to your Area Office, type **N** and press Enter.

> **Note:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Patient Education Report displays, as in the following example:

```
           SUMMARY OF FY 15 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010
```

```
The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

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 5-128: Summary screen and selecting output

16. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.16.3 Report Content

Table 5-18: Contents of the PCM Patient Education with Community Specified Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate of User Population Patients Receiving Patient Education	1) User population patients	1) Number of patients receiving patient education during the report period

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate of Time by Provider Discipline	1) The total time spent providing education to user population patients during the report period	1) Total time spent, in minutes, providing education by provider discipline Also included are the following statistics: 2) For all providers, the total number of patient education codes with provider and minutes recorded. 3) Average time spent, in minutes, providing education to each patient 4) Minimum time spent, in minutes, providing education to a patient 5) Maximum time spent, in minutes, providing education to a patient
Rate for Top 25 Patient Education Topics	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 25): The 25 most common topics of the patient education documented during the report period.
Rate for Top 25 Patient Education Subtopics	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 25): The 25 most common subtopics of the patient education documented during the report period.
Rate for Top 15 Provider Disciplines Who Educated	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 15): The 15 most common provider discipline codes that provided education during the report period.
Rate of Patient Understanding of Education	The total number of patient education codes documented for user population patients for all providers during the report period	1) Number of patient education codes with good understanding. 2) Number of patient education codes with fair understanding. 3) Number of patient education codes with poor understanding. 4) Number of patient education codes where patient refused the education. 5) Number of patient education codes where understanding of education was left blank.

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Goal Setting	1) User population patients 2) User population patients who received patient education during the report period.	1) Number of patients who set at least one goal during the report period. 2) Number of patients who did not set at least one goal during the report period. 3) Number of patients who met at least one goal during the report period. 4) Number of patients who maintained at least one goal during the report period. 5) Number of patients who did not meet at least one goal during the report period.

5.16.4 Patient Lists

Patient Lists are available for individual measures included in the Patient Education report and display patients who meet the numerators, denominators, or both, depending on the measure.

The Patient List options include

- A random list (10% of the total list)
- A list by designated primary care provide
- The entire patient list of patients

Select which measures you want to run patient lists for after you have selected the measures for the report.

Table 5-19: Patient Education with Community Specified Report Patient Lists

Performance Measure Topic	Patient List
Rate of User Population Patients Receiving Patient Education	List of user population patients who received patient education during the Report Period.
Rate of Time by Provider Discipline	List of user population patients who received patient education during the Report Period with the summed time in minutes spent by provider.
Rate for Top 25 Patient Education Topics	List of user population patients who received patient education during the Report Period with the count of each topic for which education was received.

Performance Measure Topic	Patient List
Rate for Top 25 Patient Education Subtopics	List of user population patients who received patient education during the Report Period with the count of each subtopic received.
Rate for Top 15 Provider Disciplines Who Educated	List of user population patients who received patient education during the Report Period with the count of provider discipline codes that provided the education.
Rate of Patient Understanding of Education	List of user population patients who received patient education during the Report Period with the count for each level of understanding.
Goal Setting	List of User Population patients with goal setting information during the Report Period.

5.17 Patient Education with Patient Panel Population Report

CI15 > RPT > OTH > PED > **P3**

5.17.1 Overview

The content of this report is the same as the Patient Education with Community Specified Report.

Patient lists may be run for this report.

5.17.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.
2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.
3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```
                      **********************************
                      **      IHS/RPMS CRS 2015       **
                      **    Other National Reports    **
                      **********************************
                             Version 15.0

                             DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ONM    Other National Measures Report
   OST    Other National Measures Report Patient List
   ELD    Elder Care Report
   PED    Patient Education Reports ...

Select Other National Reports Option: PED <Enter> Patient Education Reports
```

Figure 5-129: Other National Reports menu

4. At the "Select Other National Reports Option" prompt, type **PED** and press Enter to display the **Patient Education Reports** Menu, as in the following example:

```
                    ************************************
                    **        IHS/RPMS CRS 2015         **
                    **  Patient Education Reports Menu  **
                    ************************************
                             Version 15.0

                             DEMO INDIAN HOSPITAL

   PCM    Patient Education w/Community Specified
   P3     Patient Education w/Patient Panel Population

Select Patient Education Reports Option: P3 <Enter>  Patient Education
w/Patient Panel Population
```

Figure 5-130: Selecting the Patient Education with Patient Panel Population Report

5. At the "Select Patient Education Reports Option" prompt, type **P3** and press Enter to display the following information about the report. Press Enter to continue.

```
                      2015 Patient Education Report
            Report on all Patients in a User Defined Search Template

This will produce a Patient Education Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the reporting
period and 2) the baseline period to compare data to.

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

Please enter the search template name. The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO_2003VISITS_MALE_21-55 <Enter>
```

Figure 5-131: Report description display and selecting search template

6. At the "Enter SEARCH TEMPLATE name" prompt, do one of the following:

   - Type the name of a search template and press Enter.
   - Type the first few letters or numbers of a search template name and press Enter to see a selection of search templates beginning with those characters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the search template you want to include and press Enter.

7. At the "Run the report on" prompt, do one of the following:

- To include only *selected measures* in the report, type **S** and press Enter to display the Patient Ed Measure Selection screen.

  Continue with Step 8 to select performance measures.

- To include *all measures* in the report, type **A** and press Enter.

  Go to Step 9 to continue selecting report options.

```
PATIENT ED MEASURE SELECTION  Oct 08, 2014 07:51:14        Page:   1 of
1
IHS Patient Education Measures
* indicates the performance measure has been selected

1)  Rate of User Population Patients Receiving Patient Education
2)  Rate of Time by Provider Discipline
3)  Rate for Top 25 Patient Education Topics
4)  Rate for Top 25 Education Subtopics
5)  Rate for Top 15 Provider Disciplines Who Educated
6)  Rate of Patient Understanding of Education
*7)  Goal Setting

          Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//   Q <Enter>  Quit
```

Figure 5-132: Selecting performance measure topics

8. At the "Select Action" prompt, do one of the following:

   - To view multiple pages,
     - Type a plus sign (+) and press Enter to view the next page of the list of measures.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select specific measure topics:
     - Type **S** and press Enter.
     - At the "Which item(s)" prompt, type the numbers preceding the topics you want.

       To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

       After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

     - To save your selected topics, type **Q** (Quit) and press Enter.

```
     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 <Enter>  January 1 - December 31
```

Figure 5-133: Selecting report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges selected for the report are displayed, including the Report Period, the Previous Year Period, and the Baseline Period.

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015 <Enter>  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

Do you want patient lists for any of the measures?  Y// <Enter>  Yes
```

Figure 5-134: Selecting report dates and patient list option

11. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Patient Ed List Selection screen (Figure 5-135). Only patient lists available for the topics selected for your report are listed.

      Continue with Step 12 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No."

  Go to Step 14 to select an output option.

> **Note:** You must have security access to run any Patient List. This prompt will not be displayed if you do not have security access.

```
PATIENT ED LIST SELECTION     Oct 08, 2014 07:56:45        Page:   1 of
1
IHS FY 12 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1)  List of User Pop Pts who received Pt Ed during Report Period
2)  List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3)  List of User Pop Pts who received pt ed during report period, w/count
of eac
4)  List of User Pop Pts who received pt ed during the Report Period
w/topic, if
5)  List of User Pop Pts who received pt ed during report period, w/prov
disc
6)  List of User Pop Pts w/ pt ed w/ level of understanding, if any
7)  List of User Pop Pts w/ Goal Setting information

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

Figure 5-135:Selecting patient lists

12. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt type the numbers preceding the lists you want to include.

       To select multiple lists, type a range (e.g., 1 through 6), a series of numbers (e.g., 1, 3, 8), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7).

       After pressing Enter, each list you selected is marked with an asterisk (*) before its number (Figure 5-135).

    c. To save your selected topics, type **Q** (Quit) and press Enter.

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.
- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.
- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

Notes: 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.

Print patient lists only when you need them, or print to an electronic file.

A summary of the report displays, as in the following example:

```
          SUMMARY OF FY 15 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010

The Patient Panel Population: DEMO_2015VISITS_MALE_21-55

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-136: Summary of the Patient Education with Patient Panel Population Report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.18 Lab Taxonomy Report

CI15 > RPT > TAX > **TXL**

5.18.1 Overview

Unlike all of the reports described previously, the Lab Taxonomy Reports contain information on site-populated lab taxonomies and do not report on any patients. Each report lists the lab taxonomies included in the National GPRA Report, Other National Measures Report, Selected Measures reports, and Elder Care Report, respectively. Within each taxonomy, all the laboratory tests assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.18.2 Running the Reports

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports** Menu.

```
                          ****************************
                          **    IHS/RPMS CRS 2015    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option: TXL <Enter>  Lab Taxonomy Report
```

Figure 5-137: Taxonomy Reports Menu: selecting the Lab Taxonomy Report option

4. At the "Select Taxonomy Reports Option" prompt, type **TXL** and press Enter to display the **Lab Taxonomy Reports** Menu.

```
                         ********************************
                         **      IHS/RPMS CRS 2015      **
                         **  Lab Taxonomy Reports Menu  **
                         ********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   LGP    Lab Taxonomies-National GPRA/GPRA Perf Report
   LONM   Lab Taxonomies-Other National Measures Report
   LSEL   Lab Taxonomies-Selected Measures Reports
```

```
   LELD   Lab Taxonomies-Elder Care Report

Select Lab Taxonomy Report Option:
```

Figure 5-138: Lab Taxonomy Report Menu: selecting a lab taxonomy report

5. At the "Select Lab Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                              Lab Taxonomy Report
                          CRS 2015, Version 15.0

Site populated Lab Taxonomy Report for the:
     OTHER NATIONAL MEASURES Report

This will produce a report of all site-populated lab taxonomies for CRS
2014 in the specified report. Each lab taxonomy is listed with the lab
tests that have been assigned by your facility for inclusion in the
taxonomy.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//
```

Figure 5-139: Running the Lab Taxonomy Report: displaying report information and selecting the device

7. At the "Device" prompt, type a printer name or a file name.

   - To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

     To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

     Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

   - To print to a file, or if you do not know your printer name, check with your site manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.18.3 Report Content

Table 5-20: Content of Laboratory Taxonomy Report

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV-1 TEST TAX BGP HIV-2 TEST TAX BGP HPV TAX BGP PAP SMEAR TAX BGP QUANT UACR TESTS DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX
OTHER NATIONAL MEASURES REPORT	BGP CD4 TAX BGP CREATINE KINASE TAX BGP GPRA ESTIMATED GFR TAX BGP HIV TEST TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP CBC TESTS BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP GROUP A STREP TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV VIRAL LOAD TAX BGP LIVER FUNCTION TESTS BGP PAP SMEAR TAX BGP POTASSIUM TESTS BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL TAX DM AUDIT CREATININE TAX DM AUDIT GLUCOSE TESTS TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX DM AUDIT URINE PROTEIN TAX
ELDER CARE REPORT	BGP CBC TESTS BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP LIVER FUNCTION TESTS BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CHOLESTEROL TAX DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX

5.19 Medication Taxonomy Report

CI15 > RPT > TAX > **TXM**

5.19.1 Overview

As with the Lab Taxonomy Report, these reports contain information on site-populated medication taxonomies and do not report on any patients. They list all of the medication taxonomies included in the National GPRA Report, Other National Measures Report, Selected Measures reports, and Elder Care Report, respectively. Within each taxonomy, all medications assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.19.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports** Menu.

```
                          ****************************
                          **    IHS/RPMS CRS 2015    **
                          **  Taxonomy Reports Menu  **
                          ****************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option:
```

Figure 5-140: Taxonomy Reports Menu: selecting Medication Taxonomy Report option

4. At the "Select Taxonomy Reports Option" prompt, type **TXM** and press Enter to display the **Medication Taxonomy Reports** Menu.

```
                     ************************************
                     **          IHS/RPMS CRS 2015         **
                     **  Medication Taxonomy Reports Menu  **
                     ************************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

   MGP    Med Taxonomies-National GPRA/GPRA Perf Report
   MONM   Med Taxonomies-Other National Measures Report
   MSEL   Med Taxonomies-Selected Measures Reports
   MELD   Med Taxonomies-Elder Care Report

Select Medication Taxonomy Report Option:
```

Figure 5-141: Medication Taxonomy Reports Menu: selecting a medication taxonomy report

5. At the "Select Medication Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                          Medication Taxonomy Report
                        CRS 2015, Version 15.0
```

```
Site populated Medication Taxonomy Report for the:
     OTHER NATIONAL MEASURES Report

This will produce a report of all site-populated medication taxonomies
for CRS 2015 in the specified report. Each medication taxonomy is listed
with the medications that have been assigned by your facility for
inclusion in the taxonomy and/or pre-populated by CRS.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter>  YES
DEVICE: HOME//
```

Figure 5-142: Running the Medication Taxonomy Report: report information display and selecting an output device

7. At the "Device" prompt, type a printer or file name.

   - To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

     To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

     Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to screen.

   - To print to a file, or if you do not know your printer name, check with your Site Manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.19.3 Report Content

Table 5-21: Content of the Medication Taxonomy Report

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP CMS SMOKING CESSATION MEDS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
OTHER NATIONAL MEASURES REPORT	BGP ANTI-PLATELET DRUGS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS BETA BLOCKER MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA ANTIRETROVIRAL MEDS BGP PQA ASTHMA INHALE STER MED BGP PQA BENZODIAZ MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA CONTROLLER MEDS BGP PQA COPD BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA RASA MEDS BGP PQA SABA MEDS BGP PQA STATIN MEDS BGP PQA WARFARIN DM AUDIT ASPIRIN DRUGS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP ANTI-PLATELET DRUGS BGP ASTHMA LABA MEDS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS ASTHMA INHALED MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS ASTHMA MEDS BGP HEDIS BETA BLOCKER MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS OSTEOPOROSIS DRUG BGP HEDIS PAIN MEDS BGP HEDIS PRIMARY ASTHMA MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA ANTIRETROVIRAL MEDS BGP PQA ASTHMA INHALE STER MED BGP PQA BENZODIAZ MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA COPD BGP PQA CONTROLLER MEDS BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA RASA MEDS BGP PQA SABA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP PQA WARFARIN BGP RA AZATHIOPRINE MEDS BGP RA CYCLOSPORINE MEDS BGP RA GLUCOCORTICOIDS MEDS BGP RA IM GOLD MEDS BGP RA LEFLUNOMIDE MEDS BGP RA METHOTREXATE MEDS BGP RA MYCOPHENOLATE MEDS BGP RA OA NSAID MEDS BGP RA ORAL GOLD MEDS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS (***Continued***)	BGP RA PENICILLAMINE MEDS BGP RA SULFASALAZINE MEDS DM AUDIT ASPIRIN DRUGS
ELDER CARE REPORT	BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS GASTROINTESTINAL MED BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS OSTEOPOROSIS DRUGS. BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP RA OA NSAID MEDS DM AUDIT ASPIRIN DRUGS

5.20 Meaningful Use Eligible Professional Performance Measures Report Stage 1

CI15 > RPT > MUP > **EP**

5.20.1 Overview

The Stage 1 Meaningful Use (MU) EP Report for clinical quality measures summarizes national data that is required to demonstrate that the Electronic Health Record (EHR) is being used accurately and appropriately by eligible clinical professionals. The Report can be run to include all, or a user-defined selection from the Core, Alternate Core, and Alternate clinical quality measures. Patient lists for this MU Report may be run within the RPT menu option.

The MU Report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide MU Report.

5.20.2 Running the Report

To run the EP Performance Measures Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **MUP** and press Enter to display the **Meaningful Use Performance Measure Reports** menu, as in the following example:

```
                      **********************************
                      **       IHS/RPMS CRS 2015       **
                      **  Meaningful Use Reports Menu  **
                      **********************************
                              Version 15.0

                              DEMO INDIAN HOSPITAL

   EP     EP Performance Measures Report Stage 1
   HOS    Hospital Performance Measures Report Stage 1

Select Meaningful Use Performance Measure Reports Option:
```

Figure 5-143: Meaningful Use Performance Measure Reports Menu: selecting the EP Performance Measures Report

4. At the "Select Other National Reports Option" prompt, type **EP** and press Enter to display information about the EP Performance Measures Report and choose a reporting period length, as shown below. At the "Enter the reporting period length for your report" prompt, type the number corresponding to the reporting period length you want (**1, 2, or 3**) and press Enter.

```
            IHS Meaningful Use Clinical Performance Measure Report
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for
a period you specify.  You will be asked to provide: 1) the length of the
reporting period , 2) the desired start date for your reporting period and,
3) the baseline period to compare data to.

     Select one of the following:

          1         90-Days
          2         One Year
          3         User Defined Date Range

Enter the reporting period length for your report: 2  One Year
```

Figure 5-144: Running the EP Performance Measures Report: report description display and selecting the reporting period length

5. At the "Enter the reporting period start date" prompt, type the start date in MM/DD/CCYY format (for example, 05/01/2014) and press Enter.

6. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the reporting period start date.
```

```
Enter Date:  05/01/2014  (MAY 01, 2014)

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:            May 01, 2014 to Apr 30, 2015
     Previous Year Period:     May 01, 2013 to Apr 30, 2014
     Baseline Period:          May 01, 2000 to Apr 30, 2001

Which Eligible Provider: JONES,JOHN J
```

Figure 5-145: Running the EP Performance Measures Report: selecting dates and eligible provider

7. At the "Which Eligible Provider" prompt, do one of the following:

   - Type the name of the designated primary care provider you want to report on and press Enter.
   - Type the first few letters of a provider's name and press Enter to see a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to see the entire list. Then type the number of the provider you want to report on and press Enter.

   You can select from three predefined reports that contain topics specific to Core measures (CM), Alternate Core measures (ACM), or Menu Set measures (MSM), or you may choose your own measures (SEL) for the report.

8. At the "Which set of Measures should be included in this report" prompt, do one of the following:

   - To run one of the predefined reports, type **CM**, **ACM or MSM** and press Enter, then go to Step 11 for the patient lists.
   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 9.

9. The **Performance Measure Selection** screen displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:14:24         Page:  1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1)  (C) Adult Weight Screening and Follow-Up
2)  (C) Hypertension Blood Pressure Measurement
3)  (C) Preventive Care and Screening: Tobacco Use Assessment
4)  (C) Preventive Care and Screening: Tobacco Cessation Intervention
5)  (A) Influenza Immunization for Patients => 50 Years Old
6)  (A) Weight Assessment and Counseling for Children and Adolescents
8)  (M) Diabetes: HbA1c Poor Control
9)  (M) Diabetes: HbA1c Control < 8%
```

```
10) (M) Diabetes: Urine Screening
11) (M) Diabetes: Blood Pressure Management
12) (M) Diabetes: Eye Exam
13) (M) Diabetes: Foot Exam
14) (M) Diabetes: LDL Management and Control
15) (M) Diabetic Retinopathy: Macular Edema and Severity of Retinopathy
16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care
+          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-146: Running the EP Performance Measures Report: Performance Measure Selection screen 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:14:24         Page:  1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

17) (M) Primary Open Angle Glaucoma (POAG): Optic Nerve Evaluation
18) (M) Controlling High Blood Pressure
19) (M) Heart Failure: ACE Inhibitor or ARB Therapy for LVSD
20) (M) Heart Failure: Beta-Blocker Therapy for LVSD
21) (M) Heart Failure: Warfarin Therapy Patients with Atrial Fibrillation
22) (M) Coronary Artery Disease (CAD): Beta-Blocker Therapy
23) (M) Coronary Artery Disease (CAD): Drug Therapy for Lowering LDL
Cholest
24) (M) Coronary Artery Disease (CAD): Oral Antiplatelet Therapy
25) (M) Ischemic Vascular Disease (IVD): Antiplatelet Therapy or Aspirin
26) (M) Ischemic Vascular Disease (IVD): Blood Pressure Management
27) (M) Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Ctrl
28) (M) Breast Cancer Screening
29) (M) Cervical Cancer Screening
30) (M) Colorectal Cancer Screening
31) (M) Oncology Breast Cancer: Hormonal Therapy
32) (M) Oncology Colon Cancer Stage III: Chemotherapy
+          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-147: Running the EP Performance Measures Report: Performance Measure Selection screen 2

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:14:24         Page:  1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

33) (M) Prostate Cancer Low Risk: Avoidance of Bone Scan Overuse
34) (M) Asthma: Assessment
35) (M) Asthma: Use of Appropriate Medications
36) (M) Asthma: Pharmacologic Therapy
37) (M) Smoking and Tobacco Use Cessation, Medical Assistance
38) (M) Pneumonia Vaccination Status for Older Adults
39) (M) Prenatal Care: Screening for Human Immunodeficiency Virus (HIV)
40) (M) Prenatal Care: Anti-D Immune Globulin
41) (M) Appropriate Testing for Children with Pharyngitis
42) (M) Chlamydia Screening for Women
43) (M) Alcohol and Other Drug Dependence Treatment
```

```
44) (M) Antidepressant Medication Management
45) (M) Low Back Pain: Use of Imaging Studies

+          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-148: Running the EP Performance Measures Report: Performance Measure Selection screen 3

10. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

    a. To select performance measure topics:

    - Type **S** and press Enter.
    - At the "Which item(s)" prompt, type the numbers preceding the measures you want.

      To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 10).

      After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-70).

    b. To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2014 16:14:24         Page:  1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1)  (C) Adult Weight Screening and Follow-Up
*2)  (C) Hypertension Blood Pressure Measurement
3)  (C) Preventive Care and Screening: Tobacco Use Assessment
4)  (C) Preventive Care and Screening: Tobacco Cessation Intervention
5)  (A) Influenza Immunization for Patients => 50 Years Old
*6)  (A) Weight Assessment and Counseling for Children and Adolescents
7)  (A) Childhood Immunization Status
8)  (M) Diabetes: HbA1c Poor Control
9)  (M) Diabetes: HbA1c Control < 8%
10) (M) Diabetes: Urine Screening
11) (M) Diabetes: Blood Pressure Management
12) (M) Diabetes: Eye Exam
13) (M) Diabetes: Foot Exam
14) (M) Diabetes: LDL Management and Control
15) (M) Diabetic Retinopathy: Macular Edema and Severity of Retinopathy
16) (M) Diabetic Retinopathy: Communication to Provider of Diabetes Care
          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//  Q <Enter> Quit
```

Figure 5-149: Running the EP Performance Measures Report: showing selected performance measure topics

11. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the measures you have selected for your report are listed (Figure 5-73).

  Continue with Step 12 to select the lists.

- To run the report without patient lists, press Enter to accept the default, "No." Go to Step 14 to select the beneficiary (patient) population for the report.

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION        Oct 08, 2014 16:23:40       Page:    1 of
1
IHS Meaningful Use Performance Measure Lists of Patients
* indicates the list has been selected

1)  Hypertension Blood Pressure Management
2)  Weight Assessment and Counseling for Children and Adolescents

          Enter ?? for more actions
S    Select List                       D    De Select List
```

```
A    All Lists                          Q    Quit
Select Action:+// Q <Enter> Quit
```

Figure 5-150: Running the EP Performance Measures Report: choosing patient lists

12. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

```
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:

          D         Pts. Not in numerator
          N         Pts in numerator
          A         All Patients

Choose report type for the Lists:  All Patients
```

Figure 5-151: Running the EP Performance Measures Report: selecting patient list type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

    - **D** (Pts. Not in numerator) produces a list containing all patients that are included in the denominator but that are not included in the numerator.
    - **N** (Pts in numerator) produces a list containing all patients that are included in the numerator.
    - **A** (All Patients) produces a list of all patients.

14. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

    - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
    - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
    - **3** (All) reports on your entire patient 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  <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-152: Running the EP Performance Measures Report: selecting beneficiary population

15. A summary of the **EP Performance Measures Report** displays, as in the following example:

```
      SUMMARY OF MEANINGFUL USE PERFORMANCE MEASURE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            May 01, 2014 to Apr 30, 2015
     Baseline Period:          May 01, 2000 to Apr 30, 2001

ALL Patients will be included.

These measures will be calculated:
          Hypertension Blood Pressure Measurement
          Weight Assessment and Counseling for Children and Adolescents

Lists will be produced for these measures:
          Weight Assessment and Counseling for Children and Adolescents

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)
          X         Create an XML output file

Select an Output Option: P//
```

Figure 5-153: Summary Screen for EP Performance Measures Report

16. At the “Select an Output Option” prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **X** (XML) produces an XML output file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.20.3 Report Content

The following measures are included in the Eligible Provider (EP) Performance Measures Report.

Table 5-22: Content of the Eligible Provider Performance Measures Report by Performance Measure Topic: Core Measures

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Adult Weight Screening and Follow-Up (NQF 0421)	1) Patients 65 plus (+) with 1 or more outpatient encounters with the EP during the reporting period. 2) Patients 18 through 64 with 1 or more outpatient encounters with the EP during the reporting period.	1) (only paired with denominator 1): Patients with BMI calculated on or within 6 months of the encounter date: --BMI between equal to or greater than (=>) 22 and less than (<) 30: Normal BMI; no follow-up needed OR --BMI less than (<) 22 OR equal to or greater than (=>) 30 AND Patient has Care Goal: Follow-up BMI management OR Communication provider to provider: Dietary consultation order 2) (only paired with denominator 2): Patients with BMI calculated on or within 6 months of the encounter date: --BMI between equal to or greater than (=>) 18.5 and less than (<) 25; Normal BMI; no follow-up needed OR --BMI less than (<) 18.5 OR equal to or greater than (=>) 25 AND Patient has Care Goal: Follow-up BMI management OR Communication provider to provider: Dietary consultation order

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Hypertension: Blood Pressure Management (NQF 0013)	Patients aged 18 plus (+) with a diagnosis/problem of hypertension on or before the beginning of the reporting period and with 2 or more outpatient or nursing facility encounters with the EP during the reporting period.	Patients with both the systolic and diastolic blood pressure measurements (BP) recorded during both encounters with the EP during the reporting period.
Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment (NQF 0028a)	Patients 18 plus (+) with at least: --2 encounters of office visit, health and behavior assessment, occupational therapy or psychiatric and psychologic with the EP during the reporting period OR --1 encounter of preventive medicine, or individual or group counseling with the EP during the reporting period	Patients who have been screened for tobacco use on or within the past 24 months of the latest denominator encounter date.
Preventive Care and Screening Measure Pair: b. Tobacco Cessation Intervention (NQF 0028b)	Patients 18 plus (+) with at least: --2 encounters of office visit, health and behavior assessment, occupational therapy or psychiatric and psychologic with the EP during the reporting period. OR --1 encounter of preventive medicine, or individual or group counseling with the EP during the reporting period. AND the patients have been documented as tobacco users on or within the past 24 months of the latest denominator encounter date.	Patients who received tobacco use cessation counseling or received a prescription for a smoking cessation aid on or within the past 24 months of the latest denominator encounter date.

Table 5-23: Content of the Eligible Provider Performance Measures Report by Performance Measure Topic: Alternate Core Measures

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Preventive Care and Screening: Influenza Immunization for Patients greater than or equal to (>=) 50 Years Old (NQF 0041)	Patients 50 plus (+) with at least 2 outpatient encounters or 1 preventive medicine encounter/nursing facility.	Patients who received the influenza vaccine during the flu season.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Weight Assessment and Counseling for Children and Adolescents (NQF 0024)	1) Patients 2 through 16 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period. 2) Patients 2 through 10 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period. 3) Patients 11 through16 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period.	1) Patient has BMI percentile documented during the reporting period. 2) Patient has had Nutrition Counseling during the reporting period. 3) Patient has had Physical Activity Counseling during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunization Status (NQF 0038)	Patients who have reached 2 years and who have at least 1 encounter with the EP, both during the reporting period.	1) MU searches for each dose of a vaccine administered between the date of birth and the day before the second birthday of the patient. When multiple doses of a vaccine are required, MU checks to ensure there is at least 10 days between the administration of each dose to count the patient in the numerator. Patients with at least 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Acellular Pertussis; 5) 4 Td and 4 Acellular Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis administered before their 2nd birthday. 2) Patients with at least 3 IPV vaccine administered before their 2nd birthday. 3) Patients with the following vaccinations administered before their 2nd birthday --At least 1 MMR vaccination. OR --At least 1 M/R and 1 Mumps Rubella vaccine OR evidence of disease. OR --At least 1 R/M and 1 Measles vaccine OR evidence of disease. OR --At least 1 each of Measles, Mumps and Rubella vaccines OR evidence of disease.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Childhood Immunization Status (cont.)		4) Patients with at least 2 HiB vaccines administered before their 2nd birthday. 5) Patients with at least 3 Hepatitis B vaccines administered before their 2nd birthday or evidence of disease. 6) Patients with at least 1 VZV vaccine administered before their 2nd birthday or evidence of disease. 7) Patients with at least 4 pneumococcal vaccines administered before their 2nd birthday. 8) Patients with at least 2 Hepatitis A vaccines administered before their 2nd birthday or evidence of disease. 9) Patients with at least 2 rotavirus vaccines administered before their 2nd birthday. 10) Patients with at least 2 influenza vaccines administered before their 2nd birthday. 11) All patients in numerators 1-6 (4 DTaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, and 1 VZV) or evidence of disease when applicable. 12) All patients in numerators 1-7 (4 DTaP, 3 IPV, 1 MMR, 2 HiB, 3 Hepatitis B, 1 VZV, and 4 Pneumococcal) or evidence of disease when applicable.

Table 5-24: Content of the Eligible Provider Performance Measures Report by Performance Measure Topic: Menu Set Measures

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Asthma Assessment (NQF 0001)	Patients who reach 5 through 40 years of age during the reporting period with a diagnosis of asthma who had at least 2 office or outpatient consultation encounters with the EP during the reporting period.	Patients who were assessed for or had active asthma daytime and nighttime symptoms before or simultaneously to the latest encounter with the EP occurring during the reporting period.
Appropriate Testing for Children with Pharyngitis (NQF 0002)	Patients 2 through 18 years of age with at least 1 ED or outpatient encounter with the EP during the reporting period who were diagnosed with pharyngitis during this encounter and who were prescribed an antibiotic by the EP during or within 3 days after the encounter.	Patients who had a group A streptococcus (strep) laboratory test performed less than or equal to (<=) 3 days before or less than or equal to (<=) 3 days after the pharyngitis antibiotics were prescribed or dispensed. These antibiotics are aminopenicillins; beta-lactamase inhibitors; first, second, and third generation cephalosporins; folate antagonists; lincomycin derivatives; macrolides; miscellaneous antibiotics; natural penicillins; penicillinase-resistant penicillins; quinolones; sulfonamides and tetracycline.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Initiation and Engagement of Alcohol and Other Drug Dependence Treatment: (a) Initiation, (b) Engagement (NQF 0004)	Denominator 1: Patients 13 through 17 years old who have at least 1 of the following with the EP from 1 year before to 45 days before the reporting period end date which will be defined as the FIRST diagnosis of alcohol or drug dependence for use in Numerator 1: 1. A FIRST diagnosis of alcohol or drug dependence during an emergency department (ED) encounter, an acute or non-acute inpatient encounter, an outpatient behavioral health (BH) or an outpatient BH req point of service (POS) encounter with a POS modifier. 2. A FIRST acute or non-acute inpatient encounter with an alcohol, drug rehab and detoxification intervention. 3. A FIRST detoxification intervention. Additionally, patients must not have had a diagnosis of alcohol or drug dependence less than or equal to (<=) 60 days BEFORE the FIRST episode described in conditions 1, 2 and 3 above. Denominator 2: Patients 18 plus (+) who meet the conditions listed in denominator 1. Denominator 3: Patients 13 plus (+) who meet the conditions listed in denominator 1.	Numerator 1: Patients who meet at least 1 of the following conditions which will be defined as the FIRST TREATMENT for use in Numerator 2: 1. A FIRST acute or non-acute inpatient encounter with an alcohol, drug rehab and detoxification intervention with the EP from 1 year before to 45 days before the reporting period end date. Please note: this is the same as denominator condition 2 above. 2. An acute or non-acute inpatient encounter, an outpatient BH encounter or an outpatient BH req encounter with a POS modifier less than or equal to (<=) 14 days and a diagnosis of alcohol or drug dependence after the FIRST diagnosis of alcohol or drug dependence as defined in the denominator. Numerator 2: Patients who had at least 2 counts of any of the following less than or equal to (<=) 30 days after the FIRST TREATMENT as defined in numerator 1: 1. Acute or non-acute inpatient encounters with a diagnosis of alcohol or drug dependence 2. Outpatient BH encounters 3. Outpatient BH req POS encounters with a POS modifier and a diagnosis of alcohol or drug dependence
Prenatal Care: Screening for HIV (NQF 0012)	Patients who had live birth delivery with at least 1 prenatal encounter during the reporting period.	Patients whose estimated date of conception was less than or equal to 10 months from live birth delivery who received HIV screening within 30 days of first or second prenatal encounter during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Prenatal Care: Anti-D Immune Globulin (NQF 0014)	D (Rh) negative, unsensitized patients who gave birth during the measurement period and had at least 1 prenatal encounter with the EP.	Patients whose estimated date of conception was less than or equal to (≤)10 months before birth who were given anti-d immune globulin at or between 26-32 weeks gestation.
Controlling High Blood Pressure (NQF 0018)	Patients 18-85 years of age who during the reporting period had an active diagnosis of hypertension and at least 1 outpatient encounter with the EP and none of the following: --Active diagnosis of pregnancy --Active diagnosis of End Stage Renal Disease (ESRD) --Procedures indicative of ESRD	Patients whose lowest systolic BP reading was less than (<) 140 mmHg and lowest diastolic BP reading was less than (<) 90 mmHg during their most recent outpatient encounter with the EP during the reporting period.
Smoking and Tobacco Use Cessation, Medical assistance: a. Advising Smokers and Tobacco Users to Quit, b. Discussing Smoking and Tobacco Use Cessation Medications, c. Discussing Smoking and Tobacco Use Cessation Strategies (NQF 0027)	Patients 18 plus (+) with 1 or more outpatient encounters with the EP within 2 years of the reporting period end date.	Numerator 1: Patients who were tobacco users within 1 year of the reporting period end date. Numerator 2: Patients who were tobacco users who received tobacco use cessation counseling within 1 year of the reporting period end date.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Chlamydia Screening for Women (NQF 0033)	Denominator 1: Patients 15-24 who had at least 1 outpatient encounter with the EP on or before the reporting period end date AND at least one of the following: --During the reporting period: 1. Procedure indicative of sexually active women 2. Laboratory test (either performed or with a result) for pregnancy 3. Pregnancy encounter OR --On or before the reporting period end date: 4. Lab tests indicative of a sexually active woman 5. Diagnosis of a sexually active woman 6. Prescription for contraceptives 7. Use of an IUD device 8. Allergy to an IUD device 9. Contraceptive use education Denominator 2: Patients 15-19 years old who had at least 1 outpatient encounter with the EP during the reporting period AND at least one of the conditions numbered 1 through 9 listed in denominator 1. Denominator 3: Patients 20-24 years old who had at least 1 outpatient encounter with the EP during the reporting period AND at least one of the conditions numbered 1 through 9 listed in denominator 1.	Patients with a laboratory test performed for chlamydia screening during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Meds for Asthma (NQF 0036)	Denominator 1: Patients 5 through 11 years old who meet at least 1 of the following conditions: 1. At least 1 emergency department (ED) or acute inpatient encounter with the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe. 2. At least 4 outpatient encounters with the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe AND 2 counts of asthma medication prescribed during this timeframe. These asthma medications are defined as antiasthmatic combinations, antibody inhibitors, inhaled corticosteroids, inhaled steroid combinations, leukotriene inhibitors, long- and short-acting inhaled beta 2 agonists, mast cell stabilizers and methylxanthines. 3. At least 4 counts of asthma medication prescribed by the EP during the reporting period or within 1 year before the beginning of the reporting period. These asthma medications are defined as antiasthmatic combinations, antibody inhibitors, inhaled corticosteroids, inhaled steroid combinations, long- and short-acting inhaled beta 2 agonists, mast cell stabilizers and methylxanthines.	Patients who were prescribed at least 1 count of asthma medication during the reporting period. These asthma medications are defined as antiasthmatic medication combinations, antibody inhibitor, inhaled corticosteroids, inhaled steroid combinations, leukotriene inhibitors, mast cell stabilizers, and methylxanthines.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Meds for Asthma (NQF 0036) (con't)	4. At least 4 counts of leukotriene inhibitor medication prescribed by the EP during the reporting period or within 1 year before the beginning of the reporting period AND an active diagnosis of asthma during this timeframe. Denominator 2: Patients 12 through 50 years old who meet at least one of the conditions numbered 1 through 4 listed in denominator 1. Denominator 3: Patients 5 through 50 years old who meet at least one of the conditions numbered 1 through 4 listed in denominator 1.	
Pneumonia Vaccination Status for Older Adults (NQF 0043)	Patients who reach 65 years of age or older during the reporting period with at least 1 outpatient encounter with the EP within 1 year of the reporting period end date.	Patients who received a pneumococcal vaccine on or before the reporting period end date.
Asthma Pharmacologic Therapy (NQF 0047)	Patients 5 through 40 with an active diagnosis of mild, moderate, or severe persistent asthma on or before the reporting period end date and who had at least 2 office and outpatient consultation encounters with the EP during the reporting period.	Patients who were prescribed an inhaled corticosteroid or alternative asthma medication including short- and long-acting-inhaled beta2 agonists, leukotriene modifiers, and theophylline classes during the reporting period.
Low Back Pain: Imaging Studies (NQF 0052)	Patients 18 through 49 who had an active diagnosis of low back pain occurring during an emergency department, outpatient, orthopedic, or chiropractic encounter with the EP during the reporting period and who DID NOT HAVE any of the following: --Previous diagnosis of low back pain within 180 days BEFORE the FIRST diagnosis of low back pain during the reporting period --Diagnosis of cancer, trauma, IV drug abuse, or neurologic impairment within 2 years of the reporting period end date	Patients who did not have any spinal imaging done within 28 days after the first diagnosis of low back pain during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Measures: Eye Exam (NQF 0055)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients who had an eye exam during the reporting period OR had both an eye exam and no active diagnosis of diabetic retinopathy during the year prior to the reporting period.
Diabetes: Foot Exam (NQF 0056)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least one of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients who had a foot exam during the reporting period.
Diabetes: Hemoglobin A1c Poor Control (NQF 0059)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients who had an HbA1c test during the reporting period with the most recent result value being greater than (>) 9.0%.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes: Blood Pressure Management (NQF 0061)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients whose lowest blood pressure reading during their most recent encounter with the EP during the reporting period was systolic less than (<) 140 mmHg and diastolic less than (<) 90 mmHg.
Diabetes: Urine Screening (NQF 0062)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least one of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients who had a nephropathy screening test or evidence of nephropathy during the reporting period, or patients who were treated with ACE inhibitors/ARBs.
Diabetes: LDL Management and Control (NQF 0064)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Numerator 1: Patients who had an LDL-C test during the reporting period. Numerator 2: Patients who had LDL-C test during the reporting period with the most recent result value less than (<) 100mg/dL.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes: Hemoglobin A1c Control (NQF 0575)	Patients who reach 18 through 75 years of age during the reporting period with at least 1 of the following within 2 years of the reporting period end date: --Dispensed, ordered or active medications indicative of diabetes prescribed by the EP --An active diagnosis of diabetes with at least 1 of the following with the EP during the reporting period: --1 acute inpatient or ED encounter --2 non-acute inpatient, outpatient, or ophthalmology encounters on different dates	Patients who had an HbA1c test during the reporting period with the most recent result value being less than (<) 8.0%.
Coronary Artery Disease (CAD): Oral Antiplatelet Therapy (NQF 0067)	Patients 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters or 1 inpatient encounter with the EP during the reporting period AND a diagnosis of CAD (includes myocardial infarction (MI)) or a cardiac surgery procedure on or before any of the encounter dates.	Patients who were prescribed oral antiplatelet therapy during the reporting period.
Coronary Artery Disease (CAD): Beta-Blocker Therapy (NQF 0070)	Patients who reach 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters or 1 inpatient encounter with the EP during the reporting period AND who had the following on or before any of these encounters: --an active diagnosis of CAD or a cardiac surgery procedure, and –-a prior diagnosis of MI.	Patients who were prescribed beta-blocker therapy during the reporting period.
Coronary Artery Disease (CAD): Drug Therapy for LDL-Cholesterol (NQF 0074)	Patients 18 plus (+) with at least 2 outpatient or 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of CAD (includes myocardial infarction (MI)) or a cardiac surgery procedure on or before any of the encounter dates.	Patients who were prescribed lipid-lowering therapy during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Ischemic Vascular Disease: BP Management (NQF 0073)	Patients 18 plus (+) with either of the following: --At least 1 acute inpatient encounter with the EP 14-24 months prior to the reporting period end date and any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14-24 months prior to the reporting period end date --Diagnosis of Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14-24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP within 2 years of the reporting period end date with a diagnosis of ischemic vascular disease (IVD) during this encounter.	Patients whose lowest systolic BP reading was less than (<) 140 mmHg and lowest diastolic BP reading was less than (<) 90 mmHg during their most recent acute inpatient or outpatient encounter with the EP before the end of the reporting period.
Ischemic Vascular Disease: Lipid Panel and LDL Control (NQF 0075)	Patients 18 plus (+) with either of the following: --At least 1 acute inpatient encounter with the EP 14-24 months prior to the reporting period end date with any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14-24 months prior to the reporting period end date --Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14-24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP within 2 years of the reporting period end date with a diagnosis of ischemic vascular disease (IVD) during this encounter.	Numerator 1: Patients who had either an LDL test OR had all of the following during the reporting period: --High density lipoprotein (HDL) test --Total cholesterol test --Triglycerides test Numerator 2: Patients who had an LDL test with the most recent result value less than (<) 100mg/dL OR had both of the following during the reporting period: --Triglycerides test with the most recent value less than (<) 400 mg/dL --(Most recent total cholesterol test value minus most recent HDL test value minus most recent triglycerides test value) divided by 5 less than (<) 100mg/dL

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Ischemic Vascular Disease: Use of Aspirin/Antithrombotic(NQF 0068)	Patients who reach 18 years of age and older during the reporting period with either of the following: --At least 1 acute inpatient encounter with the EP 14 through 24 months prior to the reporting period end date and any of the following: --Percutaneous transluminal coronary angioplasty (PTCA) 14 through 24 months prior to the reporting period end date --Acute myocardial infarction (AMI) during this encounter --Coronary artery bypass graft (CABG) 14 through 24 months prior to the reporting period end date --At least 1 acute inpatient or outpatient encounter with the EP with a diagnosis of ischemic vascular disease (IVD) within 2 years of the reporting period end date.	Patients who were prescribed oral antiplatelet therapy or had documented use of aspirin or an alternative antithrombotic therapy during the reporting period.
Heart Failure: ACEI or ARB for LVSD (NQF 0081)	Patients 18 plus (+) with at least 1 inpatient discharge encounter OR at least 2 outpatient encounters OR 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure during or before any of these encounters AND a LVEF of less than (<) 40% before the latest of these encounters.	Patients who were prescribed ACE inhibitors or ARB medications by the EP during the reporting period.
Heart Failure: Beta-Blocker Therapy for LVSD (NQF 0083)	Patients 18 plus (+) with at least 2 outpatient encounters or 2 nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure during or before any of these encounters, AND a LVF assessment study result of less than (<) 40% OR an ejection fraction result of less than (<) 40% before the latest of these encounters.	Patients who were prescribed beta-blocker medication by the EP during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Heart Failure: Warfarin Therapy Patients with A-Fib (NQF 0084)	Patients 18 plus (+) with at least 2 outpatient or nursing facility encounters with the EP during the reporting period AND a diagnosis of heart failure on or before the encounters AND a diagnosis of atrial fibrillation before or during the reporting period.	Patients who were prescribed warfarin therapy during the reporting period.
Primary Open Angle Glaucoma: Optic Nerve Eval (NQF 0086)	Patients 18 plus (+) with at least 2 of any of the following: domiciliary, nursing facility, office & outpatient consulting, or ophthalmological service encounters with the EP during the reporting period and a diagnosis of POAG on or before any of these encounters.	Patients who had at least 1 optic nerve head evaluation procedure during a domiciliary, nursing facility, office & outpatient consulting, or ophthalmological service encounter with the EP during the reporting period.
Diabetic Retinopathy: Macular Edema and Severity of Retinopathy (NQF 0088)	Patients 18 plus (+) with 2 or more office & outpatient consult, ophthalmological services, nursing facility, or domiciliary encounters with the EP during the reporting period AND a diagnosis of diabetic retinopathy during or before any of these encounters.	Patients who had a macular or fundus exam performed which included documentation of the level of severity of retinopathy and the presence or absence of macular edema during 1 or more encounters with the EP during the reporting period.
Diabetic Retinopathy: Communication with Diabetes Care Physician (NQF 0089)	Patients 18 plus (+) with 2 or more office & outpatient consultation, ophthalmological services, nursing facility, or domiciliary encounters with the EP during the reporting period AND a diagnosis of diabetic retinopathy during or before the latest of these encounters AND a dilated macular or fundus exam performed during at least of 1 of these encounters.	Patients who had documented communication to the provider who manages the ongoing care of the diabetic patient regarding the findings of the macular or fundus exam at least once on or after the macular or fundus exam during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Antidepressant Medication Management: (a) Effective Acute Phase Treatment, (b)Effective Continuation Phase Treatment (NQF 0105)	Patients 18 plus (+) as of 245 days on or before the reporting period end date with an active/dispensed/ordered antidepressant medication less than or equal to (<=) 30 days before or less than or equal to (<=) 14 days after the FIRST diagnosis of major depression. AND WITH one of the following: --a FIRST primary diagnosis of major depression during at least 1 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: emergency department (ED), outpatient behavioral health (BH), or outpatient BH req point of service (POS) with a POS modifier. --a FIRST secondary diagnosis of major depression during at least 2 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: ED, outpatient BH, or outpatient BH req POS with a POS modifier. --a FIRST secondary diagnosis of major depression during at least 1 of the following encounters with the EP between less than or equal to (<=) 245 days before the reporting period start date and equal to or greater than (=>) 245 days before the reporting period end date: acute inpatient or non-acute inpatient. AND WITHOUT an active diagnosis of major depression or depression less than or equal to (<=) 120 days on or before the FIRST active diagnosis of major depression identified above.	Numerator 1: Patients who had at least 1 active or expired prescription of antidepressant medication for a duration of equal to or greater than (=>) 84 days after the FIRST diagnosis of major depression as identified in the denominator. Numerator 2: Patients who had at least 1 active or expired prescription of antidepressant medication for a duration of equal to or greater than (=>) 180 days after the FIRST diagnosis of major depression as identified in the denominator.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Colon Cancer: Chemo for Stage III (NQF 0385)	Patients 18 plus (+) with at least 2 office visit encounters with the EP during the reporting period AND a diagnosis of colon cancer or an inactive colon cancer history during or before any of these encounters AND a colon cancer stage III procedure result during or before any of these encounters.	Patients who have been prescribed or been administered adjuvant chemotherapy for colon cancer during or before any of the office visit encounters with the EP during the measurement reporting period.
Breast Cancer: Hormonal Therapy for Stage IC-IIIC ER/PR (NQF 0387)	Female patients 18 plus (+) with at least 2 office visit encounters with the EP during the reporting period AND a diagnosis of Stage IC–IIIC, ER or PR positive breast cancer during or before any of these encounters.	Female patients who were prescribed tamoxifen or aromatase inhibitor AI therapy during the reporting measurement period.
Prostate Cancer Low Risk: Avoidance of Bone Scan Overuse (NQF 0389)	Patients with at least 1 office visit encounter with the EP during the reporting period with an active diagnosis of prostate cancer before or during the reporting period AND who had a prostate cancer treatment during the reporting period AND who had all of the following before or simultaneously to the prostate cancer treatment: –-Procedure results of AJCC cancer stage low risk recurrence --Prostate specific antigen test result of less than or equal to (<=)10 mg/dL --Gleason score result less than or equal to (<=)6	Patients who did not have a diagnostic bone scan study performed on or after the date of the prostate cancer diagnosis.
Asthma Assessment (NQF 0001)	Patients who reach 5 through 40 years of age during the reporting period with a diagnosis of asthma who had at least 2 office or outpatient consultation encounters with the EP during the reporting period.	Patients who were assessed for or had active asthma daytime and nighttime symptoms before or simultaneously to the latest encounter with the EP occurring during the reporting period.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Appropriate Testing for Children with Pharyngitis (NQF 0002)	Patients 2 through 18 years of age with at least 1 ED or outpatient encounter with the EP during the reporting period who were diagnosed with pharyngitis during this encounter and who were prescribed an antibiotic by the EP during or within 3 days after the encounter.	Patients who had a group A streptococcus (strep) laboratory test performed less than or equal to (<=) 3 days before or less than or equal to (<=) 3 days after the pharyngitis antibiotics were prescribed or dispensed. These antibiotics are aminopenicillins; beta-lactamase inhibitors; first, second, and third generation cephalosporins; folate antagonists; lincomycin derivatives; macrolides; miscellaneous antibiotics; natural penicillins; penicillinase-resistant penicillins; quinolones; sulfonamides and tetracycline.

5.21 Meaningful Use Hospital Performance Measures Report Stage 1

CI15 > RPT > MUP > **HOS**

5.21.1 Overview

The Stage 1 Meaningful Use (MU) Eligible Hospital (EH) and Critical Access Hospital Report for clinical quality measures summarizes national data that is required to demonstrate that the Electronic Health Record (EHR) is being used accurately and appropriately by EHs. The Report can be run to include all, or a user-defined selection of the 15 Hospital clinical quality measures. Patient lists for this MU Report may be run within the RPT menu option.

The MU Report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both, and can be exported to the Area Office by the site for aggregation into an area-wide MU Report.

5.21.2 Running the Report

To run the Hospital Performance Measures Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI15** and press Enter to display the **CRS 2015** Main Menu.

2. At the "Select CRS 2015 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** Menu.

3. At the "Select Reports Option" prompt, type **MUP** and press Enter to display the **Meaningful Use Performance Measure Reports** menu, as in the following example:

```
                      **********************************
                      **       IHS/RPMS CRS 2015       **
                      **  Meaningful Use Reports Menu  **
                      **********************************
                              Version 15.0

                              DEMO INDIAN HOSPITAL

   EP     EP Performance Measures Report Stage 1
   HOS    Hospital Performance Measures Report Stage 1

Select Meaningful Use Performance Measure Reports Option:
```

Figure 5-154: Meaningful Use Performance Measure Reports Menu

4. At the "Select Meaningful Use Performance Measure Reports Option" prompt, type **HOS** and press Enter to display information about the Hospital Performance Measures Report and choose a reporting period length, as shown below. At the "Enter the reporting period length for your report" prompt, type the number corresponding to the reporting period length you want (**1, 2, or 3**) and press Enter.

```
            IHS Meaningful Use Clinical Performance Measure Report
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for
a period you specify.  You will be asked to provide: 1) the length of the
reporting period , 2) the desired start date for your reporting period and,
3) the baseline period to compare data to.

     Select one of the following:

          1         90-Days
          2         One Year
          3         User Defined Date Range

Enter the reporting period length for your report: 2  One Year
```

Figure 5-155: Report description display and selecting the reporting period length

5. At the "Enter the reporting period start date" prompt, type the start date in MM/DD/CCYY format (for example, 05/01/2014) and press Enter.

6. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the reporting period start date.
Enter Date:  05/01/2014  (MAY 01, 2014)
```

```
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:            May 01, 2014 to Apr 30, 2015
     Previous Year Period:     May 01, 2013 to Apr 30, 2014
     Baseline Period:          May 01, 2000 to Apr 30, 2001

     Select one of the following:

          HOS       All Hospital Measures
          SEL       Selected Measures (User Defined)

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

Figure 5-156: Selecting dates and report type

You can select from one predefined report that contains all hospital clinical quality measures, or you may choose your own clinical quality measures (SEL) for the report.

7. At the "Which set of Measures should be included in this report" prompt, do one of the following:

   - To run the predefined report with all measures, type **HOS** and press Enter, then go to Step 10 for the patient lists.
   - To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 8.

8. The Performance Measure Selection screen displays, as in the following example:

```
HOSPITAL MEASURE SELECTION    Oct 08, 2014 16:53:24       Page:    1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

1)  ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2)  ED-2: Median Time/ED Admit Decision to ED Departure/Admitted Patients
3)  STK-2: Discharged on Antithrombolytic Therapy
4)  STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
5)  STK-4: Thrombolytic Therapy
6)  STK-5: Antithrombolytic Therapy by End of Hospital Day 2
7)  STK-6: Discharged on Statin Medication
8)  STK-8: Stroke Education
9)  STK-10: Assessed for Rehabilitation
10) VTE-1: VTE Prophylaxis
11) VTE-2: Intensive Care Unit (ICU) VTE Prophylaxis
12) VTE-3: VTE with Anticoagulation Overlap Therapy
13) VTE-4: VTE UFH with Dosages/Platelet Count Monitoring by Protocol
14) VTE-5: VTE Discharge Instructions
15) VTE-6: Incidence of Potentially-Preventable VTE

          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-157: Performance Measure Selection screen

9. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

   a. To select performance measure topics:

      - Type **S** and press Enter.
      - At the "Which item(s)" prompt, type the numbers preceding the measures you want.

        To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 10).

        After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-158).

   b. To save your selected topics, type **Q** (Quit) and press Enter.

```
HOSPITAL MEASURE SELECTION    Oct 08, 2014 16:53:24       Page:    1 of
1
IHS Meaningful Use Performance Measures
* indicates the performance measure has been selected

*1)  ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2)  ED-2: Median Time/ED Admit Decision to ED Departure/Admitted Patients
*3)  STK-2: Discharged on Antithrombolytic Therapy
4)  STK-3: Anticoagulation Therapy for Atrial Fibrillation/Flutter
5)  STK-4: Thrombolytic Therapy
6)  STK-5: Antithrombolytic Therapy by End of Hospital Day 2
7)  STK-6: Discharged on Statin Medication
8)  STK-8: Stroke Education
9)  STK-10: Assessed for Rehabilitation
10) VTE-1: VTE Prophylaxis
11) VTE-2: Intensive Care Unit (ICU) VTE Prophylaxis
*12) VTE-3: VTE with Anticoagulation Overlap Therapy
13) VTE-4: VTE UFH with Dosages/Platelet Count Monitoring by Protocol
14) VTE-5: VTE Discharge Instructions
15) VTE-6: Incidence of Potentially-Preventable VTE

          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-158: Showing selected performance measure topics

10. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the measures you have selected are listed (Figure 5-159).

  Continue with Step 11 to select the lists.

- To run the report without patient lists, press Enter to accept the default, "No." Go to Step 13 to select the beneficiary (patient) population for the report.

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION        Oct 08, 2014 16:59:26       Page:    1 of
1
IHS Meaningful Use Performance Measure Lists of Patients
* indicates the list has been selected

1)  ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
2)  STK-2: Discharged on Antithrombolytic Therapy
3)  VTE-3: VTE with Anticoagulation Overlap Therapy

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

Figure 5-159: Choosing patient lists

11. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

       After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

```
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:

          D         Pts. Not in numerator
          N         Pts in numerator
          A         All Patients

Choose report type for the Lists:  All Patients
```

Figure 5-160: Selecting patient list type

12. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **D** (Pts. Not in numerator) produces a list containing all patients that are included in the denominator but that are not included in the numerator.
- **N** (Pts in numerator) produces a list containing all patients that are included in the numerator.
- **A** (All Patients) produces a list of all patients.

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.
- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
- **3** (All) reports on your entire patient 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  <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-161: Selecting beneficiary population

14. A summary of the Hospital Performance Measures Report displays, as in the following example:

```
      SUMMARY OF MEANINGFUL USE PERFORMANCE MEASURE REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:            May 01, 2014 to Apr 30, 2015
     Baseline Period:          May 01, 2000 to Apr 30, 2001

ALL Patients will be included.

These measures will be calculated:
          ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
          STK-2: Discharged on Antithrombolytic Therapy
          VTE-3: VTE with Anticoagulation Overlap Therapy

Lists will be produced for these measures:
          ED-1: Median Time/ED Arrival to ED Departure/Admitted Patients
          STK-2: Discharged on Antithrombolytic Therapy
          VTE-3: VTE with Anticoagulation Overlap Therapy

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)
          X         Create an XML output file
```

```
Select an Output Option: P//
```

Figure 5-162: Summary Screen for Hospital Performance Measures Report

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
    - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
    - **X** (XML) produces an XML output file.

    Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

5.21.3 Report Content

The following measures are included in the Hospital Performance Measures Report.

Table 5-25: Content of the Hospital Performance Measures Report by Performance Measure Topic: Emergency Department Measures

Performance Measure	Denominators	Numerators (documented in past year, unless defined otherwise)
Median Time/ED Arrival to ED Departure/Admitted Patients (ED-1) (NQF 0495)	Not Applicable.	A. All ED Patients except Patients with Mental Disorder or Placed into Observation Status: 1. MU searches for all hospitalization visits, defined with Service Category of "H" and finds matching ED patient records, defined with a clinic code of 30, in the Emergency Department (ER VISIT) file in which the elapsed time between ED Arrival Time (ER_VISIT.ADMISSION TIMESTAMP) and Inpatient Admission Time (VISIT.VISIT/ADMIT DATE&TIME) is less than 24 hours 2. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is excluded from the numerator. 3. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. 4. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value.

Performance Measure	Denominators	Numerators (documented in past year, unless defined otherwise)
Median Time/ED Arrival to ED Departure/Admitted Patients (cont.)		B. ED Patients Placed into Observation Status: 1. MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours.MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered. 2. MU identifies the set of patients who are placed into observation status. Patients in observation status can be identified by checking the PATIENT MOVEMENT.WARD or WARD.SPECIALTY files for an observation specialty. 3. MU performs the calculation ED Departure Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. 4. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value. C. ED Patients with a Mental Disorder: 1. MU searches through the emergency department file (ER VISIT) during the report time period and then determines if a subsequent inpatient admission (PATIENT_MOVEMENT.DATE/TIME) occurred within 24 hours. 2. MU identifies valid and non-null ED Visit Time and ED Departure Time. A record in which either value is null or not valid is not considered.

Performance Measure	Denominators	Numerators (documented in past year, unless defined otherwise)
Median Time/ED Arrival to ED Departure/Admitted Patients (cont.)		3. MU identifies the set of patients who have a primary diagnosis code identifying them as having a mental disorder. ICD-9 codes for mental disorders are identified with taxonomy “Mental Disorders”. 4. MU performs the calculation Inpatient Admission Time minus the ED Visit Time and determines the value in minutes. For each patient record, MU stores this value as the Elapsed Time from ED Visit to ED Departure Time. 5. MU calculates the median value from the set of Elapsed Time from ED Visit to ED Departure Time. If the set is empty, then MU reports a zero value
Median Time/ED Admit Decision to ED Departure/Admitted Patients (ED-2) (NQF 0497)	Not Applicable	Median elapsed time from emergency department admission decision time to time of departure from the emergency room for patients admitted to the facility from the emergency department. Numerators are stratified as follows: A) All ED patients except patients with mental disorders or placed into observation status B) ED patients placed into observation status C) ED patients with a mental disorder

Table 5-26: Content of the Hospital Performance Measures Report by Performance Measure Topic: Stroke Measures

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Discharged on AntiThrombolytic Therapy (STK-2) (NQF 0435)	Number of inpatient discharges for ischemic stroke patients	Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge.
Anticoagulation Therapy for Atrial Fibrillation/Flutter (STK-3) (NQF 0436)	Number of inpatient discharges for ischemic stroke patients with documented atrial fibrillation/flutter.	Number of inpatient discharges for ischemic stroke patients prescribed antithrombolytic therapy at hospital discharge.

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Thrombolytic Therapy (STK-4) (NQF 0437)	Number of inpatient discharges for acute ischemic stroke patients whose time of arrival is within 2 hours (less than or equal to (< =) 120 minutes) of time last known well.	Number of inpatient discharges for acute ischemic stroke patients for whom IV thrombolytic therapy was initiated at this hospital within 3 hours (less than or equal to (<=) 180 minutes) of time last known well.
Thrombolytic Therapy by End of Hospital Day 2 (STK-5) (NQF 0438)	Number of inpatient discharges for ischemic stroke patients.	Number of inpatient discharges for ischemic stroke patients who had antithrombolytic therapy administered by end of hospital day 2.
Discharged on Statin Medication (STK-6) (NQF 0439)	Number of inpatient discharges for ischemic stroke patients with an LDL cholesterol greater than or equal to (>=) 100, or LDL not measured, or who were on a lipid-lowering medication prior to hospital arrival.	Number of inpatient discharges for patients prescribed statin medication at hospital discharge.
Stroke Education (STK-8) (NQF 0440)	Number of inpatient discharges for ischemic stroke or hemorrhagic stroke patients discharged home.	Number of inpatient discharges for ischemic or hemorrhagic stroke patients with documentation that they or their caregivers were given educational material addressing all of the following: --Activation of emergency medical system --Need for follow-up after discharge --Medications prescribed at discharge --Risk factors for stroke --Warning signs for stroke
Assessed for Rehabilitation (STK-10) (NQF 0441)	Number of inpatient discharges for ischemic or hemorrhagic stroke patients.	Number of inpatient discharges for ischemic or hemorrhagic stroke patients assessed for or who received rehabilitation services.

Table 5-27: Content of the Hospital Performance Measures Report by Performance Measure Topic: VTE Measures

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
VTE Prophylaxis (VTE-1) (NQF 0371)	Number of inpatient discharges for all patients	Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given --the day of or the day after hospital admission --the day of or the day after surgery end date for surgeries that start the day of or the day after hospital admission.
Intensive Care Unit (ICU) VTE Prophylaxis (VTE-2) (NQF 0372)	Number of inpatient discharges for ICU patients with ICU Length of Stay (LOS) greater than or equal to 1 day.	Number of inpatient discharges for patients who received VTE prophylaxis or have documentation why no VTE prophylaxis was given: --the day of or the day after ICU admission (or transfer) --the day of or the day after surgery end date for surgeries that start the day of or the day after ICU admission (or transfer)
VTE with Anticoagulation Overlap Therapy (VTE-3) (NQF 0373)	Number of inpatient discharges for patients with confirmed VTE who received warfarin.	Number of inpatient discharges for patients who received overlap therapy.
VTE UFH with Dosages/Platelet Count Monitoring by Protocol (VTE-4) (NQF 0374)	Number of inpatient discharges for patients with confirmed VTE receiving IV UFH therapy.	Number of inpatient discharges for patients who have their IV UFH therapy dosages AND platelet counts monitored according to defined parameters such as a nomogram or protocol.
VTE Discharge Instructions (VTE-5) (NQF 0375)	Number of inpatient discharges for patients with confirmed VTE discharged on warfarin therapy.	Number of inpatient discharges for patients with documentation that they or their caregivers were given written discharge instructions or other educational material about warfarin that addressed all of the following: --compliance issues --dietary advice --follow-up monitoring --potential for adverse drug reactions and interactions

Performance Measure	Denominator(s)	Numerator(s) (documented in past year, unless defined otherwise)
Incidence of Potentially-Preventable VTE (VTE-6) (NQF 0376)	Number of inpatient discharges for patients who developed confirmed VTE during hospitalization.	Number of inpatient discharges for patients who received no VTE prophylaxis prior to the VTE diagnostic test order date.

5.22 Report Formats

5.22.1 Report Cover Page Format

The cover page for each report uses the following basic format (see corresponding number callouts in Figure 5-163):

1. **Report Type**: The top line of the cover page describes the report type; for example, "IHS 2015 Selected Measures with Community Specified Report."

2. **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.

3. **Measures**: Describes the measures included in the report.

4. **Population**: Describes the patient-type population specified for this Report: AI/AN, non-AI/AN, or both.

5. **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 performance measures you are running.

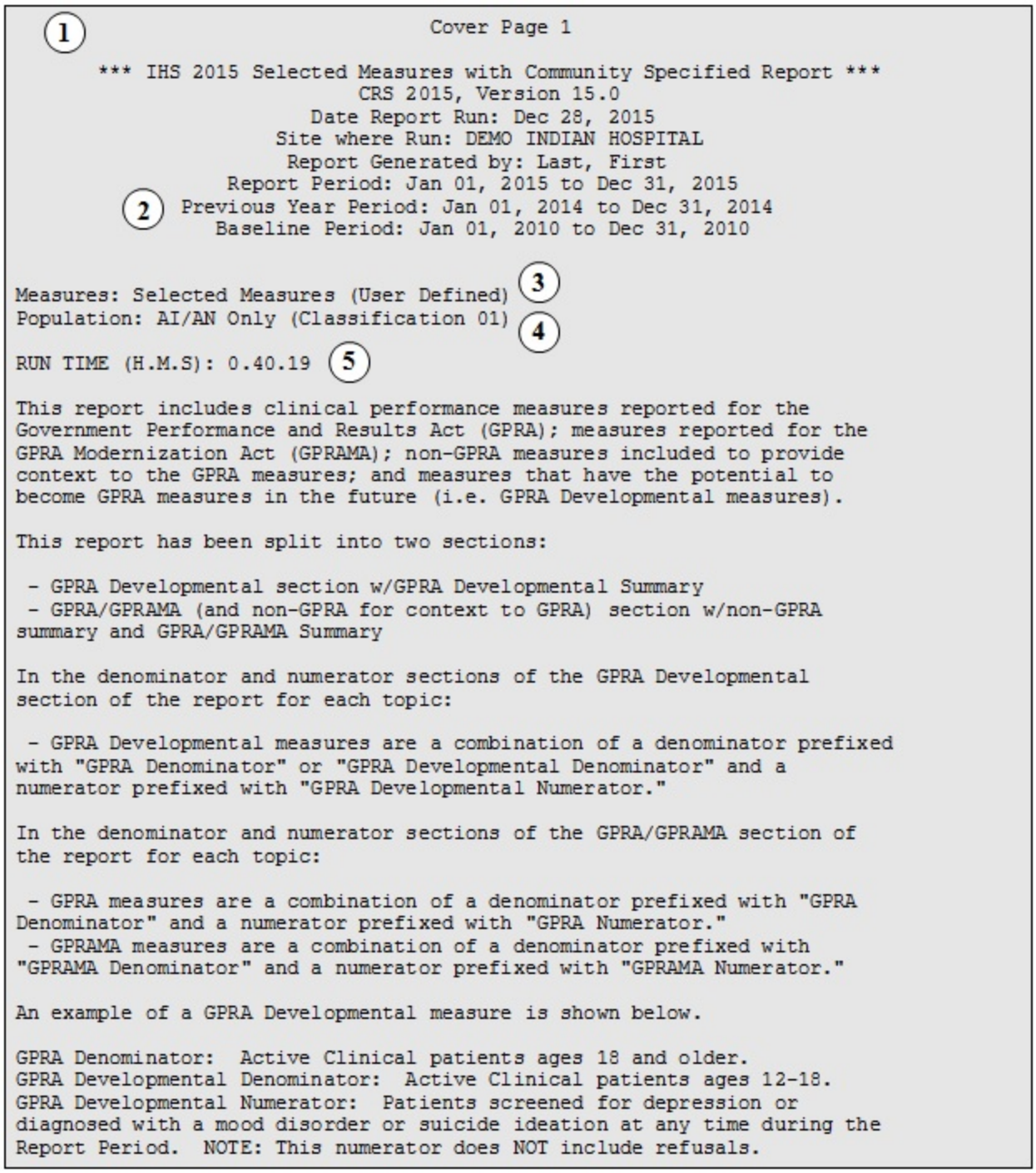
6. **Denominator Definitions**: Describes the definition of the key denominators for the specific report. Definitions are provided on each cover page, so that any user who runs the report will understand the logic.

   Note: The definition of the Active Clinical denominator varies for each of the reports.

7. **Output File information**: If you have designated that a delimited file or an Area Office export file be created, the file name appears here.

8. **Community Taxonomy Name**: Displays the name of the specific Community Taxonomy you specify, and provides the list of all communities and facilities

included in the Community taxonomy selected for this report (for discussion about how Community taxonomies are used, see Section 4.1).



```
(1)                          Cover Page 1

     *** IHS 2015 Selected Measures with Community Specified Report ***
                          CRS 2015, Version 15.0
                      Date Report Run: Dec 28, 2015
                   Site where Run: DEMO INDIAN HOSPITAL
                    Report Generated by: Last, First
                 Report Period: Jan 01, 2015 to Dec 31, 2015
(2)        Previous Year Period: Jan 01, 2014 to Dec 31, 2014
             Baseline Period: Jan 01, 2010 to Dec 31, 2010


Measures: Selected Measures (User Defined) (3)
Population: AI/AN Only (Classification 01) (4)

RUN TIME (H.M.S): 0.40.19 (5)

This report includes clinical performance measures reported for the
Government Performance and Results Act (GPRA); measures reported for the
GPRA Modernization Act (GPRAMA); non-GPRA measures included to provide
context to the GPRA measures; and measures that have the potential to
become GPRA measures in the future (i.e. GPRA Developmental measures).

This report has been split into two sections:

 - GPRA Developmental section w/GPRA Developmental Summary
 - GPRA/GPRAMA (and non-GPRA for context to GPRA) section w/non-GPRA
summary and GPRA/GPRAMA Summary

In the denominator and numerator sections of the GPRA Developmental
section of the report for each topic:

 - GPRA Developmental measures are a combination of a denominator prefixed
with "GPRA Denominator" or "GPRA Developmental Denominator" and a
numerator prefixed with "GPRA Developmental Numerator."

In the denominator and numerator sections of the GPRA/GPRAMA section of
the report for each topic:

 - GPRA measures are a combination of a denominator prefixed with "GPRA
Denominator" and a numerator prefixed with "GPRA Numerator."
 - GPRAMA measures are a combination of a denominator prefixed with
"GPRAMA Denominator" and a numerator prefixed with "GPRAMA Numerator."

An example of a GPRA Developmental measure is shown below.

GPRA Denominator:  Active Clinical patients ages 18 and older.
GPRA Developmental Denominator:  Active Clinical patients ages 12-18.
GPRA Developmental Numerator:  Patients screened for depression or
diagnosed with a mood disorder or suicide ideation at any time during the
Report Period.  NOTE: This numerator does NOT include refusals.
```

Cover Page 2

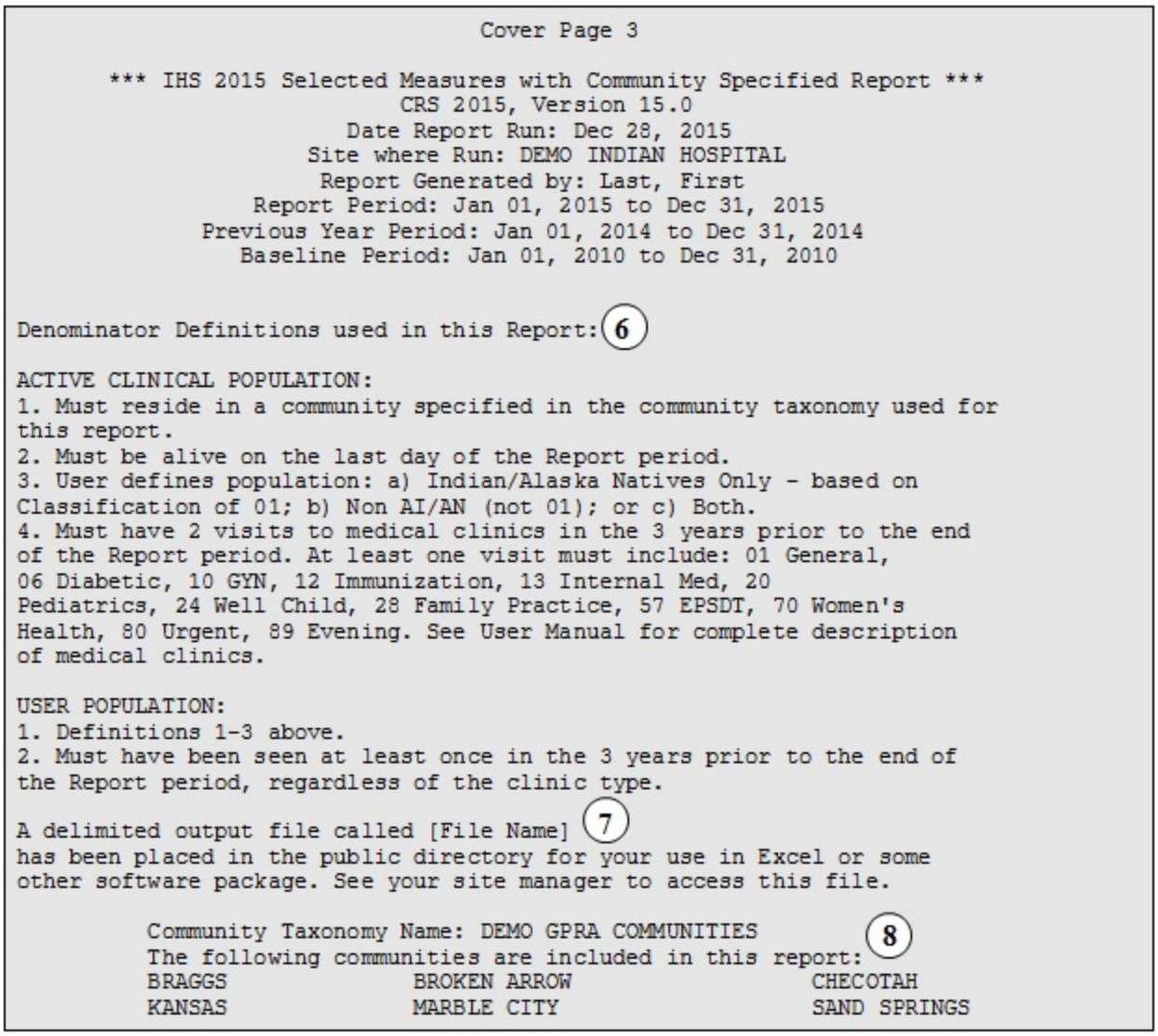
*** IHS 2015 Selected Measures with Community Specified Report ***
CRS 2015, Version 15.0
Date Report Run: Dec 28, 2015
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: Last, First
Report Period: Jan 01, 2015 to Dec 31, 2015
Previous Year Period: Jan 01, 2014 to Dec 31, 2014
Baseline Period: Jan 01, 2010 to Dec 31, 2010

In the tabular sections of the report for each topic:

- GPRA Developmental measures are a combination of a denominator with a suffix of "(GPRA)" or "(GPRA Dev)" and a numerator with a suffix of "(GPRA Dev.)".
- GPRA measures are a combination of a denominator and numerator both with a suffix of "(GPRA)".
- GPRAMA measures are a combination of a denominator and numerator both with a suffix of "(GPRAMA)".

An example of a GPRA Developmental measure in the tabular section is shown below.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 18 (GPRA)	7		10			654		
# w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.)	0	0	0	0	0	16	2.4	-2.4
# Active Clinical Pts 12-18 (GPRA Dev)	6		9			418		
# w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.)	0	0	0	0	0	15	3.6	-3.6



```
                                Cover Page 3

      *** IHS 2015 Selected Measures with Community Specified Report ***
                          CRS 2015, Version 15.0
                       Date Report Run: Dec 28, 2015
                     Site where Run: DEMO INDIAN HOSPITAL
                      Report Generated by: Last, First
                  Report Period: Jan 01, 2015 to Dec 31, 2015
              Previous Year Period: Jan 01, 2014 to Dec 31, 2014
                 Baseline Period: Jan 01, 2010 to Dec 31, 2010


Denominator Definitions used in this Report: (6)

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 POPULATION:
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 [File Name] (7)
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: DEMO GPRA COMMUNITIES      (8)
          The following communities are included in this report:
          BRAGGS              BROKEN ARROW                 CHECOTAH
          KANSAS              MARBLE CITY                  SAND SPRINGS
```

Figure 5-163: Sample of Report Cover Pages 1–3

5.22.2 Report Format

The CRS reports display the following information for each of the three time periods:

- Count of the number of patients in the denominator
- Count of the number of patients within that denominator who meet the numerator definition
- Percentage of the total patients in the denominator who meet the numerator; that is, [Numerator Count]/[Denominator Count] * 100
- Change from the current report period from either of the past time periods, calculated as an absolute value

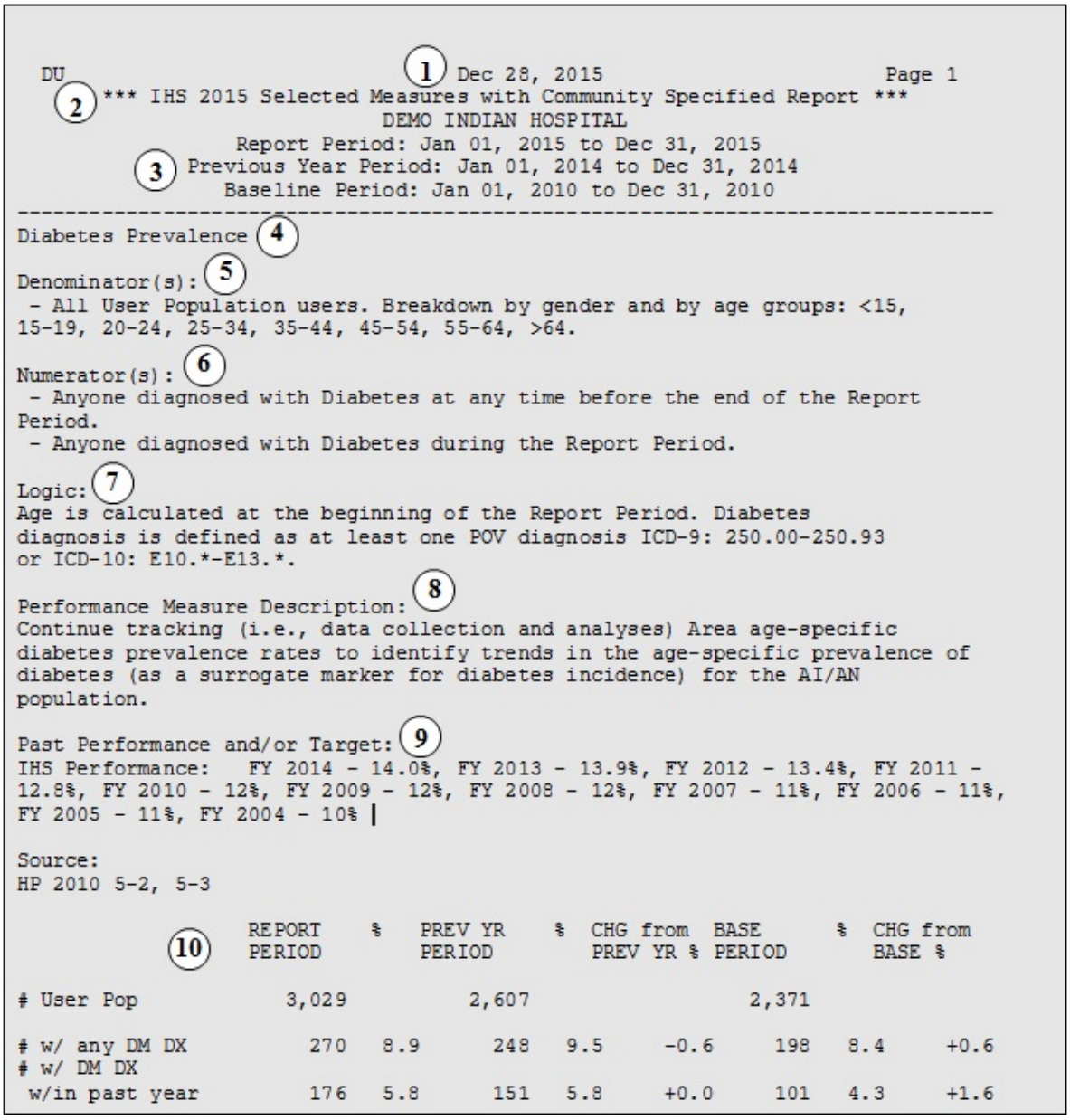


Figure 5-164: is an example of a report page from a Selected Measures Report that shows the key elements below:

1. **Report Date**: Displays the date that the report was run.
2. **Report Type**: The top line of the cover page describes the report type.
3. **Report Time Periods**: Describes the current report time period, as well as the previous and baseline periods.
4. **Performance Measure Topic Title**: Displays the name of the performance measure topic.

5. **Denominator Definitions**: Detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.

6. **Numerator Definitions**: Detailed definition of each numerator for the measure topic.

7. **Performance Measure Logic**: Displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

8. **Performance Measure Description**: The general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY15 GPRA measure definitions.

9. **Performance Measure Target**: Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2015 or the HP2020 target (see Section 3.1.3)

10. **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 2015 uses the absolute difference between the first percentage and the second percentage; for example, [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.

5.22.3 Clinical Performance Summaries

Clinical Performance Summaries for (1) selected non-GPRA measures and (2) official GPRA measures are included at the end of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports. The Clinical Performance Summary for GPRA developmental measures is included at the end of the section for GPRA developmental measures.

A Clinical Performance Summary for selected measures is included at the end of the Other National Measures (ONM) Report.

The summaries display the site's current, previous, and baseline performance results together with the national performance for the previous year and the 2015 target, either HP2020 or IHS 2020. Sites can quickly see which measures they most need to improve. Also included in the GPRA/GPRAMA summary is a "GPRA Target" column so users know what performance IHS has to achieve nationally in order to meet the GPRA measures.

5.22.3.1 National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries

```
  MP                                Apr 08, 2015                        Page 1
                 *** IHS 2015 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                 Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
                GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                           Site    Site     Site
                         Current Previous Baseline
--------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------

DIABETES
 BP <140/90,
 or <150/90 for 60+            46.3%   46.0%   49.4%
  BP <140/90 (< age 60)        41.0%   41.8%   43.4%
  BP <150/90 (>= age 60)       59.1%   54.5%   58.8%

DENTAL
 Treatment Completed           42.5%   30.4%   31.7%
 Pregnant Visit                 2.7%    0.0%    0.0%
 # w/ Gen Anesthesia             13       2       0
 # w/ Gen Anesthesia
  + SCCs                         10       2       0

IMMUNIZATIONS
 Adult 19-59
  Tdap/Td past 10 yrs          13.8%   14.1%   18.7%
  Tdap ever                     0.6%    0.0%    0.0%
  Influenza                     9.4%    8.6%    3.7%
  1:1:1 Combo                   0.2%    0.0%    0.0%
 Adult 60-64
  Tdap/Td past 10 yrs          31.0%   36.6%   42.1%
  Tdap ever                     6.9%    4.9%    5.3%
  Influenza                    31.0%   31.7%   36.8%
  Zoster ever                   6.9%    4.9%    5.3%
  1:1:1:1 Combo                 3.4%    2.4%    5.3%
 Adult 65+
  Tdap/Td past 10 yrs          26.4%   41.9%   53.8%
  Tdap ever                     1.6%    0.0%    0.0%
  Influenza                    29.5%   33.8%   23.1%
  Zoster ever                   2.3%    1.4%    0.0%
  Up-to-Date Pneumovax         39.5%   52.7%   44.6%
  1:1:1:1:1 Combo               1.6%    0.0%    0.0%
 Childhood 19-35mos
  Active IMM 1 dose Hep A      36.0%    0.0%    0.0%
  Active IMM 2-3 Doses
   Rotavirus                   20.0%    0.0%    0.0%
  Active IMM 2 Doses
   Influenza                   54.0%    0.0%    0.0%
```

Figure 5-165: Sample GPRA Developmental Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

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MP                                Apr 08, 2015                        Page 2
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
                GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                           Site    Site     Site
                         Current Previous Baseline
--------------------------------------------------------------------------------

Active IMM 4313*313           18.0%    0.0%    0.0%
  Active IMM 3 Doses
   Pneumococcal                40.0%    0.0%    0.0%

CANCER

 Mammogram 52-74               27.1%   35.2%   43.8%

 Colo Cancer 50-75
  (#2-USPSTF)                  17.8%   19.9%   12.7%
  Male 50-75                   16.1%   19.2%   13.7%
  Female 50-75                 19.4%   20.5%   11.8%

 Comp Cancer Screen 24-75yrs   24.6%   32.0%   29.2%
  Female 24-75yrs              27.6%   35.3%   32.8%
  Male 50-75yrs                15.2%   19.4%   13.9%

BEHAVIORAL HEALTH
 Alcohol Screening
  Female AC+BH
   15-44yrs                     8.7%    0.6%    0.6%
 W/ Alcohol-Related Ed          2.0%    0.0%    0.0%
 W/Positive Alcohol Screen     52.5%    0.0%    0.0%
 AC+BH 12-75yrs                 7.2%    1.3%    0.5%
 W/ Alcohol-Related Ed          1.0%    0.1%    0.1%
 W/Positive Alcohol Screen     44.7%    0.0%    0.0%

 IPV/DV Screen
  AC+BH 15-40yrs                1.8%    0.0%    0.0%
  w/IPV/DV-Related Ed           0.9%    0.3%    0.0%

 Depression Scrn
  AC+BH 18yrs and older         7.2%    5.1%    2.8%
  AC+BH 12-18yrs                4.6%    0.0%    0.8%

CARDIOVASCULAR DISEASE
  Weight Assess/Counsel 3-17
  Comprehensive Assessment      2.9%    0.0%    0.6%
  BMI Documented               44.7%   46.9%   45.1%
  Nutrition Counseling          5.6%    1.6%    2.4%
  Physical Activity
   Counseled                    4.7%    0.0%    0.6%
```

Figure 5-166: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 2

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MP                                Apr 08, 2015                        Page 3
                  *** IHS 2015 National GPRA/GPRAMA Report ***
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                              DEMO INDIAN HOSPITAL
                    Report Period: Jul 01, 2014 to Jun 30, 2015
                 Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                    Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
                  GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                             Site    Site     Site
                           Current Previous Baseline
--------------------------------------------------------------------------------

HTN Pts w/BP <140/90,
  or <150/90 for 60+           39.5%   45.3%   46.3%
  BP <140/90 (< age 60)        28.3%   35.6%   33.3%
  BP <150/90 (>= age 60)       58.2%   57.4%   61.4%

OTHER CLINICAL
 HIV Scrn No Prev Diag
  13-64yrs                     2.4%    1.2%    0.1%
 # w/ Positive Result          27.5%    9.1%    0.0%
 # w/ Negative Result          51.0%   77.3%    0.0%
 # w/ No Result                21.6%   13.6%  100.0%
 # w/ HIV Screen Refusal*       0.3%    0.0%    0.0%
 # w/ HIV Screen Past 5 yrs     3.4%    1.3%    0.1%
 # w/ HIV Screen Ever           3.4%    1.4%    0.1%
 # HIV Screens                   60      22       1
 # HIV+ w/CD4 count            31.6%    0.0%    0.0%
 # HIV+ w/CD4 <200              5.3%    0.0%    0.0%
 # HIV+ w/CD4 =>200 and =<350    5.3%    0.0%    0.0%
 # HIV+ w/CD4 >350 and =<500    5.3%    0.0%    0.0%
 # HIV+ w/CD4 >500              5.3%    0.0%    0.0%
 # HIV+ w/no CD4 result        10.5%    0.0%    0.0%
Hep C Screening               14.1%   12.9%    9.7%
 Male                         13.3%   11.6%    8.7%
 Female                       14.7%   14.1%   10.5%
Hep C Confirmation Test       70.6%   50.0%   35.0%
 # w/ Positive Result         33.3%   33.3%   71.4%
 # w/ Negative Result         25.0%   22.2%    0.0%
 # w/ No Result               41.7%   44.4%   28.6%
AC 16-25 w/Chlamydia Test     13.7%   27.3%   23.6%
 AC 16-20                     10.9%   22.3%   15.0%
 AC 21-25                     16.4%   32.7%   34.8%
STI Pts w/HIV Screen          50.0%   36.0%   17.2%

Glaucoma Optic Nerve Head Eval 20.0%  19.2%   10.8%

Visit Statistics
  AC w/no visit in Rpt Period  9.1%   17.1%   24.3%
  AC w/Urgent Care core
  clinic                       6.5%   27.2%  100.0%

* Not GPRA Developmental measure but included to show percentage of
refusals with respect to GPRA Developmental measure.
```

Figure 5-167: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 3

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MP                                Apr 08, 2015                        Page 1
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2014 to Jun 30, 2015
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              Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                 Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                           Site    Site     Site         Nat'l      2020
                        Current Previous Baseline      2014       Target
--------------------------------------------------------------------------------

DIABETES
 Diabetes DX Ever*          25.4%   24.9%   24.3%       14.0%      N/A
 Documented A1c*            50.1%   76.6%   83.6%       85.7%      71.1%
 Poor Glycemic Control
  >9.5                      23.4%   32.2%   25.2%       20.7%      N/A
 A1c =>7 and <8             6.3%    9.2%   13.5%       15.5%      N/A
 BP Assessed                64.5%   92.7%   91.9%       87.5%      N/A

DENTAL
 # Sealants                  193     281    296         254,966    N/A
 # Sealants 2-15             164     223    218         210,406    N/A

 Topical Fluoride-#Pts       192     392    289         167,761    N/A
 Topical Fluoride-#
  Pts 1-15                   198     566    365         141,599    N/A

IMMUNIZATIONS
 Pneumovax Ever 65+         88.7%   89.8%   90.8%       89.8%      90.0%
 Active Clinical 4313*314   31.5%   63.0%   66.7%       67.9%      N/A

CANCER
 Tobacco Assessment 5+      19.1%   61.5%   67.3%       67.3%      N/A
  Tobacco Use Prevalence    20.6%   20.1%   23.1%       28.1%      12.3%
 Tobacco Quit                3.2%    7.4%    9.6%       6.3%       N/A
 Tobacco Cessation Counsel   7.9%   21.7%   27.1%       45.0%      N/A

CARDIOVASCULAR DISEASE
 Comp CVD Assess 22+
 CHD: BP Assessed          100.0%  100.0%   98.7%       97.8%      N/A
  Not Diabetic             100.0%  100.0%   93.8%       N/A        N/A
  Active Diabetic          100.0%  100.0%  100.0%       N/A        N/A
 CHD: LDL Assessed          29.9%   56.3%   74.4%       72.3%      N/A
  Not Diabetic              35.3%   50.0%   81.3%       N/A        N/A
  Active Diabetic           28.3%   58.2%   72.6%       N/A        N/A
 CHD:Tobacco Assessed       22.1%   91.5%   87.2%       90.2%      N/A
  Not Diabetic              11.8%   87.5%   81.3%       N/A        N/A
  Active Diabetic           25.0%   92.7%   88.7%       N/A        N/A
 CHD:BMI Assessed           88.3%   97.2%   94.9%       94.3%      N/A
  Not Diabetic              76.5%   93.8%   93.8%       N/A        N/A
  Active Diabetic           91.7%   98.2%   95.2%       N/A        N/A
```

Figure 5-168: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 1

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MP                              Apr 08, 2015                          Page 2
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                          Report Period: Jul 01, 2014 to Jun 30, 2015
                        Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                           Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
```

	Site Current	Site Previous	Site Baseline	Nat'l 2014	2020 Target
CHD:Lifestyle Counsel	29.9%	53.5%	41.0%	68.4%	N/A
Not Diabetic	17.6%	43.8%	37.5%	N/A	N/A
Active Diabetic	33.3%	56.4%	41.9%	N/A	N/A
CHD:Depression Screen	19.5%	84.5%	76.9%	86.1%	N/A
Not Diabetic	11.8%	62.5%	75.0%	N/A	N/A
Active Diabetic	21.7%	90.9%	77.4%	N/A	N/A

*Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures.

Figure 5-169: Sample Selected Non-GPRA Measures Clinical Performance Summary from National GPRA/GPRAMA Report, Page 2

MP Apr 08, 2015 Page 1

*** IHS 2015 National GPRA/GPRAMA Report ***

DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2014 to Jun 30, 2015

Previous Year Period: Jul 01, 2013 to Jun 30, 2014

Baseline Period: Jul 01, 2009 to Jun 30, 2010

OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA Target	Nat'l 2014	2020 Target
DIABETES						
Good Glycemic Control <8*	16.1%	33.5%	41.8%	47.7%	48.6%	N/A
Controlled BP <140/90*	46.0%	65.9%	66.3%	63.8%	63.8%	57.0%
LDL Assessed	21.2%	53.6%	76.9%	71.8%	73.4%	N/A
Nephropathy Assessed**	30.9%	55.2%	66.7%	60.0%	60.0%	N/A
Retinopathy Assessed	7.8%	27.3%	34.6%	60.1%	59.9%	58.7%
JVN visit	0.2%	0.0%	3.6%	N/A	N/A	N/A
Ophthalmology visit	1.7%	10.5%	8.8%	N/A	N/A	N/A
Optometry visit	6.1%	24.5%	30.8%	N/A	N/A	N/A
DENTAL						
Dental Access General	15.3%	32.1%	34.2%	27.9%	28.8%	49.0%
Intact Sealants*	5.0%	6.2%	6.6%	14.1%	14.6%	N/A
Age 3-5	5.9%	4.9%	5.6%	N/A	N/A	N/A
Age 6-9	7.3%	7.0%	8.8%	N/A	N/A	N/A
Age 10-12	3.3%	9.6%	6.0%	N/A	N/A	N/A
Age 13-15	4.3%	4.8%	7.6%	N/A	N/A	N/A
Age 5-19	4.7%	5.6%	5.7%	N/A	N/A	N/A
Topical Fluoride*	20.9%	37.8%	30.3%	26.4%	27.9%	N/A
IMMUNIZATIONS						
Influenza 65+	6.5%	56.8%	58.7%	67.2%	68.1%	90.0%
Pneumovax Up-to-Date 65+**	83.1%	85.6%	88.1%	85.7%	85.7%	90.0%
Active IMM 4313*314*	27.3%	0.0%	0.0%	73.9%	75.4%	80.0%
CANCER						
Pap Smear/HPV 24-64**	30.9%	40.9%	37.3%	54.6%	54.6%	93.0%
Pap Smear 24-29	36.8%	48.5%	35.9%	N/A	N/A	N/A
Pap Smear 30-64	28.5%	38.8%	36.8%	N/A	N/A	N/A
Pap Smear+HPV 30-64	0.8%	0.0%	0.9%	N/A	N/A	N/A

```
Mammogram Rates 52-64        41.0%   59.4%   26.5%   54.8%      54.2%    81.1%

Colorectal Cancer 50-75*      9.5%   15.0%   14.5%   35.2%      37.5%    70.5%

Tobacco Cessation Counsel
 or Quit                     10.7%   27.4%   35.5%   46.3%      48.2%    N/A
```

Figure 5-170: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 1

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MP                                Apr 08, 2015                        Page 2
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
           OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                          Site    Site     Site     GPRA       Nat'l    2020
                       Current Previous Baseline  Target     2014     Target
--------------------------------------------------------------------------------
BEHAVIORAL HEALTH
FAS Prevention 15-44         24.6%   68.5%   73.2%   66.7%      66.0%    N/A

IPV/DV Screen 15-40          18.7%   64.0%   64.3%   61.6%      63.5%    N/A
AC IPV/DV 15-40 w/Exam       18.3%   63.6%   63.8%   N/A        N/A      N/A
AC IPV/DV 15-40 w/Related
 DX                           0.2%    1.1%    0.9%   N/A        N/A      N/A
AC IPV/DV 15-40 w/Education   0.2%    0.0%    0.7%   N/A        N/A      N/A

Depression Screen 18+        19.0%   61.6%   67.1%   64.3%      66.0%    N/A

CARDIOVASCULAR DISEASE
Children 2-5 w/BMI =>95%     33.8%   30.1%   27.5%   22.8%      22.8%    N/A
Controlling High BP          48.1%   53.8%   55.6%   59.5%      59.5%    N/A
CHD: Comp CVD Assessment*     2.6%   31.0%   32.1%   47.3%      52.3%    N/A
  Not Diabetic                0.0%   18.8%   31.3%   N/A        N/A      N/A
  Active Diabetic             3.3%   34.5%   32.3%   N/A        N/A      N/A

OTHER CLINICAL
Prenatal HIV Testing         71.4%   74.6%   67.2%   86.6%      88.0%    74.1%
Breastfeed Rates @ 2 Mos    100.0%    0.0%    0.0%   29.0%      35.1%    44.3%

 * Measure definition changed in 2013.
** Measure definition changed in 2014.
```

Figure 5-171: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 2

5.22.3.2 Other National Measures Report Clinical Performance Summary

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  MP                              Apr 08, 2015                        Page 1
                  IHS 2015 Other National Measures Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY
```

	Site Current	Site Previous	Site Baseline	Nat'l 2014	2020 Target
DIABETES					
Comprehensive Care	1.0%	4.9%	9.9%	26.9%	N/A
DM: HTN w/ RASA Rx	88.2%	91.6%	88.7%	N/A	N/A
DM: HTN w/contra/ADR to RASA	0.9%	0.0%	0.8%	N/A	N/A
DENTAL					
Top Fluoride-# Apps	232	705	433	219,801	N/A
IMMUNIZATIONS					
AC: Influenza	8.8%	43.2%	40.7%	N/A	N/A
AC: Influenza 18-64 High-risk	9.9%	45.1%	43.3%	N/A	N/A
DM: Influenza	9.5%	57.5%	53.7%	65.1%	N/A
AC: Pneumovax 18-64 High Risk	36.3%	36.2%	39.4%	N/A	N/A
DM: Up-to-Date Pneumovax	59.4%	57.7%	62.5%	82.1%	N/A
AC 18+: Tdap ever	83.0%	77.3%	38.0%	N/A	N/A
AC 18-64 Tdap ever	83.3%	77.9%	40.1%	N/A	N/A
AC 65+: Tdap ever	79.8%	71.2%	13.8%	N/A	N/A
AC 18+: Tdap/Td past 10 yrs	92.4%	92.2%	89.0%	N/A	N/A
AC 18-64: Tdap/Td past 10 yrs	92.4%	92.3%	89.2%	N/A	N/A
AC 65+: Tdap/Td past 10 yrs	92.7%	90.7%	87.2%	N/A	N/A
Adolescent (13-17 Years)					
AC: 1:1:3	40.4%	41.3%	27.8%	N/A	N/A
AC Male: 1:1:3	2.9%	0.0%	0.0%	N/A	N/A
AC Female: 1:1:3	67.7%	71.7%	57.6%	N/A	N/A
AC: 1:1	94.0%	92.9%	90.2%	N/A	N/A
AC: 1 Tdap	98.7%	98.9%	78.4%	99.3%	80%
AC: 1 Meningococcal	94.0%	92.9%	93.2%	89.8%	80%
AC: 3 HPV	40.4%	41.3%	29.3%	N/A	N/A
AC Male: 3 HPV	2.9%	0.0%	0.0%	N/A	N/A
AC Female: 3 HPV	67.7%	71.7%	60.6%	63.7%	80%

Figure 5-172: Sample Performance Summary page from ONM Report, Page 1

MP Apr 08, 2014 Page 2
IHS 2015 Other National Measures Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2014 to Jun 30, 2015
Previous Year Period: Jul 01, 2013 to Jun 30, 2014
Baseline Period: Jul 01, 2009 to Jun 30, 2010

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2014	2020 Target
BEHAVIORAL HEALTH					

AC ER Injury w/Alchl Scrn	85.7%	0.0%	0.0%	9.8%	N/A
AC ER Injury w/BNI	66.7%	0.0%	0.0%	0.1%	N/A
DM: Depression Screen	26.3%	79.2%	80.9%	N/A	N/A
Antidepressant Med Mgmt					
AC+BH w/APT	27.3%	15.4%	30.4%	N/A	N/A
AC+BH w/CONPT	18.2%	7.7%	4.3%	N/A	N/A
CARDIOVASCULAR DISEASE					
AC w/Phys Activity					
Screen	0.2%	0.7%	0.1%	N/A	N/A
AC w/Exercise					
Education	50.0%	21.4%	0.0%	N/A	N/A
Cholesterol Screen 23+	65.0%	65.3%	61.4%	64.4%	82.1%
BP Assessed 18+	64.3%	84.5%	85.0%	79.0%	N/A
BP Assessed in IHD Pts	92.3%	98.6%	97.4%	96.6%	N/A
Med Therapy Post AMI					
Beta-Blocker Treatment	100.0%	0.0%	0.0%	78.9%	N/A
ASA Treatment	75.0%	0.0%	0.0%	68.4%	N/A
ACEI/ARB Treatment	100.0%	0.0%	0.0%	47.4%	N/A
Statin Treatment	100.0%	0.0%	0.0%	52.6%	N/A
With all Above Meds	75.0%	0.0%	0.0%	26.3%	N/A
Persistence of Med Therapy Post AMI					
Beta-Blocker Treatment	85.7%	66.7%	100.0%	71.5%	N/A
ASA Treatment	42.9%	66.7%	100.0%	51.7%	N/A
ACEI/ARB Treatment	42.9%	33.3%	100.0%	47.5%	N/A
Statin Treatment	14.3%	33.3%	0.0%	50.2%	N/A
With All Above Meds	14.3%	16.7%	0.0%	21.7%	N/A
Med Therapy in High Risk Patients					
Beta-Blocker Treatment	64.9%	70.4%	74.4%	70.5%	N/A
ASA Treatment	9.1%	56.3%	53.8%	56.8%	N/A
ACEI/ARB Treatment	10.4%	52.1%	53.8%	57.0%	N/A
Statin Treatment	10.4%	42.3%	35.9%	54.7%	N/A
With All Above Meds	2.6%	22.5%	19.2%	25.2%	N/A
CVD w/LDL Assessment	53.6%	70.8%	95.5%	80.2%	N/A
LDL <100	46.7%	88.2%	57.1%	71.0%	N/A
LDL 100-130	26.7%	5.9%	23.8%	16.4%	N/A
LDL >130	6.7%	0.0%	14.3%	9.6%	N/A
HF and LVS Function	50.0%	0.0%	0.0%	16.6%	N/A
OTHER CLINICAL					
HIV Pts w/CD4 only	20.0%	0.0%	0.0%	N/A	100%

Figure 5-173: Sample Performance Summary page from ONM Report, Page 2

MP Apr 08, 2014 Page 3

IHS 2015 Other National Measures Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2014 to Jun 30, 2015
Previous Year Period: Jul 01, 2013 to Jun 30, 2014
Baseline Period: Jul 01, 2009 to Jun 30, 2010

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2014	2020 Target
HIV Pts w/viral load only	40.0%	0.0%	0.0%	N/A	100%
HIV Pts w/CD4 & viral load	40.0%	0.0%	0.0%	N/A	N/A
HIV Pts w/any test	100.0%	0.0%	0.0%	N/A	N/A

HIV Pts w/ART Rx	20.0%	100.0%	100.0%	N/A	N/A
# STI Patients	14	24	29	7,617	N/A
# STI Incidents	14	26	30	8,878	N/A
STI Pts w/HIV Screen	50.0%	36.0%	17.2%	N/A	N/A
AC w/ Asthma	3.0%	6.7%	5.8%	N/A	N/A
AC 5-50 Asthma w/ Suboptimal Control	18.8%	2.5%	0.0%	N/A	N/A
AC 5-50 Asthma w/no Controller Therapy	0.0%	0.0%	0.0%	N/A	N/A
AC w/beta-blocker PDC>=80%	1.4%	46.0%	27.9%	N/A	N/A
AC w/beta-blocker gap>=30d	100.0%	52.9%	65.1%	N/A	N/A
AC w/RASA PDC>=80%	0.5%	31.0%	26.7%	N/A	N/A
AC w/RASA gap >=30d	100.0%	63.2%	67.5%	N/A	N/A
AC w/CCB PDC >=80%	2.9%	30.6%	25.0%	N/A	N/A
AC w/CCB gap>=30d	100.0%	63.3%	72.9%	N/A	N/A
AC w/biguanide PDC >=80%	0.7%	25.7%	18.1%	N/A	N/A
# w/bigunide gap >=30d	100.0%	70.2%	77.2%	N/A	N/A
AC w/sulfonylurea PDC >=80%	0.9%	35.7%	22.5%	N/A	N/A
AC w/sulfonylurea gap >=30d	100.0%	58.9%	74.2%	N/A	N/A
AC w/thiazolidinedione PDC >=80%	100.0%	0.0%	26.7%	N/A	N/A
AC w/ thiazoliidinedione gap >=30d	100.0%	0.0%	64.1%	N/A	N/A
AC w/DDP-IV PDC>=80%	100.0%	2.2%	0.0%	N/A	N/A
AC w/DDP-IV gap>=30d	100.0%	97.8%	0.0%	N/A	N/A

Figure 5-174: Sample Performance Summary page from ONM Report, Page 3

```
  MP                              Apr 08, 2014                          Page 4
                  IHS 2015 Other National Measures Report ***
                              DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY
                          Site    Site     Site         Nat'l      2020
                        Current Previous Baseline      2014       Target
-------------------------------------------------------------------------------
AC w/Diabetes All Class
  PDC>=80%                 1.0%   54.7%   45.9%       N/A        N/A
 AC w/Diabetes All Class
  gap>=30d                99.0%   44.6%   53.1%       N/A        N/A
 AC w/statin PDC >=80%     1.9%   35.9%   26.5%       N/A        N/A
 AC w/ statin gap >=30d  100.0%   59.6%   68.0%       N/A        N/A
 AC w/non-warfarin
  anticoag PDC>=80%      100.0%    0.0%    0.0%       N/A        N/A
 AC w/non-warfarin
  anticoag gap>=30d      100.0%    0.0%    0.0%       N/A        N/A
```

AC w/ antiretroviral PDC >=90%	66.7%	100.0%	100.0%	N/A	N/A
AC w/e-RX returned to stock	4.0%	6.8%	4.2%	N/A	N/A
AC =>18 w/MTM	1.7%	3.2%	2.1%	N/A	N/A
# PHN Visits-Any Setting	857	3947	2613	308,243	N/A
Use of High-Risk Meds 65+					
One High-Risk Med	16.9%	28.0%	46.8%	N/A	N/A
Male One High-Risk Med	7.1%	16.3%	43.6%	N/A	N/A
Female One High-Risk Med	22.0%	34.7%	48.6%	N/A	N/A
Two or More High-Risk Med	5.6%	11.0%	11.9%	N/A	N/A
Male Two High-Risk Med	2.4%	9.3%	7.7%	N/A	N/A
Female Two High-Risk Med	7.3%	12.0%	14.3%	N/A	N/A
Use of Benzodiazdpine Sedative Hypnotic Meds 65+	0.8%	0.0%	0.0%	N/A	N/A

Figure 5-175: Sample Performance Summary page from ONM Report, Page 4

5.22.4 Patient List Formats

You may run Patient Lists for the following reports:

- National GPRA/GPRAMA and GPRA/GPRAMA Performance reports (LST menu option)
- Selected Measures report (COM, PP, or ALL menu options)
- Other National Measures (OST menu option)
- Elder Care (ELD menu option)
- Patient Education (PED menu options PCM and P3)

You may also run the Comprehensive National GPRA/GPRAMA Patient List (CMP) and the GPRA/GPRAMA Forecast Patient List (FOR).

The lists display patients who meet the numerators, denominators, or both, depending on the type of report run and the performance measure. Patient List options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

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

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

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

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

For the Selected Measures (COM, PP, ALL), Elder Care, and Patient Education reports, you select the performance measure topics for which you want to run Patient Lists but you do not have the option of choosing to include only patients meeting or not meeting the performance measure.

For instructions on producing each of these patient lists, see the following sections.

- For the National GPRA/GPRAMA and GPRA/GPRAMA Performance Patient List, see Section 5.3.2.
- For the GPRA/GPRAMA Forecast Patient List, see Section 5.8.2.
- For the Comprehensive National GPRA/GPRAMA Patient List, see Section 5.10.2.
- For Selected Measures Reports (COM, PP, ALL) Patient Lists, see Section 5.11.2.
- For the Other National Measures Report Patient List, see Section 5.14.2.
- For the Elder Care Report, Section 5.15.2.
- For the Patient Education Reports, see Sections 5.16.2 and 5.17.2 (PCM and P3, respectively).

Patient Lists are organized by

- Community
- Gender
- Age
- Last name

Key elements of the Patient List format, shown in Figure 5-176 and Figure 5-177, are the following:

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

   Patient Lists are organized by (1) Community, (2) gender, (3) age, and (4) last name.
5. **Denominator** column: For most patient lists, displays the denominator of which the patient is a member (e.g., "AC" for Active Clinical). For measures that provide only a count for the numerator and use no denominator, such as the Dental Sealants measure, the denominator values will be blank.
6. **Numerator Value** column: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In the example on the next page (Figure 5-176), the value column identifies the date a Pap smear was documented and the test code. If no date and code information displays, this patient is counted in the denominator only.

   Note: This column is not included in the Comprehensive National GPRA/GPRAMA Patient List report. Instead, it has the Measure Not Met (#7) and Lst Prvdr (#8) columns. In addition, the performance measures are not listed separately; each patient is listed only once with all the measures s/he did not meet and indicated in the Measure Not Met column.
7. **Measure Not Met** column: Displayed only for the Comprehensive National GPRA/GPRAMA Patient List. Displays all of the applicable National GPRA/GPRAMA Report measures a patient did not meet. If there are more

measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.

8. **Lst Prvdr** column: Displayed only for the Comprehensive National GPRA/GPRAMA Patient List. Displays the name, abbreviated discipline of the provider the patient saw at his/her last visit, and the date of the patient's last visit.

9. **Last Medical Visit** column: Displays the date of the patient's last medical visit. Medical visit is defined as one of the core or secondary clinics listed in the Active Clinical denominator.

10. **Last Visit** column: Displays the date of the patient's last visit, defined as a visit with a Service Code of A, H, O, R, or S.

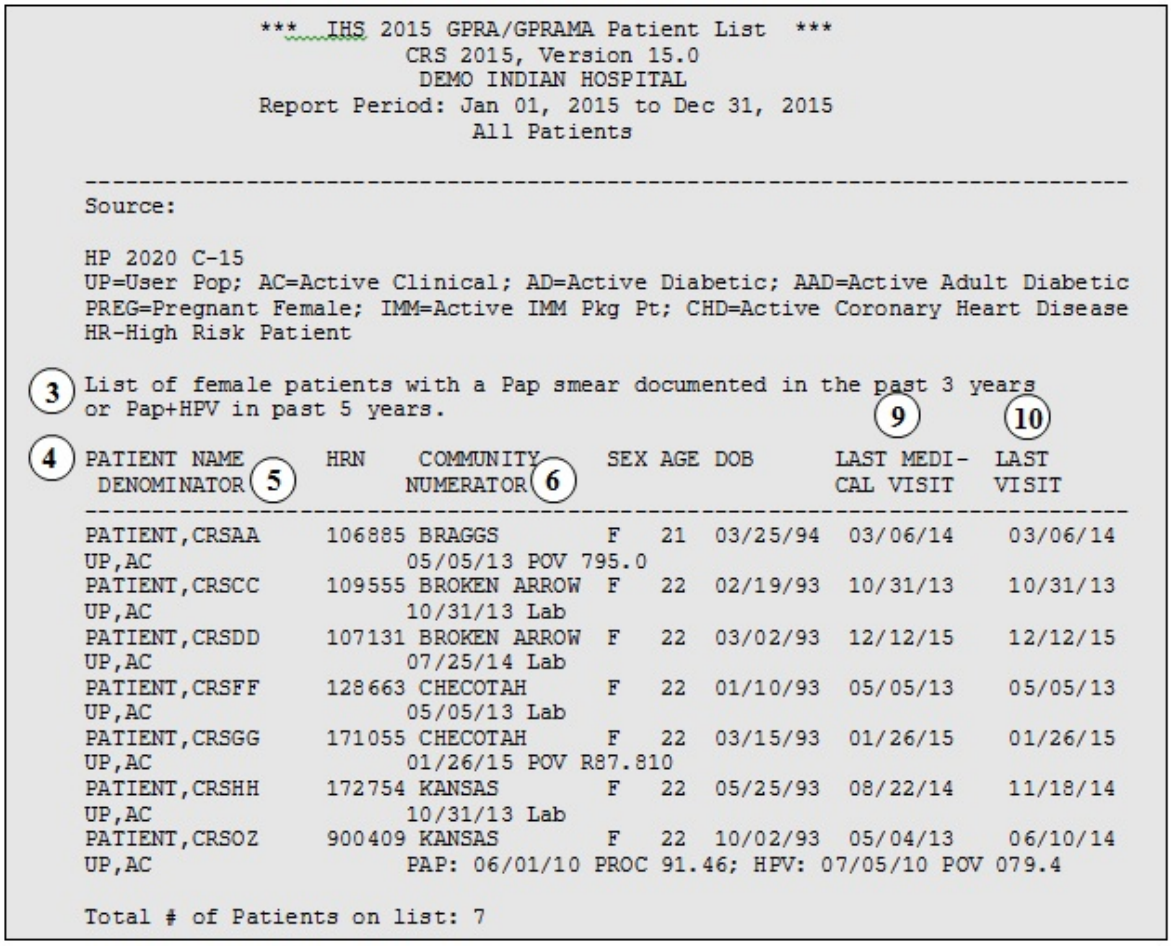
> **Note:** These last two columns are only included in the National GPRA/GPRAMA Patient List report.

```
    ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
MP                              Dec 28, 2015                        Page 1
     (1) *** IHS 2015 Clinical Performance Measure Patient List  ***
                          DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2015 to Dec 31, 2015
                          (2) Entire Patient List
--------------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

Denominator(s):
 - GPRA Denominator: Female Active Clinical patients ages 24 through 64 without
documented history of Hysterectomy.
 - Female User Population patients ages 24 through 64 without documented
history of Hysterectomy.

Numerator(s):
 - GPRA Numerator: Patients with a Pap Smear documented in the past 3 years, or
if patient is 30 to 64 years of age, either a Pap Smear documented in the past
3 years or a Pap Smear and an HPV DNA documented in the past 5 years.  NOTE:
This numerator does NOT include refusals.
 - A:  Patients ages 24-29 with a Pap Smear documented in the past 3 years.
NOTE: This numerator does NOT include refusals.
 - B:  Patients ages 30 - 64 with a Pap Smear documented in the past 3 years.
NOTE:  This numerator does NOT include refusals.
 - C:  Patients ages 30 - 64 with a Pap Smear documented 3-5 years ago and an
HPV DNA documented in the past 5 years.  NOTE:  This numerator does NOT include
refusals.

Logic:
Age of the patient is calculated at the beginning of the Report Period.
Patients must be at least 24 years of age at the beginning of the Report
Period and less than 65 years of age as of the end of the Report Period.

Hysterectomy defined as any of the following ever:  1) Procedure ICD-9:
68.4-68.9; ICD-10: 0UT9*ZZ; 2) CPT 51925, 56308 (old code), 57540, 57545,
57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554,
58570-58573, 58951, 58953-58954, 58956, 59135; 3) Diagnosis (POV or
Problem List entry where the status is not Inactive or Deleted) ICD-9:
618.5, 752.43, V67.01, V76.47, V88.01, V88.03; ICD-10: N99.3, Z12.72,
Z90.710-Z90.712, Q51.5; or 4) Women's Health procedure called
Hysterectomy.

Pap Smear definitions: 1) Lab: Pap Smear; 2) POV ICD-9: V76.2 Screen Mal
Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings
of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10:
R87.61*, R87.810, R87.820, Z01.42; 3) Procedure ICD-9: 91.46; 4) CPT
88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148,
P3000, P3001, Q0091; 5) Women's Health procedure called Pap Smear and
where the result does NOT have "ERROR/DISREGARD"; 6) LOINC taxonomy; 7)
site-populated taxonomy BGP PAP SMEAR TAX.

HPV DNA definitions:  1) V Lab: HPV; 2) POV ICD-9: V73.81, 079.4, 796.75,
795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81,
R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51; 3) V CPT
87620-87622; 4) LOINC taxonomy; 5) site-populated taxonomy BGP HPV TAX.
```

Figure 5-176: Sample Patient List, Selected Measures Report, Page 1

```
            *** IHS 2015 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                        Report Period: Jan 01, 2015 to Dec 31, 2015
                                   Entire Patient List

-------------------------------------------------------------------------------
Performance Measure Description:
During FY 2015, achieve the target rate of 54.6% for the proportion of
female patients ages 24 through 64 without a documented history of
hysterectomy who have had a Pap screen within the previous three years,
or if the patient is over 30, had a Pap screen in the past three years or
a Pap screen and HPV DNA within the previous five years.

Past Performance and/or Target:
IHS Performance:  FY 2014 - 54.6%, FY 2013 - 61.7%, FY 2012 - 63.4%

IHS Performance (former definition):  FY 2012 - 57.1%, FY 2011 - 58.1%,
FY 2010 - 59%, FY 2009 - 59%, FY 2008 - 59%, FY 2007 - 59%, FY 2006 -
59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; HP 2020 Goal: 93%

Source:

HP 2020 C-15
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease;
HR=High Risk Patient

(3) Cancer Screening: Pap Smear Rates: List of women 24-64 with documented Pap
Smear and HPV, if any.

(4) PATIENT NAME                HRN    COMMUNITY      SEX AGE  DOB
     DENOMINATOR (5)                   NUMERATOR (6)
-------------------------------------------------------------------------------
PATIENT,CRSAA              106885 BRAGGS         F   21   03/25/94
UP,AC                             05/05/13 POV 795.0
PATIENT,CRSBB              116282 BRAGGS         F   21   11/12/94
UP
PATIENT,CRSCC              109555 BROKEN ARROW   F   22   02/19/93
UP,AC                             10/31/12 Lab
PATIENT,CRSDD              107131 BROKEN ARROW   F   22   03/02/93
UP,AC                             07/25/13 Lab
PATIENT,CRSEE              122087 CHECOTAH       F   22   04/12/93
UP,AC                             09/10/13 Lab
PATIENT,CRSFF              128663 CHECOTAH       F   22   01/10/93
UP,AC
PATIENT,CRSGG              171055 CHECOTAH       F   22   03/15/93
UP,AC                             06/26/13 Lab
PATIENT,CRSHH              172754 KANSAS         F   22   05/25/93
UP,AC                             10/31/12 Lab
PATIENT,CRSOZ              900409 KANSAS         F   22   10/02/93
UP,AC
PATIENT,CRSPJ              900419 KANSAS         F   22   06/06/93
UP,AC

Total # of Patients on list: 10
```

Figure 5-177: Sample Patient List, Selected Measures Report, Page 2



```
                ***  IHS 2015 GPRA/GPRAMA Patient List  ***
                          CRS 2015, Version 15.0
                           DEMO INDIAN HOSPITAL
                Report Period: Jan 01, 2015 to Dec 31, 2015
                               All Patients

--------------------------------------------------------------------------------
Source:

HP 2020 C-15
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary Heart Disease
HR-High Risk Patient

(3) List of female patients with a Pap smear documented in the past 3 years
or Pap+HPV in past 5 years.                                          (9)     (10)

(4) PATIENT NAME          HRN    COMMUNITY      SEX AGE DOB      LAST MEDI-  LAST
 DENOMINATOR (5)               NUMERATOR (6)                    CAL VISIT   VISIT
--------------------------------------------------------------------------------
PATIENT,CRSAA     106885 BRAGGS        F   21  03/25/94  03/06/14    03/06/14
UP,AC                   05/05/13 POV 795.0
PATIENT,CRSCC     109555 BROKEN ARROW  F   22  02/19/93  10/31/13    10/31/13
UP,AC                   10/31/13 Lab
PATIENT,CRSDD     107131 BROKEN ARROW  F   22  03/02/93  12/12/15    12/12/15
UP,AC                   07/25/14 Lab
PATIENT,CRSFF     128663 CHECOTAH      F   22  01/10/93  05/05/13    05/05/13
UP,AC                   05/05/13 Lab
PATIENT,CRSGG     171055 CHECOTAH      F   22  03/15/93  01/26/15    01/26/15
UP,AC                   01/26/15 POV R87.810
PATIENT,CRSHH     172754 KANSAS        F   22  05/25/93  08/22/14    11/18/14
UP,AC                   10/31/13 Lab
PATIENT,CRSOZ     900409 KANSAS        F   22  10/02/93  05/04/13    06/10/14
UP,AC                   PAP: 06/01/10 PROC 91.46; HPV: 07/05/10 POV 079.4

Total # of Patients on list: 7
```

Figure 5-178: Sample Patient List, National GPRA/GPRAMA Report

```
     ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
   MP                              Dec 28, 2015                          Page 2
        ***  IHS 2015 Comprehensive National GPRA & PART Patient List  ***
       *** List of Patients Not Meeting a National GPRA or PART measure  ***
                            CRS 2015, Version 15.0
                             DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2015 to Dec 31, 2015
                                 All Patients
  ------------------------------------------------------------------------------
  UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
  PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
                                                          (5)      (7)      (8)
(4) PATIENT NAME            HRN    COMMUNITY     SEX AGE DENOMINATOR NOT MET/LST PRVDR
  ------------------------------------------------------------------------------
  PATIENT,CRSAA             202575 BRAGGS         F  0   UP          Dental Visit/
  DEMO,DOCTOR,MD,12/12/12
  PATIENT,CRSAB             205080 BRAGGS         F  0   UP          Dental Visit/
  LITTLE,DOCTOR,MD,12/31/12
  PATIENT,CRSAC             207050 BRAGGS         F  0   UP          Dental Visit/
  LITTLE,DOCTOR,MD,03/03/12
  PATIENT,CRSAD             209048 BRAGGS         F  0   UP          Dental Visit/
  WHO,DOCTOR,DO,08/21/12
  PATIENT,CRSAE             209956 BRAGGS         F  0   UP          Dental Visit/
  DEMO,DOCTOR,MD,10/10/12
  PATIENT,CRSAF             199359 BRAGGS         F  1   UP,AC,IMM   Dental Visit, Imm
  Pkg Child IZ/WHO,DOCTOR,DO,11/30/12
```

Figure 5-179: Sample Comprehensive National GPRA/GPRAMA Patient List

```
MP   ***CONFIDENTIAL PATIENT INFORMATION-COVERED BY THE PRIVACY ACT***Page 1
                      GPRA/GPRAMA Forecast Patient List
         GPRA Measures Not Met or Due During Jul 01, 2014-Jun 30, 2015
                          CRS 2015, Version 15.0
          Patients with an Appointment in 06 DIABETIC on Apr 28, 2015
                        Date Report Run: Apr 27, 2015
                     Site where Run: DEMO INDIAN HOSPITAL
                      Report Generated by: LAST, FIRST
-------------------------------------------------------------------------------
Appt Time  Patient Name               HRN     Sex DOB       Community
GPRA Measure Not Met       Date of Last Screening and Next Due Date
                           Tests Counted for GPRA Measure
-------------------------------------------------------------------------------
10:00am    PATIENT,CRSBG              115640  F   09/29/74  KANSAS

Dental Visit               Last Dental Exam: 09/15/13
(All Patients)             Overdue as of: 09/15/14
                           GPRA counts visits with ADA 0000 or 0190, CPT
                           codes D0000 or D0190, PCC Exam 30, POV V72.2 or
                           any CHS visit with any ADA code during
                           7/1/14-6/30/15

AC Pap Smear               Last Pap: 08/19/10
                           Overdue as of: 08/18/13
                           GPRA counts Pap past 3 years from 6/30/15.

AC Tobacco Cess            Last Intervention: Never
                           Overdue as of: 07/01/14
                           GPRA counts tobacco patient education, visit to
                           Tobacco Cessation Clinic, ADA code 1320, CPT
                           D1320, 99406, 99407, G0375, G0376, 4000F, G8402 or
```

```
                          G8453, or Rx for tobacco cessation aid during
                          7/1/14-6/30/15

AC Alcohol Scrn           Last Alcohol Screen: 03/20/14
                          Alcohol Screening Overdue as of: 03/20/15
                          GPRA counts PCC Exam 35, CPT 99408, 99409, G0396,
                          or G0397, V Measurement in PCC or BH of AUDT,
                          AUDC, or CRFT, any alcohol health factor, alcohol
                          screening diagnosis, alcohol diagnosis or
                          procedure, or alcohol or chemical dependency
                          patient education during 7/1/14-6/30/15

AC IPV/DV Scrn            Last DV Screen: Never
                          Overdue as of: 07/01/14
                          GPRA counts PCC Exam 34, BHS IPV/DV Exam, IPV/DV
                          Dx, or IPV/DV patient education during
                          7/1/14-6/30/15
```

Figure 5-180: Sample GPRA/GPRAMA Forecast Patient List, Selected Patient with Appointment Option

6.0 Area Office-Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA/GPRAMA, National GPRA/GPRAMA Report Performance Summaries, GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports. These summary, or aggregate, reports are generated from individual site export report files that were sent to the Area Office when a site chose to export its data.

> **Note:** It is strongly recommended that each Area Office establish a quarterly review process for the National GPRA/GPRAMA Performance reporting data, which includes all GPRA/GPRAMA measures and some additional key clinical performance measures.

Service units with multiple facilities can also use this option to produce aggregated reports.

> **Note:** Access to the Area Options (AO) is restricted to those users with the BGPZAREA security key.

To access the Area Options:

```
                        **********************************
                        **      IHS/RPMS CRS 2015       **
                        **  Clinical Reporting System   **
                        **********************************
                               Version 15.0

                               DEMO INDIAN HOSPITAL

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

Select CRS 2015 Option: AO <Enter>  Area Options
```

Figure 6-1: Clinical Reporting System menu: selecting the Area Options option

- At the "Select CRS 2015 Option" prompt, type **AO** and press Enter to display the Area Office Options menu, as in the following example:

```
                           ***************************
                           **   IHS/RPMS CRS 2015   **
                           **  Area Office Options  **
                           ***************************
                                  Version 15.0

                               DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
```

```
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option:
```

Figure 6-2: Area Office Options menu options

The following options are available on the Area Office Options menu:

- UPL – Upload Report Files from Site, which uploads the facilities' exported data files located on the Area Office drive into the Area Office's CRS.
- AGP–AREA National GPRA/GPRAMA Report
- ASUM–AREA National GPRA/GPRAMA Report Perf Summaries
- GPUA–AREA GPRA/GPRAMA Performance Report
- ADSH–National GPRA Dashboard
- AONM–AREA Other National Measures Report
- AELD–AREA Elder Care Report
- APCM–AREA Patient Education Report with Community Specified
- LSTF–List files in a directory, which enables you to view a list of the facility data files at the designated location on your Area Office server.

To produce an Area Office report, the Area Office must first upload the FileMan data files from all facilities into the Area Office's Clinical Reporting system. Facilities can create export data files when running the following reports:

- National GPRA/GPRAMA: Provides data for the Area Aggregate (1) National GPRA/GPRAMA Report and (2) National GPRA/GPRAMA Report Performance Summaries
- GPRA/GPRAMA Performance
- Other National Measures
- Elder Care
- Patient Education Report with Community Specified

The facility must send these export data files to a designated location on the Area Office server manually or automatically.

> **Note:** The National GPRA/GPRAMA Report Performance Summaries are uploaded from the National GPRA/GPRAMA Report facility files. There are no separate files to upload.

For the National GPRA/GPRAMA Report, Area Offices must inform sites which community taxonomy should be used for official GPRA/GPRAMA reporting *before* the site exports its National GPRA/GPRAMA report data. The designated IHS report coordinator for the annual National GPRA/GPRAMA Report should convey this information to the Area Office GPRA coordinators.

- For the GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports, Area Offices must provide sites with the following information before the site runs their export reports:
  - Date range (e.g., January 1 through December 31; July 1 through June 30)
  - Calendar year for the report end date
  - Baseline year
  - Population (e.g., AI/AN only [Beneficiary 01])

  To aggregate data export files from a specific site, all export files must have matching date range, ending calendar year, baseline year, and population data.

For all Area Aggregate reports:

- After the report is run, sites must provide the name of the Area Office export files, which begin with "BG150," to their Area Office contact.
- Sites may be requested to use FTP to transmit the export file to the Area Office server if the files are not transmitted automatically.

6.1 Upload Report Files from Site

CI15 > AO > **UPL**

This option is used by Area Offices to upload data files into CRS that have been sent manually via FTP or transmitted automatically by service units.

> **Note:** Each Area Office should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data filenames at the time the facility reports are run.

Once these files have been received and uploaded into CRS, they can be used in an area aggregate report. The Area Office must execute this option each time a service unit sends a data file.

Before you begin, you need the following information:

- Path of the directory that holds the data files exported from the sites.

  For the directory location of these files, see your Area Office information systems personnel.

- File name of each data file you want to upload to the Area Office CRS.

To upload site export data files into CRS:

```
                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: UPL <Enter>  Upload Report Files from Site
```

Figure 6-3: Area Office Options menu: selecting the Upload Report Files from Site option

1. At the “Select Area Options Option” prompt, Type **UPL** and press Enter.

```
This option is used to upload a SU's 2015 CRS data.
You must specify the directory in which the CRS 2015 data file resides
and then enter the filename of the data.

Enter directory path: pathname <Enter>

Enter filename w /ext: BG150505901.300 <Enter>
Directory=Q:\  File=BG150505901.300

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>

Enter filename w /ext: ^
Enter directory path: ^

Directory not entered!! Bye.
```

Figure 6-4: Running the Upload Report Files from Site option

2. At the “Enter directory path” prompt, type the directory path and press Enter.

The directory path is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested performance reports; for example:

- Windows: Q:\usr\spool\uucppublic
- UNIX: /usr/spool/uucppublic

3. At the "Enter Filename w /ext" prompt; type the name of the file you want to upload and press Enter; for example, BG150505901.300.

Note: Files for the current version of the CRS begin with **BG150**.

When the facility runs the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, or Patient Education with Community Specified report, the facility's CRS assigns a file name to the data file. Each file name begins with "BG150". The National GPRA/GPRAMA and GPRA/GPRAMA Performance files use only a numerical file name extension, such as "BG150505901.300". However, the other reports also include letters in the extension, such as "BG150505901.ONM6". The file name extensions used to identify the reports are shown below.

- .ONM–Other National Measures Reports
- .EL–Elder Care Reports
- .PED–Patient Education with Community Specified Reports

The system displays the following progress messages:

- All done reading file
- Processing
- Data uploaded

If you do not see these messages, the file was not uploaded.

If you typed the file name incorrectly or CRS cannot locate the file, the following message displays:

```
CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'
```

Figure 6-5: Cannot open file message

4. At the "Enter Return to continue or '^' to exit" prompt, press Enter.
5. At the "Enter Filename w /ext" prompt, do one of the following:
   - To upload another file from the same directory, type the name of the file to be uploaded and press Enter.
   - To exit or change directories, type a caret (^) and press Enter.

6. At the "Enter directory path" prompt, do one of the following:

   - To upload a file from a different directory, type a directory path and press Enter.
   - To return to the Area Office Options menu, type a caret (^) and press Enter.

6.2 Run AREA Aggregate Reports

There are eight menu options for running Area Office reports used by the Area Office to produce aggregated performance reports. The Area Office reports summarize the performance of all facilities/service units to produce Area-Office-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e. National GPRA/GPRAMA, GPRA/GPRAMA Performance, Other National Measures, Elder Care, Patient Education with Community Specified)
- Date ranges (e.g., July 1 through June 30)
- Calendar year end dates (e.g., 2015)
- Baseline year (e.g., 2010)
- Population type (e.g., AI/AN only)

This information is predefined in the National GPRA/GPRAMA Report. However, you will need to specify these elements for the GPRA/GPRAMA Performance, Other National Measures, Elder Care, and Patient Education with Community Specified reports.

6.2.1 Area National GPRA/GPRAMA Report

CI15 > AO > **AGP**

Use the Area National GPRA/GPRAMA Report (AGP) option to produce an Area Aggregate National GPRA/GPRAMA Report. This report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan and aggregates all data files received to date from the service units.

The Area Aggregate National GPRA/GPRAMA report outputs the following seven files: CRSGPRANT1, CRSGPRANT2 and CRSGPRANT3 (for National GPRA measures) and CRSGPRADEVNT1, CRSGPRADEVNT2, CRSGPRADEVNT3 and CRSGPRADEVNT4 (for GPRA Developmental measures). All of these files must be sent to the National GPRA Support Team for National GPRA/GPRAMA reporting.

The National GPRA Support Team uses these files to create IHS national rates for all GPRA/GPRAMA performance measures reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Appendix B: .

To run the Area National GPRA/GPRAMA report:

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
                                Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: AGP <Enter>  AREA National GPRA/GPRAMA Report
```

Figure 6-6: Area Office Options menu: selecting the Run Area Nation GPRA/GPRAMA Report

1. At the "Select Area Options Option" prompt, type **AGP** and press Enter.

   The predefined date ranges are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```
 [AREA OFFICE] Area Aggregate National GPRA/GPRAMA Report

The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-7: Running the Area Aggregate National GPRA/GPRAMA report: selecting facility option

2. At the "Run Report for" prompt, do one of the following:

   - To combine data for all sites, press Enter to accept the default "**A**" (Area Aggregate).

- To run a report similar to the facility's National GPRA/GPRAMA report, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue: <Enter>
```

Figure 6-8: Running the Area Aggregate National GPRA/GPRAMA Report

3. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

4. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

       To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

     All selected facilities are marked with an asterisk (*) before their corresponding numbers.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2015 12:59          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 A   FACILITY A     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
```

```
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                    Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-9: Running the Area Aggregate National GPRA/GPRAMA report: saving selected facilities (Step 5)

5. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

   In this example, four facilities have been selected. The names of four delimited text files and the network directory to which they will be saved are displayed.

```
A total of 4 facilities have been selected.

A file will be created called
CRSGPRANT150590120151630000000002015061910532 5_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT250590120151630000000002015061910532 5_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT350590120151630000000002015061910532 5_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

Include Measure Logic Text in the Output Report? Y//
```

Figure 6-10: Running the Area Aggregate National GPRA/GPRAMA report: example of output file names and locations

6. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

   The system then prompts you to choose an output type.

```
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 6-11: Running the Area Aggregate National GPRA/GPRAMA report: selecting report output

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.
- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.2.1.1 Report Content

The Area Aggregate National GPRA/GPRAMA Clinical Performance Report contains the following sections:

- Cover page
- GPRA Developmental measure topics included in the report
- GPRA Developmental Measures Clinical Performance Summary
- GPRA Developmental Measures Clinical Performance Detail
- Official GPRA/GPRAMA and Non-GPRA measure topics included in the report
- Selected Non-GPRA Measures Clinical Performance Summary
- Official GPRA/GPRAMA Measures Clinical Performance Summary
- Selected Non-GPRA Measures Clinical Performance Detail
- Official GPRA/GPRAMA Measures Clinical Performance Detail

Examples of the cover page, clinical performance summaries, and clinical performance detail sections of the report follow.

6.2.1.2 Cover Page

Both the printed and delimited reports include a cover page displaying a list of all facilities and the communities of each facility that are included in the report data. The report data is aggregated for each measure.

```
                                Cover Page

          ***  IHS 2015 National GPRA/GPRAMA Clinical Performance Report  ***
                              CRS 2015, Version 15.0
                                  AREA AGGREGATE
                         Date Report Run: Jul 08, 2015
                            Site where Run: [AREA]
                      Report Generated by: USER,DEMO
                     Report Period: Jul 01, 2014 to Jun 30, 2015
                 Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                    Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------

 Report includes data from the following facilities:
```

```
  1. FACILITY A
  2. FACILITY B
  3. FACILITY C
  4. FACILITY D

The following communities are included in this report:
 1. FACILITY A
    Community Taxonomy Name: Facility A's GPRA Communities
         COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
         COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
         COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9

 2. FACILITY B
    Community Taxonomy Name: Facility B's GPRA Communities
         COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
         COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
         COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
         COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
         COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15

 3. FACILITY C
    Community Taxonomy Name: Facility C's GPRA Communities
         COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
         COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
         COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
         COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
         COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15
  COMMUNITY 16        COMMUNITY 17                 COMMUNITY 18
         COMMUNITY 19        COMMUNITY 20

 4. FACILITY D
    Community Taxonomy Name: Facility D's GPRA Communities
         COMMUNITY 1         COMMUNITY 2                   COMMUNITY 3
         COMMUNITY 4         COMMUNITY 5                   COMMUNITY 6
         COMMUNITY 7         COMMUNITY 8                   COMMUNITY 9
         COMMUNITY 10        COMMUNITY 11                  COMMUNITY 12
         COMMUNITY 13        COMMUNITY 14                  COMMUNITY 15
         COMMUNITY 16
```

Figure 6-12: Example of the cover page for an Area Aggregate National GPRA/GPRAMA Report

At the end of the report are the Selected Non-GPRA Measures Clinical Performance Summary; GPRA Developmental Measures Clinical Performance Summary; Official GPRA/GPRAMA Measures Clinical Performance Summary; Selected Non-GPRA Measures Clinical Performance Detail; GPRA Developmental Measures Clinical Performance Detail; and the Official GPRA/GPRAMA Measures Clinical Performance Detail sections, as described in the following sections.

6.2.1.3 GPRA Developmental Measures Clinical Performance Summary

The GPRA Developmental Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods.

```
 MP                          Jul 08, 2015                        Page 1
              *** IHS 2015 National GPRA/GPRAMA Report ***
```

```
                          AREA AGGREGATE
                Report Period: Jul 01, 2014 to Jun 30, 2015
             Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
          GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                        Area    Area     Area
                      Current Previous Baseline
--------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------
DIABETES
 BP <140/90,
 or <150/90 for 60+            46.3%   46.0%   49.4%
  BP <140/90 (< age 60)        41.0%   41.8%   43.4%
  BP <150/90 (>= age 60)       59.1%   54.5%   58.8%

DENTAL
 Treatment Completed           42.5%   30.4%   31.7%
 Pregnant Visit                 2.7%    0.0%    0.0%
 # w/ Gen Anesthesia             13       2       0
 # w/ Gen Anesthesia
  + SCCs                         10       2       0

IMMUNIZATIONS
 Adult 19-59
  Tdap/Td past 10 yrs          13.8%   14.1%   18.7%
  Tdap ever                     0.6%    0.0%    0.0%
  Influenza                     9.4%    8.6%    3.7%
  1:1:1 Combo                   0.2%    0.0%    0.0%
 Adult 60-64
  Tdap/Td past 10 yrs          31.0%   36.6%   42.1%
  Tdap ever                     6.9%    4.9%    5.3%
  Influenza                    31.0%   31.7%   36.8%
  Zoster ever                   6.9%    4.9%    5.3%
  1:1:1:1 Combo                 3.4%    2.4%    5.3%
 Adult 65+
  Tdap/Td past 10 yrs          26.4%   41.9%   53.8%
  Tdap ever                     1.6%    0.0%    0.0%
  Influenza                    29.5%   33.8%   23.1%
  Zoster ever                   2.3%    1.4%    0.0%
  Up-to-Date Pneumovax         39.5%   52.7%   44.6%
  1:1:1:1:1 Combo               1.6%    0.0%    0.0%
 Childhood 19-35mos
  Active IMM 1 dose Hep A      36.0%    0.0%    0.0%
  Active IMM 2-3 Doses
   Rotavirus                   20.0%    0.0%    0.0%
  Active IMM 2 Doses
   Influenza                   54.0%    0.0%    0.0%
```

Figure 6-13: Example of the GPRA Developmental Measures Clinical Performance Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

```
  MP                            Jul 08, 2015                          Page 2
             *** IHS 2015 National GPRA/GPRAMA Report ***
                          AREA AGGREGATE
                Report Period: Jul 01, 2014 to Jun 30, 2015
             Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                Baseline Period: Jul 01, 2009 to Jun 30, 2010
```

```
------------------------------------------------------------------------
            GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                       Area    Area     Area
                     Current Previous Baseline
------------------------------------------------------------------------

Active IMM 4313*313           18.0%    0.0%    0.0%
  Active IMM 3 Doses
   Pneumococcal                40.0%    0.0%    0.0%

CANCER

 Mammogram 52-74               27.1%   35.2%   43.8%

 Colo Cancer 50-75
  (#2-USPSTF)                  17.8%   19.9%   12.7%
  Male 50-75                   16.1%   19.2%   13.7%
  Female 50-75                 19.4%   20.5%   11.8%

 Comp Cancer Screen 24-75yrs   24.6%   32.0%   29.2%
  Female 24-75yrs              27.6%   35.3%   32.8%
  Male 50-75yrs                15.2%   19.4%   13.9%

BEHAVIORAL HEALTH
 Alcohol Screening
  Female AC+BH
   15-44yrs                     8.7%    0.6%    0.6%
 W/ Alcohol-Related Ed          2.0%    0.0%    0.0%
 W/Positive Alcohol Screen     52.5%    0.0%    0.0%
 AC+BH 12-75yrs                 7.2%    1.3%    0.5%
 W/ Alcohol-Related Ed          1.0%    0.1%    0.1%
 W/Positive Alcohol Screen     44.7%    0.0%    0.0%

 IPV/DV Screen
  AC+BH 15-40yrs                1.8%    0.0%    0.0%
  w/IPV/DV-Related Ed           0.9%    0.3%    0.0%

 Depression Scrn
  AC+BH 18yrs and older         7.2%    5.1%    2.8%
  AC+BH 12-18yrs                4.6%    0.0%    0.8%

CARDIOVASCULAR DISEASE
  Weight Assess/Counsel 3-17
  Comprehensive Assessment      2.9%    0.0%    0.6%
  BMI Documented               44.7%   46.9%   45.1%
  Nutrition Counseling          5.6%    1.6%    2.4%
  Physical Activity
   Counseled                    4.7%    0.0%    0.6%
```

Figure 6-14: Example of the GPRA Developmental Measures Clinical Performance Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

```
  MP                            Jul 08, 2015                        Page 3
             *** IHS 2015 National GPRA/GPRAMA Report ***
                          AREA AGGREGATE
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
------------------------------------------------------------------------
            GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
```

```
                        Area    Area     Area
                      Current Previous Baseline
-------------------------------------------------------------------------

HTN Pts w/BP <140/90,
  or <150/90 for 60+           39.5%   45.3%   46.3%
  BP <140/90 (< age 60)        28.3%   35.6%   33.3%
  BP <150/90 (>= age 60)       58.2%   57.4%   61.4%

OTHER CLINICAL
 HIV Scrn No Prev Diag
  13-64yrs                     2.4%    1.2%    0.1%
 # w/ Positive Result          27.5%    9.1%    0.0%
 # w/ Negative Result          51.0%   77.3%    0.0%
 # w/ No Result                21.6%   13.6%  100.0%
 # w/ HIV Screen Refusal*       0.3%    0.0%    0.0%
 # w/ HIV Screen Past 5 yrs     3.4%    1.3%    0.1%
 # w/ HIV Screen Ever           3.4%    1.4%    0.1%
 # HIV Screens                   60      22       1
 # HIV+ w/CD4 count            31.6%    0.0%    0.0%
 # HIV+ w/CD4 <200              5.3%    0.0%    0.0%
 # HIV+ w/CD4 =>200 and =<350   5.3%    0.0%    0.0%
 # HIV+ w/CD4 >350 and =<500    5.3%    0.0%    0.0%
 # HIV+ w/CD4 >500              5.3%    0.0%    0.0%
 # HIV+ w/no CD4 result        10.5%    0.0%    0.0%
 Hep C Screening               4.9%    4.3%    2.9%
  Male                         4.9%    4.5%    2.8%
  Female                       4.8%    4.2%    3.1%
 AC 16-25 w/Chlamydia Test    29.3%   33.1%   33.8%
  AC 16-20                    30.9%   27.6%   39.7%
  AC 21-25                    28.0%   36.7%   29.2%
 STI Pts w/HIV Screen         37.5%    0.0%    0.0%

 Visit Statistics
  AC w/no visit in Rpt Period   9.1%   17.1%   24.3%
  AC w/Urgent Care core
  clinic                       6.5%   27.2%  100.0%

* Not GPRA Developmental measure but included to show percentage of
refusals with respect to GPRA Developmental measure.
```

Figure 6-15: Example of the GPRA Developmental Measures Clinical Performance Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 3

6.2.1.4 Selected Non-GPRA Measures Clinical Performance Summary

The Selected Non-GPRA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the National 2014 performance and 2015 target for each non-GPRA measure in the report.

```
                 Report Period: Jul 01, 2014 to Jun 30, 2015
              Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                 Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------
       SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                          Area    Area     Area         Nat'l      2020
                        Current Previous Baseline      2014       Target
```

DIABETES					
Diabetes DX Ever*	25.4%	24.9%	24.3%	14.0%	N/A
Documented A1c*	50.1%	76.6%	83.6%	85.7%	71.1%
Poor Glycemic Control >9.5	23.4%	32.2%	25.2%	20.7%	N/A
A1c =>7 and <8	6.3%	9.2%	13.5%	15.5%	N/A
BP Assessed	64.5%	92.7%	91.9%	87.5%	N/A
DENTAL					
# Sealants	193	281	296	254,966	N/A
# Sealants 2-15	164	223	218	210,406	N/A
Topical Fluoride-#Pts	192	392	289	167,761	N/A
Topical Fluoride-# Pts 1-15	198	566	365	141,599	N/A
IMMUNIZATIONS					
Pneumovax Ever 65+	88.7%	89.8%	90.8%	89.8%	90.0%
Active Clinical 4313*314	31.5%	63.0%	66.7%	67.9%	N/A
CANCER					
Tobacco Assessment 5+	19.1%	61.5%	67.3%	67.3%	N/A
Tobacco Use Prevalence	20.6%	20.1%	23.1%	28.1%	12.3%
Tobacco Quit	3.2%	7.4%	9.6%	6.3%	N/A
Tobacco Cessation Counsel	7.9%	21.7%	27.1%	45.0%	N/A
CARDIOVASCULAR DISEASE					
Comp CVD Assess 22+					
CHD: BP Assessed	100.0%	100.0%	98.7%	97.8%	N/A
Not Diabetic	100.0%	100.0%	93.8%	N/A	N/A
Active Diabetic	100.0%	100.0%	100.0%	N/A	N/A
CHD: LDL Assessed	29.9%	56.3%	74.4%	72.3%	N/A
Not Diabetic	35.3%	50.0%	81.3%	N/A	N/A
Active Diabetic	28.3%	58.2%	72.6%	N/A	N/A
CHD:Tobacco Assessed	22.1%	91.5%	87.2%	90.2%	N/A
Not Diabetic	11.8%	87.5%	81.3%	N/A	N/A
Active Diabetic	25.0%	92.7%	88.7%	N/A	N/A
CHD:BMI Assessed	88.3%	97.2%	94.9%	94.3%	N/A
Not Diabetic	76.5%	93.8%	93.8%	N/A	N/A
Active Diabetic	91.7%	98.2%	95.2%	N/A	N/A

Figure 6-16: Example of the Selected Non-GPRA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

Report Period: Jul 01, 2014 to Jun 30, 2015
Previous Year Period: Jul 01, 2013 to Jun 30, 2014
Baseline Period: Jul 01, 2009 to Jun 30, 2010

SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	Nat'l 2014	2020 Target
CHD:Lifestyle Counsel	29.9%	53.5%	41.0%	68.4%	N/A
Not Diabetic	17.6%	43.8%	37.5%	N/A	N/A
Active Diabetic	33.3%	56.4%	41.9%	N/A	N/A
CHD:Depression Screen	19.5%	84.5%	76.9%	86.1%	N/A
Not Diabetic	11.8%	62.5%	75.0%	N/A	N/A

```
  Active Diabetic            21.7%   90.9%   77.4%       N/A        N/A

 *Non-GPRA measure included in the IHS GPRA report submitted to OMB to
provide context to other GPRA measures.
```

Figure 6-17: Example of the Selected Non-GPRA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

6.2.1.5 Official GPRA/GPRAMA Measures Clinical Performance Summary

The Official GPRA/GPRAMA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the GPRA Target, National 2013 performance, and 2014 target for each GPRA measure in the report.

```
MP                                Jul 08, 2015                        Page 1
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
           OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                          Site    Site     Site     GPRA       Nat'l    2020
                       Current Previous Baseline  Target     2014     Target
-------------------------------------------------------------------------------

DIABETES
Good Glycemic Control <8*    16.1%   33.5%   41.8%   47.7%      48.6%    N/A
Controlled BP <140/90*       46.0%   65.9%   66.3%   63.8%      63.8%    57.0%
LDL Assessed                 21.2%   53.6%   76.9%   71.8%      73.4%    N/A
Nephropathy Assessed**       30.9%   55.2%   66.7%   60.0%      60.0%    N/A
Retinopathy Assessed          7.8%   27.3%   34.6%   60.1%      59.9%    58.7%
  JVN visit                   0.2%    0.0%    3.6%   N/A        N/A      N/A
  Ophthalmology visit         1.7%   10.5%    8.8%   N/A        N/A      N/A
  Optometry visit             6.1%   24.5%   30.8%   N/A        N/A      N/A

DENTAL
Dental Access General        15.3%   32.1%   34.2%   27.9%      28.8%    49.0%
Intact Sealants*              5.0%    6.2%    6.6%   14.1%      14.6%    N/A
  Age 3-5                     5.9%    4.9%    5.6%   N/A        N/A      N/A
  Age 6-9                     7.3%    7.0%    8.8%   N/A        N/A      N/A
  Age 10-12                   3.3%    9.6%    6.0%   N/A        N/A      N/A
  Age 13-15                   4.3%    4.8%    7.6%   N/A        N/A      N/A
 Age 5-19                     4.7%    5.6%    5.7%   N/A        N/A      N/A
Topical Fluoride*            20.9%   37.8%   30.3%   26.4%      27.9%    N/A

IMMUNIZATIONS
Influenza 65+                 6.5%   56.8%   58.7%   67.2%      68.1%    90.0%
Pneumovax Up-to-Date 65+**   83.1%   85.6%   88.1%   85.7%      85.7%    90.0%

Active IMM 4313*314*         27.3%    0.0%    0.0%   73.9%      75.4%    80.0%

CANCER
Pap Smear/HPV 24-64**        30.9%   40.9%   37.3%   54.6%      54.6%    93.0%
Pap Smear 24-29              36.8%   48.5%   35.9%   N/A        N/A      N/A
Pap Smear 30-64              28.5%   38.8%   36.8%   N/A        N/A      N/A
Pap Smear+HPV 30-64           0.8%    0.0%    0.9%   N/A        N/A      N/A
```

```
Mammogram Rates 52-64        41.0%   59.4%   26.5%   54.8%      54.2%    81.1%

Colorectal Cancer 50-75*      9.5%   15.0%   14.5%   35.2%      37.5%    70.5%

Tobacco Cessation Counsel
 or Quit                     10.7%   27.4%   35.5%   46.3%      48.2%    N/A
```

Figure 6-18: Example of the Official GPRA/GPRAMA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 1

```
MP                                Jul 08, 2015                          Page 2
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
--------------------------------------------------------------------------------
           OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                          Site    Site     Site     GPRA       Nat'l    2020
                       Current Previous Baseline  Target     2014     Target
--------------------------------------------------------------------------------

BEHAVIORAL HEALTH
FAS Prevention 15-44         24.6%   68.5%   73.2%   66.7%      66.0%    N/A

IPV/DV Screen 15-40          18.7%   64.0%   64.3%   61.6%      63.5%    N/A
AC IPV/DV 15-40 w/Exam       18.3%   63.6%   63.8%   N/A        N/A      N/A
AC IPV/DV 15-40 w/Related
 DX                           0.2%    1.1%    0.9%   N/A        N/A      N/A
AC IPV/DV 15-40 w/Education   0.2%    0.0%    0.7%   N/A        N/A      N/A

Depression Screen 18+        19.0%   61.6%   67.1%   64.3%      66.0%    N/A

CARDIOVASCULAR DISEASE
Children 2-5 w/BMI =>95%     33.8%   30.1%   27.5%   22.8%      22.8%    N/A
Controlling High BP          48.1%   53.8%   55.6%   59.5%      59.5%    N/A
CHD: Comp CVD Assessment*     2.6%   31.0%   32.1%   47.3%      52.3%    N/A
  Not Diabetic                0.0%   18.8%   31.3%   N/A        N/A      N/A
  Active Diabetic             3.3%   34.5%   32.3%   N/A        N/A      N/A

OTHER CLINICAL
Prenatal HIV Testing         71.4%   74.6%   67.2%   86.6%      88.0%    74.1%
Breastfeed Rates @ 2 Mos    100.0%    0.0%    0.0%   29.0%      35.1%    44.3%

 * Measure definition changed in 2013.
** Measure definition changed in 2014.
```

Figure 6-19: Example of the Official GPRA/GPRAMA Measures Summary for an Area Aggregate National GPRA/GPRAMA Report, Page 2

6.2.1.6 GPRA Developmental Measures Clinical Performance Detail

The GPRA Developmental Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

```
MP                                Jul 08, 2015                          Page 1
                  *** IHS 2015 National GPRA/GPRAMA Report ***
```

```
                                AREA AGGREGATE
                  Report Period: Jul 01, 2014 to Jun 30, 2015
              Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                 Baseline Period: Jul 01, 2009 to Jun 30, 2010
------------------------------------------------------------------------------
         GPRA DEVELOPMENTAL MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site      Area
                     Current   Prev    Base      Current
------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------

DIABETES

 BP <140/90,
 or <150/90 for 60+                                    XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 BP <140/90 (< age 60)                                 XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

BP <150/90 (>= age 60)                                 XX.X%
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

DENTAL

 Treatment Completed                                   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 Pregnant Visit                                        XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

# w/ Gen Anesthesia                                   XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

 # w/ Gen Anesthesia
  + SCCs                                               XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX
```

Figure 6-20: Example of the GPRA Developmental Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.1.7 Selected Non-GPRA Measures Clinical Performance Detail

The Non-GPRA Measures Clinical Performance Detail section shows the non-GPRA performance measure rates by each facility within the area.

```
MP                                Jul 08, 2015                        Page 1
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                  Report Period: Jul 01, 2014 to Jun 30, 2015
               Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                  Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
             SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site  Area     Nat'l
                     Current   Prev    Base  Current  2014
-------------------------------------------------------------------------------

DIABETES

Diabetes DX Ever*                                    XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

Documented A1c*                                      XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

Poor Glycemic Control
 >9.5                                                XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

A1c =>7 and <8                                       XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

BP Assessed                                          XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DENTAL

# Sealants                                           XXXX    XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
```

```
  999999 FACILITY D    XXXX      XXXX    XXXX

# Sealants 2-15                              XXXX    XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

Topical Fluoride-#Pts                       XXXX    XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

Topical Fluoride-#
 Pts 1-15                                   XXXX    XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX
```

Figure 6-21: Example of the Non-GPRA Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.1.8 Official GPRA/GPRAMA Measures Clinical Performance Detail

The Official GPRA/GPRAMA Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

```
MP                                Jul 08, 2015                        Page 1
                  *** IHS 2015 National GPRA/GPRAMA Report ***
                                AREA AGGREGATE
                     Report Period: Jul 01, 2014 to Jun 30, 2015
                Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                   Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
               OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site  Area    GPRA15  Nat'l  2020
                     Current   Prev    Base  Current Target   2014  Target
-------------------------------------------------------------------------------

DIABETES

Good Glycemic Control <8*                       XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 Controlled BP <140/90*                         XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 LDL Assessed                                   XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
```

```
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 Nephropathy Assessed**                          XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

 Retinopathy Assessed                            XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

   JVN visit                                     XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

   Ophthalmology visit                           XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

   Optometry visit                               XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DENTAL

 Dental Access General                           XX.X%   XX.X%   XX.X%   XX.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%
```

Figure 6-22: Example of the Official GPRA/GPRAMA Measures Clinical Performance Detail section for an Area Aggregate National GPRA/GPRAMA Report

6.2.2 AREA National GPRA/GPRAMA Report Performance Summaries

CI15 > AO > **ASUM**

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e. files with names beginning with “CRSGPRANT”) will not be created.

To run the Area National GPRA/GPRAMA Report Performance Summaries:

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
```

```
                              Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: ASUM <Enter>
```

Figure 6-23: Area Office Options menu: selecting the Area National GPRA/GPRAMA Report Performance Summaries

1. At the "Select Area Options Option" prompt, type **ASUM** and press Enter to display the following information about the report:

```
    IHS 2015 Area National GPRA/GPRAMA Report Clinical Performance
Summaries

This will produce ONLY the clinical performance summaries for the Area
National GPRA/GPRAMA Report for the 2015 GPRA year. If you want the
detailed
information included in the report, including performance measure
definitions and number of patients in each denominator and numerator
you need to run the AGP menu option.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-24: Information displayed about the Area National GPRA/GPRAMA Report Performance Summaries

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current), the Previous Year Period, and the Baseline Period, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-25: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: date range display

3. At the "Run Report for" prompt, do one of the following:

   - To run a report combining the data for all sites, press Enter to accept the default "**A**" (Area Aggregate).
   - To run a report similar to the facility's National GPRA/GPRAMA Report Performance Summaries, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue :<Enter>
```

Figure 6-26: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

5. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

       To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

     All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2015 12:59          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 A   FACILITY A     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-27: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: selecting facilities (Steps 5 and 6)

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
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 6-28: Running the Area Aggregate National GPRA/GPRAMA Report Performance Summaries: selecting the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.2.3 Area GPRA/GPRAMA Performance Report

CI15 > AO > **GPUA**

Use the Area GPRA/GPRAMA Performance Report (GPUA) option to produce an Area-wide GPRA/GPRAMA Performance report. This report aggregates all data files received to date from facilities, and reports the total Area-Office-wide numbers.

The measures included in this report are exactly the same as those in the National GPRA/GPRAMA Report. However, the GPRA/GPRAMA Performance Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

> **Note:** To run the Area Aggregate GPRA/GPRAMA Performance Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area GPRA/GPRAMA Performance report:

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: GPUA <Enter>  Run AREA GPRA Performance Report
```

Figure 6-29: Area Office Options menu: selecting the Run Area GPRA/GPRAMA Performance Report

1. At the "Select Area Options Option" prompt, type **GPUA** and press Enter.

```
   [AREA] Aggregate GPRA/GPRAMA 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 <Enter> January 1 - December 31

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015 <Enter>  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)
```

Figure 6-30: Running the Area GPRA/GPRAMA Performance Report: selecting a date range

2. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

3. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The selected date ranges are displayed, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-31: Running the Area GPRA/GPRAMA Performance Report: selecting the beneficiary population type

4. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

6. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

       To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

     All selected facilities are marked with an asterisk (*) before their corresponding numbers.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2015 12:59          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 A   FACILITY A    07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B    07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C    07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D    07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
```

```
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-32: Running the Area GPRA/GPRAMA Performance Report: saving selected facilities

To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

7. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
Include Measure Logic Text in the Output Report? Y// ES

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 6-33: Running the Area GPRA/GPRAMA Performance Report: selecting the output type

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.2.4 Area National GPRA Dashboard Report (ADSH)

CI15 > AO > ADSH

Use the Area GPRA Dashboard (ADSH) option to produce an Area-Office-wide GPRA Dashboard Report. This report aggregates all data files received to date from facilities and produces a dashboard for the Area, as well as dashboards for each facility in that Area.

To run the Area GPRA Dashboard:

The steps for running this report are the same as for running the AGP Area National GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files (i.e. files with names beginning with "CRSGPRANT") will not be created.

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: ADSH <Enter>
```

Figure 6-34: Area Office Options menu: selecting the Area GPRA Dashboard

1. At the "Select Area Options Option" prompt, type **ADSH** and press Enter to display the following information about the report:

```
    IHS 2015 Area GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets for both your Area and
each facility in the Area.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-35: Information displayed about the Area GPRA Dashboard

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014

     Select one of the following:

          A         AREA and All Facilities' Dashboards
          F         One Facility
```

```
Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-36: Running the Area GPRA Dashboard: date range display

3. At the "Run Report for" prompt, do one of the following:

   - To run a report combining the data for all sites, press Enter to accept the default "**A**" (Area and All Facilities' Dashboards).
   - To run a report similar to the facility's GPRA Dashboard, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue :<Enter>
```

Figure 6-37: Running the Area GPRA Dashboard

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

5. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in the report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

       To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

     All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2014 12:59          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 A   FACILITY A     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-38: Running the Area GPRA Dashboard: selecting facilities

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
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 6-39: Running the Area GPRA Dashboard: selecting the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.2.5 Area Other National Measures Report

CI15 > AO > **AONM**

Use the Area Other National Measures (AONM) option to produce an Area-Office-wide Other National Measures Report. This report aggregates all data files received to date from facilities and reports the total Area-Office-wide numbers.

The Area Other National Measures Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate Report.

> **Note:** To run the Area Aggregate Other National Measures Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

The Area Aggregate Other National Measures Report outputs four delimited files: CRSONMNT1, CRSONMNT2, CRSONMNT3, and CRSONMNT4. All of these files must be sent to the National GPRA Support Team.

The National GPRA Support Team uses these files to create IHS national rates for all performance measures reported nationally but *not* reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Appendix B: .

The Area Other National Measures Report provides users with two options for running the report: (1) using the same hard-coded report parameters (Report Period, Previous Year Period, and Baseline Year) as the National GPRA/GPRAMA Report, or (2) using custom, user-defined report parameters. These options are shown below.

```
             [Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)

        U  User-defined Report: You select the report and baseline
           periods and beneficiary population

Select a Report Option: H// U <ENTER>
```

Figure 6-40: Running the Area Other National Measures Report: hard-coded vs. user-defined reports

The hard-coded report period is set to the current GPRA report period; the previous year period is set to one year prior to the report period; and the baseline year is set to July 1, 2009–June 30, 2010. The patient population is set to AI/AN only.

The date ranges and patient population for the user-defined report are set by the user.

- To run the report using the hard-coded report parameters, go to Section 6.2.5.1.
- To run the report using user-defined parameters, go to Section 6.2.5.2.

6.2.5.1 Hard-Coded Report Option

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: AONM <Enter>
```

Figure 6-41: Area Office Options menu: selecting the Area Other National Measures Report option

1. At the "Select Area Options Option" prompt, type **AONM** and press Enter.

```
             [Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)

        U  User-defined Report: You select the report and baseline
           periods and beneficiary population

Select a Report Option: H// <ENTER>
```

Figure 6-42: Running the Area Other National Measures Report: selecting the Hard-coded Report option

2. At the "Select a Report Option" prompt, press Enter to accept the default option, "H," and display the report date ranges.

3. At the "Run Report for" prompt, do one of the following:

   - To combine data for all sites, press Enter to accept the default "**A**" (Area Aggregate).
   - To run a report similar to a facility's Other National Measures report, type **F** (One Facility) and press Enter.

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen (Figure 6-43).

   All facilities that have uploaded their data files for the selected time period are displayed.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2015 12:59          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 A   FACILITY A     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-43: Running the Area Other National Measures Report: selecting facilities (Steps 4, 5, and 6)

5. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in your report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

       To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

– To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk before their corresponding numbers.

6. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

   The names of the three files and their location are displayed, as in the following example:

```
A file will be created called CRSONMNT150590120151630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called CRSONMNT250590120151630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called CRSONMNT350590120151630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory.  This file can be used in Excel.

A file will be created called CRSONMNT450590120151630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

Include Measure Logic Text in the Output Report? Y//
```

Figure 6-44: Running the Area Other National Measures Report: example of output file names and locations (Step 6)

7. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (see Figure 6-12 for an example). The report data is aggregated for each measure.

The following sections appear at the end of the report:

- Selected Other National Measures Clinical Performance Summary (see Section 6.2.5.3)
- Selected Other National Measures Clinical Performance Detail (see Section 6.2.5.4)

6.2.5.2 User-Defined Report Option

```
                          ***************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          ***************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: AONM <Enter>
```

Figure 6-45: Area Office Options menu

1. At the "Select Area Options Option" prompt, type **AONM** and press Enter.

```
             [Area] Area Aggregate Other National Measures Report

Please select the type of report would you like to run:

        H  Hard-coded Report: Report with all parameters set to the
           same as the National GPRA Report (report period of
           July 1, 2014 - June 30, 2015, baseline period of July 1, 2009
           - June 30, 2010, and AI/AN patients only)

        U  User-defined Report: You select the report and baseline
           periods and beneficiary population

Select a Report Option: H// U <ENTER>
```

Figure 6-46: Area Other National Measures Report: selecting the User-defined Report option

2. At the "Select a Report Option" prompt, type **U** and press Enter to display the following information about the report:

```
This will produce an Other National Measures 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, and 3) the beneficiary/
classification of the patients.
```

```
     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 6-47: Selecting a date range

3. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

4. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-48: Selecting the beneficiary population

5. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

```
The date ranges for this report are:
     Report Period:           Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
```

```
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

Beneficiary Population is set to American Indian/Alaskan Native Only.

     Select one of the following:

          A         AREA Aggregate
          F         One Facility

Run Report for: A//
```

Figure 6-49: Selecting report facilities

6. At the "Run Report for" prompt, do one of the following:

   - To combine data for all sites, press Enter to accept the default "**A**" (Area Aggregate).
   - To run a report similar to a facility's Other National Measures report, type **F** (One Facility) and press Enter.

7. Press Enter at the prompt to display the Area Aggregate Site Selection screen (Figure 6-43).

   All facilities that have uploaded their data files for the selected time period are displayed.

```
AREA AGGREGATE SITE SELECTION Jul 08, 2015 12:59          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 A   FACILITY A     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*2) DEMO SU B   FACILITY B     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*3) DEMO SU C   FACILITY C     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14
*4) DEMO SU D   FACILITY D     07/01/14  06/30/15  07/01/09  06/30/10   07/02/14

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                   Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-50: Selecting facilities

8. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in your report:
     - To select all facilities, type **A** and press Enter.

– To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.

  To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

  After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

– To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk before their corresponding numbers.

9. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

   The names of the three files and their location are displayed, as in the following example:

```
A file will be created called
CRSONMNT150590120150630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSONMNT250590120150630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSONMNT350590120150630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory.  This file can be used in Excel.

A file will be created called
CRSONMNT450590120150630000000002015062209382 8_0000
01.TXT
and will reside in the Q:\ directory. This file can be used in Excel.
```

10. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

11. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

    - **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

Both the printed and delimited reports include a cover page displaying a list of all facilities and communities included in the report data (see Figure 6-12 for an example). The report data is aggregated for each measure.

The following sections appear at the end of the report:

- Selected Other National Measures Clinical Performance Summary (see Section 6.2.5.3)
- Selected Other National Measures Clinical Performance Detail (see Section 6.2.5.4)

6.2.5.3 Selected Other National Measures Clinical Performance Summary

The Performance Summary lists the Area Office aggregate performance measure rates for current, previous, and baseline periods, as well as the National 2013 performance and 2014 target for each of the selected measures included in the Summary. For example:

```
  MP                              Jul 08, 2015                          Page 1
              IHS 2015 Other National Measures Report ***
                           AREA AGGREGATE
                Report Period: Jul 01, 2014 to Jun 30, 2015
            Previous Year Period: Jul 01, 2013 to Jun 30, 2014
              Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY
                           Area    Area     Area         Nat'l      2020
                         Current Previous Baseline      2014       Target
-------------------------------------------------------------------------------

DIABETES
 Comprehensive Care          1.0%    4.9%    9.9%       26.9%      N/A
 DM: HTN w/ RASA Rx         88.2%   91.6%   88.7%       N/A        N/A
 DM: HTN w/contra/ADR
  to RASA                    0.9%    0.0%    0.8%       N/A        N/A

DENTAL
 Top Fluoride-# Apps         232     705    433         219,801    N/A

IMMUNIZATIONS
 AC: Influenza               8.8%   43.2%   40.7%       N/A        N/A
 AC: Influenza 18-64
  High-risk                  9.9%   45.1%   43.3%       N/A        N/A
 DM: Influenza               9.5%   57.5%   53.7%       65.1%      N/A
 AC: Pneumovax 18-64
  High Risk                 36.3%   36.2%   39.4%       N/A        N/A
 DM: Up-to-Date
```

Pneumovax	59.4%	57.7%	62.5%	82.1%	N/A
AC 18+: Tdap ever	83.0%	77.3%	38.0%	N/A	N/A
AC 18-64 Tdap ever	83.3%	77.9%	40.1%	N/A	N/A
AC 65+: Tdap ever	79.8%	71.2%	13.8%	N/A	N/A
AC 18+: Tdap/Td past 10 yrs	92.4%	92.2%	89.0%	N/A	N/A
AC 18-64: Tdap/Td past 10 yrs	92.4%	92.3%	89.2%	N/A	N/A
AC 65+: Tdap/Td past 10 yrs	92.7%	90.7%	87.2%	N/A	N/A
Adolescent (13-17 Years)					
AC: 1:1:3	40.4%	41.3%	27.8%	N/A	N/A
AC Male: 1:1:3	2.9%	0.0%	0.0%	N/A	N/A
AC Female: 1:1:3	67.7%	71.7%	57.6%	N/A	N/A
AC: 1:1	94.0%	92.9%	90.2%	N/A	N/A
AC: 1 Tdap	98.7%	98.9%	78.4%	99.3%	80%
AC: 1 Meningococcal	94.0%	92.9%	93.2%	89.8%	80%
AC: 3 HPV	40.4%	41.3%	29.3%	N/A	N/A
AC Male: 3 HPV	2.9%	0.0%	0.0%	N/A	N/A
AC Female: 3 HPV	67.7%	71.7%	60.6%	63.7%	80%

Figure 6-51: Example of the Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 1

MP Jul 08, 2015 Page 2

IHS 2015 Other National Measures Report ***
AREA AGGREGATE
Report Period: Jul 01, 2014 to Jun 30, 2015
Previous Year Period: Jul 01, 2013 to Jun 30, 2014
Baseline Period: Jul 01, 2009 to Jun 30, 2010

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	Nat'l 2013	2020 Target
BEHAVIORAL HEALTH					
AC ER Injury w/Alchl Scrn	85.7%	0.0%	0.0%	9.8%	N/A
AC ER Injury w/BNI	66.7%	0.0%	0.0%	0.1%	N/A
DM: Depression Screen	26.3%	79.2%	80.9%	N/A	N/A
Antidepressant Med Mgmt					
AC+BH w/APT	27.3%	15.4%	30.4%	N/A	N/A
AC+BH w/CONPT	18.2%	7.7%	4.3%	N/A	N/A
CARDIOVASCULAR DISEASE					
AC w/Phys Activity Screen	0.2%	0.7%	0.1%	N/A	N/A
AC w/Exercise Education	50.0%	21.4%	0.0%	N/A	N/A
Cholesterol Screen 23+	65.0%	65.3%	61.4%	64.4%	82.1%
BP Assessed 18+	64.3%	84.5%	85.0%	79.0%	N/A
BP Assessed in IHD Pts	92.3%	98.6%	97.4%	96.6%	N/A
Med Therapy Post AMI					
Beta-Blocker Treatment	100.0%	0.0%	0.0%	78.9%	N/A
ASA Treatment	75.0%	0.0%	0.0%	68.4%	N/A
ACEI/ARB Treatment	100.0%	0.0%	0.0%	47.4%	N/A
Statin Treatment	100.0%	0.0%	0.0%	52.6%	N/A
With all Above Meds	75.0%	0.0%	0.0%	26.3%	N/A
Persistence of Med Therapy Post AMI					
Beta-Blocker Treatment	85.7%	66.7%	100.0%	71.5%	N/A

ASA Treatment	42.9%	66.7%	100.0%	51.7%	N/A
ACEI/ARB Treatment	42.9%	33.3%	100.0%	47.5%	N/A
Statin Treatment	14.3%	33.3%	0.0%	50.2%	N/A
With All Above Meds	14.3%	16.7%	0.0%	21.7%	N/A
Med Therapy in High Risk Patients					
Beta-Blocker Treatment	64.9%	70.4%	74.4%	70.5%	N/A
ASA Treatment	9.1%	56.3%	53.8%	56.8%	N/A
ACEI/ARB Treatment	10.4%	52.1%	53.8%	57.0%	N/A
Statin Treatment	10.4%	42.3%	35.9%	54.7%	N/A
With All Above Meds	2.6%	22.5%	19.2%	25.2%	N/A
CVD w/LDL Assessment	53.6%	70.8%	95.5%	80.2%	N/A
LDL <100	46.7%	88.2%	57.1%	71.0%	N/A
LDL 100-130	26.7%	5.9%	23.8%	16.4%	N/A
LDL >130	6.7%	0.0%	14.3%	9.6%	N/A
HF and LVS Function	50.0%	0.0%	0.0%	16.6%	N/A
OTHER CLINICAL					
HIV Pts w/CD4 only	20.0%	0.0%	0.0%	N/A	100%

Figure 6-52: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 2

MP Jul 08, 2015 Page 3
IHS 2015 Other National Measures Report ***
AREA AGGREGATE
Report Period: Jul 01, 2014 to Jun 30, 2015
Previous Year Period: Jul 01, 2013 to Jun 30, 2014
Baseline Period: Jul 01, 2009 to Jun 30, 2010

SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY

	Area Current	Area Previous	Area Baseline	Nat'l 2013	2020 Target
HIV Pts w/viral load only	40.0%	0.0%	0.0%	N/A	100%
HIV Pts w/CD4 & viral load	40.0%	0.0%	0.0%	N/A	N/A
HIV Pts w/any test	100.0%	0.0%	0.0%	N/A	N/A
HIV Pts w/ART Rx	20.0%	100.0%	100.0%	N/A	N/A
# STI Patients	14	24	29	7,617	N/A
# STI Incidents	14	26	30	8,878	N/A
STI Pts w/HIV Screen	50.0%	36.0%	17.2%	N/A	N/A
AC w/ Asthma	3.0%	6.7%	5.8%	N/A	N/A
AC 5-50 Asthma w/ Suboptimal Control	18.8%	2.5%	0.0%	N/A	N/A
AC 5-50 Asthma w/no Controller Therapy	0.0%	0.0%	0.0%	N/A	N/A
AC w/beta-blocker PDC>=80%	1.4%	46.0%	27.9%	N/A	N/A
AC w/beta-blocker gap>=30d	100.0%	52.9%	65.1%	N/A	N/A
AC w/RASA PDC>=80%	0.5%	31.0%	26.7%	N/A	N/A
AC w/RASA gap >=30d	100.0%	63.2%	67.5%	N/A	N/A
AC w/CCB PDC >=80%	2.9%	30.6%	25.0%	N/A	N/A
AC w/CCB gap>=30d	100.0%	63.3%	72.9%	N/A	N/A

```
 AC w/biguanide
  PDC >=80%                    0.7%   25.7%   18.1%       N/A        N/A
 # w/bigunide
  gap >=30d                  100.0%   70.2%   77.2%       N/A        N/A
 AC w/sulfonylurea
  PDC >=80%                    0.9%   35.7%   22.5%       N/A        N/A
 AC w/sulfonylurea
  gap >=30d                  100.0%   58.9%   74.2%       N/A        N/A
 AC w/thiazolidinedione
  PDC >=80%                  100.0%    0.0%   26.7%       N/A        N/A
 AC w/ thiazoliidinedione
  gap >=30d                  100.0%    0.0%   64.1%       N/A        N/A
 AC w/DDP-IV PDC>=80%       100.0%    2.2%    0.0%       N/A        N/A
 AC w/DDP-IV gap>=30d       100.0%   97.8%    0.0%       N/A        N/A
```

Figure 6-53: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 3

```
  MP                              Jul 08, 2015                        Page 4
              IHS 2015 Other National Measures Report ***
                           AREA AGGREGATE
               Report Period: Jul 01, 2014 to Jun 30, 2015
            Previous Year Period: Jul 01, 2013 to Jun 30, 2014
              Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE SUMMARY
                          Area    Area     Area         Nat'l      2020
                        Current Previous Baseline      2013       Target
-------------------------------------------------------------------------------
AC w/Diabetes All Class
  PDC>=80%                  1.0%   54.7%   45.9%       N/A        N/A
 AC w/Diabetes All Class
  gap>=30d                 99.0%   44.6%   53.1%       N/A        N/A
 AC w/statin PDC >=80%      1.9%   35.9%   26.5%       N/A        N/A
 AC w/ statin gap >=30d   100.0%   59.6%   68.0%       N/A        N/A
 AC w/non-warfarin
  anticoag PDC>=80%        100.0%    0.0%    0.0%       N/A        N/A
 AC w/non-warfarin
  anticoag gap>=30d        100.0%    0.0%    0.0%       N/A        N/A
 AC w/ antiretroviral
  PDC >=90%                 66.7%  100.0%  100.0%       N/A        N/A
 AC w/e-RX returned
 to stock                   4.0%    6.8%    4.2%       N/A        N/A

 AC =>18 w/MTM              1.7%    3.2%    2.1%       N/A        N/A

 # PHN Visits-Any Setting   857    3947   2613        308,243    N/A

 Use of High-Risk Meds 65+
  One High-Risk Med        16.9%   28.0%   46.8%       N/A        N/A
   Male One High-Risk Med   7.1%   16.3%   43.6%       N/A        N/A
   Female One High-Risk Med 22.0%  34.7%   48.6%       N/A        N/A
  Two or More High-Risk Med  5.6%   11.0%   11.9%       N/A        N/A
   Male Two High-Risk Med   2.4%    9.3%    7.7%       N/A        N/A
   Female Two High-Risk Med 7.3%   12.0%   14.3%       N/A        N/A
 Use of Benzodiazdpine Sedative
 Hypnotic Meds 65+          0.8%    0.0%    0.0%       N/A        N/A
```

Figure 6-54: Example of Area ONM Report, Selected Other National Measures Clinical Performance Summary, Page 4

6.2.5.4 Selected Other National Measures Clinical Performance Detail

The Selected Other National Measures Clinical Performance Detail section shows the selected performance measure rates by each facility within the area. For example:

```
MP                                Jul 08, 2015                          Page 1
                    *** IHS 2015 Other National Measures Report ***
                                  AREA AGGREGATE
                       Report Period: Jul 01, 2014 to Jun 30, 2015
                    Previous Year Period: Jul 01, 2013 to Jun 30, 2014
                       Baseline Period: Jul 01, 2009 to Jun 30, 2010
-------------------------------------------------------------------------------
          SELECTED OTHER NATIONAL MEASURES CLINICAL PERFORMANCE DETAIL
                        Site      Site    Site    Area      Nat'l
                      Current    Prev    Base    Current   2014
DIABETES

Comprehensive Care                                 X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DM: HTN w/ RASA Rx                                 X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DM: HTN w/contra/ADR
to RASA                                            X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DENTAL

Top Fluoride-# Apps                                XXXX       XXXX
  999999 FACILITY A    XXXX      XXXX    XXXX
  999999 FACILITY B    XXXX      XXXX    XXXX
  999999 FACILITY C    XXXX      XXXX    XXXX
  999999 FACILITY D    XXXX      XXXX    XXXX

IMMUNIZATIONS

AC: Influenza                                     X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

AC: Influenza 18-64 High-risk                      X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

DM: Influenza                                      X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
```

```
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%

AC: Pneumovax 18-64
 High Risk                                        X.X%       X.X%
  999999 FACILITY A    XX.X%     X.X%    XX.X%
  999999 FACILITY B    XX.X%     X.X%    XX.X%
  999999 FACILITY C    XX.X%     X.X%    XX.X%
  999999 FACILITY D    XX.X%     X.X%    XX.X%
```

Figure 6-55: Example of Area ONM Report, Selected Other National Measures Clinical Performance Detail

6.2.6 Area Elder Care Report

CI15 > AO > **AELD**

Use the Area Elder Care Report (AELD) option to produce an Area-Office-wide Elder Care Report. This report may be aggregated only from report files for which *all* Elder Care measures were included. This report aggregates all data files received to date from facilities, and reports the total Area-Office-wide numbers.

The Area Elder Care report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only
- Non-AI/AN
- Both (i.e., the entire population)

This report can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined 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 the same report period, baseline period, and patient population.

To run the Area Elder Care report:

```
                          ***************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          ***************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
```

```
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: AELD <Enter>  Run AREA Elder Care Report
```

Figure 6-56: Area Office Options menu: selecting the Area Elder Care Report

1. At the "Select Area Options Option" prompt type **AELD** and press Enter.

```
       2015 Area Aggregate Elder Care Clinical Performance Measure Report

This will produce an Elder Care Performance Measure Report for all ELDER
measures for a year period you specify. You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 27 topics in the Elder Care Measure 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 <Enter>  January 1 - December 31

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2015
Enter Year: 2015 <Enter>  (2015)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)

The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010
```

Figure 6-57: Running the Area Elder Care Report: selecting date ranges

2. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

3. At the “Enter Year” prompt, type the four-digit baseline year and press Enter.

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-58: Running the Area Elder Care Report: selecting beneficiary population

4. At the “Select Beneficiary Population to include in this report” prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

6. At the “Select Action” prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
   - To select facilities to include in your report:
     - To select all facilities, type **A** and press Enter.
     - To select specific facilities, type **S** and press Enter. At the “Which Facility” prompt, type the numbers of the facilities you want to select and press Enter.
     - To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     - To remove (unselect) a facility, type **R** and press Enter. At the “Which Facility(s)” prompt, type the number of the facility and press Enter.

     All selected facilities are marked with an asterisk (*) before their corresponding numbers.

7. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

8. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

9. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.2.7 AREA Patient Education Report with Community Specified

CI15 > AO > **APCM**

Use the Area Patient Education Report with Community Specified (APCM) option to produce an Area-wide Patient Education with Community Specified Report. This report may only be aggregated from report files for which *all* patient education measures were included. This report aggregates all data files received to date from facilities, and reports the total Area-wide numbers.

The Area Patient Education with Community Specified Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only,
- Non-AI/AN
- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA Report uses only predefined date ranges. Patient lists are *not* included in the Area Aggregate report.

> **Note:** To run the Area Aggregate Patient Education with Community Specified Report, the data uploaded from the facilities must have the same report period, baseline period, and patient population.

To run the Area Patient Education with Community Specified Report:

```
                          **************************
                          **   IHS/RPMS CRS 2015   **
                          **  Area Office Options  **
                          **************************
                                 Version 15.0

                              DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   AONM   AREA Other National Measures Report
   AELD   AREA Elder Care Report
   APCM   AREA Patient Education Rpt w/Community Specified
   LSTF   List files in a directory

Select Area Options Option: APCM <Enter>  Run AREA Patient Education Report
```

Figure 6-59: Area Office Options menu: selecting the Area Patient Education with Community Specified Report

1. At the "Select Area Options Option" prompt, type **APCM** and press Enter.

```
               IHS 2015 Area Aggregate Patient Education Report

This will produce an area aggregate report for all Patient Education
measures for a year period you specify. You will be asked to provide:
1) the reporting period, 2) the baseline period to compare data to, and
3) the beneficiary/classification of the patients.

There are 7 topics in the Patient Education Measures 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. 2015
Enter Year: 2015  <ENTER>

You have selected Current Report period Jan 01, 2015 through Dec 31, 2015.
The end date of this report is in the future; your data will not be
complete.

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

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <ENTER>
```

```
The date ranges for this report are:
     Report Period:           Jan 01, 2015 to Dec 31, 2015
     Previous Year Period:    Jan 01, 2014 to Dec 31, 2014
     Baseline Period:         Jan 01, 2010 to Dec 31, 2010
```

Figure 6-60: Running the Area Patient Education Report with Community Specified report: selecting date ranges

2. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2015) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2015) and press Enter.

3. At the "Enter Year" prompt, type the four-digit baseline year and press Enter

```
     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// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-61: Running the Area Patient Education Report with Community Specified report: selecting beneficiary population

4. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

6. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:
     - Type a plus sign (+) and press Enter to view the next page.
     - Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select facilities to include in your report:
  - To select all facilities, type **A** and press Enter.
  - To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select and press Enter.
  - To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

    After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

- To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

All selected facilities are marked with an asterisk (*) before their corresponding numbers.

7. To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.
8. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.
9. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.
   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulations.
   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the Print and Delimited Output options are found in Step 11, Section 5.2.2.

6.3 List Files in a Directory

CI15 > AO > **LSTF**

The List Files in a Directory (LSTF) option enables Area Office technical staff to view a list of FileMan files transmitted by facilities to the Area Office for aggregation. This list does not indicate whether the file has been uploaded into CRS.

Only FileMan data files created by CRS 2015 (BGP v15.0) are listed. File names begin with "BG150," followed by the six-digit ASUFAC code for the facility that created and transmitted the file.

Files with the following extensions are listed:

- .EL—Elder Care Reports
- .ONM—Other National Measures Reports
- .PED—Patient Education 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, 2014 through June 30, 2015, a baseline year of 2010, and a population of AI/AN. These reports only have numbers in the file name extension.

To view the list of files transmitted for aggregation:

1. At the "Select Area Office Options Option" prompt, type **LSTF** and press Enter.
2. At the "Enter directory path" prompt, type the appropriate directory name and press Enter.

   The directory name is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested national performance report.

3. A list of files displays. For example, the first seven files shown in Figure 6-62 are all National GPRA/GPRAMA and GPRA/GPRAMA Performance Report files.

```
This option is used to list all CRS 2015 files that are in a directory.
These files begin with BG150. You must specify the directory in which the
CRS 2015 data files reside.
Enter directory path (i.e. /usr/spool/uucppublic/): q:\

The following CRS 2015 files reside in the q:\ directory.

     BG150355901.50
     BG150355901.52
     BG150355901.54
     BG150355901.57
     BG150355901.59
     BG150355901.60
     BG150355901.63
     BG150355901.EL85
     BG150355901.EL86
     BG150355901.EL87
     BG150355901.ONM56
     BG150355901.ONM58
     BG150355901.ONM64
     BG150355901.PED36
     BG150355901.PED37

Enter RETURN to continue or '^' to exit:
```

Figure 6-62: Running the List Files in a Directory option: displaying CRS data files

4. At the "Enter RETURN to continue or '^' to exit" prompt, press Enter to return to the Area Office Options menu.

Appendix A: FY12–FY14 GPRA Measures

These tables provide definitions, HQ leads or "owners," data sources for performance measure reporting, and performance targets for each GPRA performance measure.

Revised October 30, 2013.

A.1 GPRAMA Measures

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Diabetes: Good Glycemic Control: Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than 8.0). GRPAMA measure beginning in FY 2013. *Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes with Ideal Glycemic Control (A1c less than 7.0).*	Achieve target rate of 32.7% Result: 33.2% Met	Set Baseline Result: 48.3% Met	Achieve target rate of 48.3%	Ann Bullock OCPS/DDTP 828-497-7455
Depression Screening: Percentage of adults ages 18 and over who are screened for depression. GPRAMA measure beginning in FY 2013	Achieve target rate of 56.5% Result: 61.9% Met	Achieve target rate of 58.6% Result: 65.1% Met	Achieve target rate of 66.9%	Beverly Cotton OCPS/DBH 301-443-4754

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients aged 19-35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses). GPRAMA measure beginning in FY 2013. *Prior to FY 2013, this measure tracked the combined immunization rates (4:3:1:3:3:1:4) for AI/AN patients aged 19-35 months.*	Achieve target rate of 77.8% Result: 76.8% Not Met	Set Baseline Result: 74.8% Met	Achieve target rate of 74.8%	Amy Groom OPHS/Epi 505-248-4226
CVD Prevention: Comprehensive Assessment: Percentage of active CHD patients who have a comprehensive assessment for all CVD-related risk factors. GPRAMA measure beginning in FY 2013 *Prior to FY 2013, this measure tracked the percentage of active IHD patients who have a comprehensive assessment for all CVD-related risk factors.*	Achieve target rate of 40.6% Result: 45.4% Met	Achieve target rate of 32.3% Result: 46.7% Met	Achieve target rate of 51.0%	Chris Lamer OIT/HQ 615-669-2747
Accreditation: Percent of hospitals and outpatient clinics accredited (excluding tribal and urban facilities). GPRAMA measure beginning in FY 2013	Maintain 100% accreditation rate Result: 100% Met	Maintain 100% accreditation rate Result: TBD	Maintain 100% accreditation rate	Balerma Burgess ORAP/BOE 301-443-1016

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
TOHP-SP. Tribal Consultation: Implement recommendations from Tribes annually to improve the Tribal consultation process. GPRAMA measure beginning in FY 2013.	Implement at least three additional recommendations from Tribes Result: 4 tribal recommendations implemented Met	Implement at least three additional recommendations from Tribes Result: 3 tribal recommendations implemented Met	Implement at least three additional recommendations from Tribes	

A.2 RPMS/CRS Budget Measures

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Diabetes: Poor Glycemic Control: Percentage of patients with diagnosed diabetes with poor glycemic control (A1c greater than 9.5).	Achieve target rate of 18.6% Result: 19.8% Not Met	Discontinued	Discontinued	Ann Bullock OCPS/DDTP 828-497-7455
Diabetes: Blood Pressure Control: Percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than 140/90). *Prior to FY 2013, measure assessed the percentage of patients with diagnosed diabetes that have achieved blood pressure control (less than 130/80).*	Achieve target rate of 38.7% Result: 38.9% Met	Set Baseline Result: 64.6% Met	Achieve target rate of 64.6%	Ann Bullock OCPS/DDTP 828-497-7455
Diabetes: LDL Assessment: Percentage of patients with diagnosed diabetes assessed for dyslipidemia (LDL cholesterol).	Achieve target rate of 70.3% Result: 71.0% Met	Achieve target rate of 68.0% Result: 72.7% Met	Achieve target rate of 73.9%	Ann Bullock OCPS/DDTP 828-497-7455

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Diabetes: Nephropathy Assessment: Percentage of patients with diagnosed diabetes assessed for nephropathy. *As of FY 2014, the measure requires an estimated GFR AND a UACR - not dipstick- during the report period.*	Achieve target rate of 57.8% Result: 66.7% Met	Achieve target rate of 64.2% Result: 68.2% Met	Set Baseline	Ann Bullock OCPS/DDTP 828-497-7455
Diabetes: Retinopathy: Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Achieve target rate of 54.8% Result: 55.7% Met	Achieve target rate of 56.8% Result: 57.6% Met	Achieve target rate of 58.6%	Mark Horton PIMC 602-263-1200 ext 2217
Dental Access: Percent of patients who receive dental services.	Achieve target rate of 26.9% Result: 28.8% Met	Achieve target rate of 26.9% Result: 28.3% Met	Achieve target rate of 29.2%	Timothy Lozon OCPS/DOH 301-443-0029
Dental Sealants: Percentage of patients ages 2-15 with at least one or more intact dental sealant. Prior to FY 2013, this measure tracked the number of sealants placed per year in AI/AN patients.	Achieve target count of 276,893 Result: 295,734 Met	Set Baseline Result: 13.9% Met	Achieve target rate of 13.9%	Timothy Lozon OCPS/DOH 301-443-0029
Topical Fluorides: Percentage of patients ages 1-15 who received one or more topical fluoride applications. *Prior to FY 2013, this measure tracked the number of AI/AN patients receiving one or more topical fluoride applications.*	Achieve target count of 161,461 patients receiving topical fluoride Result: 169,083 patients Met	Set Baseline Result: 26.7% Met	Achieve target rate of 26.7%	Timothy Lozon OCPS/DOH 301-443-0029
Adult Immunizations: Influenza: Influenza vaccination rates among adult patients age 65 years and older.	Achieve target rate of 63.4% Result: 65.0% Met	Achieve target rate of 62.3% Result: 68.0% Met	Achieve target rate of 69.1%	Amy Groom OPHS/Epi 505-248-4226

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Adult Immunizations: Pneumovax: Percentage of adults age 65 and older with a dose of pneumococcal vaccine after the age of 65 or a dose within the past five years. *Prior to FY 2014, this measure tracked the percentage of patients age 65 years and older with a pneumococcal vaccination documented ever.*	Achieve target rate of 87.5% Result: 88.5% Met	Achieve target rate of 84.7% Result: 89.2% Met	Set Baseline	Amy Groom OPHS/Epi 505-248-4226
Cancer Screening: Pap Screening Rates: Percentage of women age 24-64 who have had a Pap screen within the previous three years or if patient is 30-64 years of age, either a Pap smear within the past three years or a Pap smear and an HPV DNA documented within the past five years. *Prior to FY 2013, this measure tracked the percentage of women age 21-64 who have had a Pap screen within the previous three years. In FY 2013, this measure tracked the percentage of women age 25-64 who have had a Pap screen within the previous four years.*	Achieve target rate of 59.5% Result: 57.1% Not Met	Set Baseline Result: 61.7% Met	Set Baseline	Carolyn Aoyama DNS/OCPS 301-443-1492
Cancer Screening: Mammogram Rates: Percentage of eligible women who have had mammography screening within the previous two years.	Achieve target rate of 51.7% Result: 51.9% Met	Achieve target rate of 49.7% Result: 53.8% Met	Achieve target rate of 54.7%	Carolyn Aoyama DNS/OCPS 301-443-1492

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Cancer Screening: Colorectal Cancer Screening Rates: Percentage of patients age 50-75 who have had appropriate colorectal cancer screening. *Prior to FY 2013, this measure tracked the percentage of patients, age 50-80 who have had appropriate colorectal cancer screening.*	Achieve target rate of 43.2% Result: 46.1% Met	Set Baseline Result: 35.0% Met	Achieve target rate of 35.0%	Don Haverkamp NCCDPHP 505-248-4422
Tobacco Cessation Intervention: Percentage of tobacco-using patients that receive tobacco cessation intervention.	Achieve target rate of 30.0% Result: 35.2% Met	Set Baseline Result: 45.7% Met	Achieve target rate of 45.7%	Dayle Knutson ABR/WNB 605-462-6155
Alcohol Screening: Alcohol use screening (to prevent Fetal Alcohol Syndrome) among appropriate female patients.	Achieve target rate of 58.7% Result: 63.8% Met	Achieve target rate of 61.7% Result: 65.7% Met	Achieve target rate of 65.9%	Marcy Ronyak OCPS/DBH 301-443-1870
Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at health care facilities.	Achieve target rate of 55.3% Result: 61.5% Met	Achieve target rate of 58.3% Result: 62.4% Met	Achieve target rate of 64.1%	Beverly Cotton OCPS/DBH 301-443-4754
HIV Screening: Proportion of pregnant women screened for HIV.	Achieve target rate of 81.8% Result: 85.8% Met	Achieve target rate of 82.3% Result: 87.7% Met	Achieve target rate of 89.1%	Lisa Neel OCPS 301-443-4644 ext. 4305
Childhood Weight Control: Percentage of children ages 2-5 years with a BMI at the 95th percentile or higher.	Long Term measure no target for FY 2012. Result: 24.0%	Achieve target of 24.0% Result: 22.8% Met	Long-term measure, no target for FY 2014. (Will be reported in FY 2016)	Lorraine Valdez OCPS/DDTP 505-248-4182

Performance Measure	FY 2012 Target	FY 2013 Target	FY 2014 Target	Measure Lead
Breastfeeding Rates: Percentage of patients at federal and tribal facilities who, at the age of 2 months, were either exclusively or mostly breastfed. *Prior to FY 2013, this measure tracked breastfeeding rates at Federal facilities only.*	Achieve target rate of 27.4% Result: 28.8% Met	Set Baseline Result: 29.0% Met	Achieve target rate of 29.0%	Tina Tah OCPS 301-443-0038
Public Health Nursing: Total number of public health activities captured by the PHN data system; emphasis on primary, secondary and tertiary prevention activities to individuals, families and community groups.	Achieve target of 424,203 Result: 435,848	Achieve target of 405,962 Result: TBD	Achieve target of 425,679	Tina Tah OCPS/OD 301-443-0038
Suicide Surveillance: Increase the incidence of suicidal behavior reporting by health care (or mental health) professionals	Increase the number of suicidal behavior report forms completed and submitted to 1,807 Result: 1,709 Not Met	Increase the number of suicidal behavior report forms completed and submitted to 1,376 Result: TBD	Increase the number of suicidal behavior report forms completed and submitted to 1,668	Yvonne Davis OCPS/DBH 301-443-2417
Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18 to 85 years with diagnosed hypertension who have a BP less than 140/90 *Federal and Tribal health programs will begin reporting on this measure in FY 2014.*	N/A	N/A	Set Baseline	Chris Lamer OIT/HQ 615-669-2747
YRTC Improvement/Accreditation: Accreditation rate for Youth Regional Treatment Centers (in operation 18 months or more).	Achieve a 100% accreditation rate Result: 91% Not Met	Achieve a 100% accreditation rate Result: TBD	Achieve a 100% accreditation rate	Skye Bass OCPS/DBH 301-443-2051

Appendix B: Working with Delimited Files

For more reporting flexibility, such as rearranging report data in a different format or performing other types of calculations on report numbers, select the "Create delimited output file" report output option.

> **Note**: This option is particularly useful for manipulating pages of patient lists, enabling users to sort the lists by any column they want.

For detailed instructions on running a specific report, see Section 5.0.

B.1 Producing a Delimited File

After you have set the parameters of the report you want to create, CRS displays a summary of those parameters. The following figure uses the National GPRA/GPRAMA report as an example.

```
              SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:

     Reporting Period:        Jul 01, 2014 to Jun 30, 2015
     Previous Year Period:    Jul 01, 2013 to Jun 30, 2014
     Baseline Period:         Jul 01, 2009 to Jun 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

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

     Select one of the following:

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

Select an Output Option: P// D <Enter>  Create Delimited output file
```

Figure B-1: Creating a delimited output file version of a report

1. After the Summary of the report you are creating displays, type **D** at the "Select an Output Option" prompt and press Enter.

   When you select D to create a delimited file, you are prompted to print the delimited output to the screen, where you can capture the output or print the output to a file.

```
Select an Output Option: P// D <Enter>  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 <Enter>  FILE - delimited output will be written
to a file
Enter a filename for the delimited output (no more than 40 characters):
[mytestfile] <Enter>

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// <Enter>  YES
Requested Start Time: NOW//20:00:00 <Enter> (Oct 08, 2015@20:00:00)
```

Figure B-2: Example of specifying the file name queueing the delimited report run

2. At the “Select output type” prompt, complete the following steps:

   a. Press Enter to accept the default, S, which prints the file to the screen where you can capture the output.

   b. Type **F** and press Enter to print the output to a file.

   c. At the “Enter a filename for the delimited output” prompt, type the name of the delimited file you want to create and press Enter.

> **Note:** The filename cannot exceed 40 characters and the .txt extension is appended to the name automatically. Most sites are set up to print the file to your network’s Pub directory.

   To access the file, you may need to use FTP to transfer the delimited file from Pub to your computer. Ask your site manager for additional information about retrieving files from your local network.

3. At the “Won’t you queue this?” prompt, press Enter to queue the report.

4. Specify a start time, either now or a later time, and press Enter.

B.2 Opening Text Files in Microsoft 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.

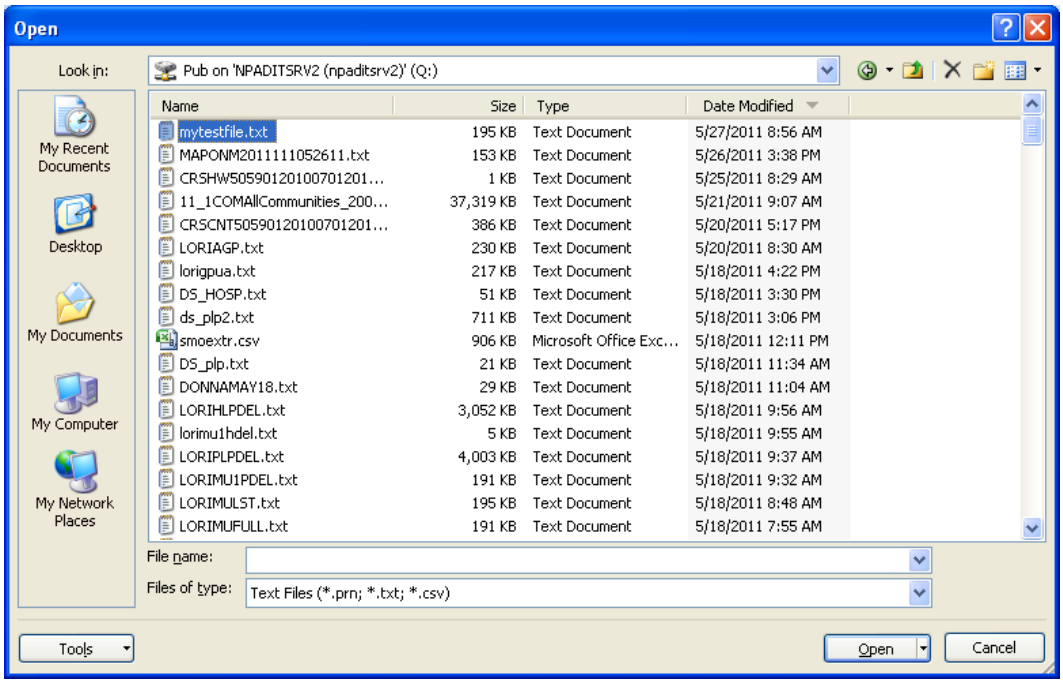


Figure B-3: Importing the delimited file into Excel

4. In the **Open** dialog box, do the following:

   a. Ensure that the files of type are either Text Files or All Files.

   b. Select the name of the text file you want to open.

   c. Click **Open**. The **Text Import Wizard** displays.

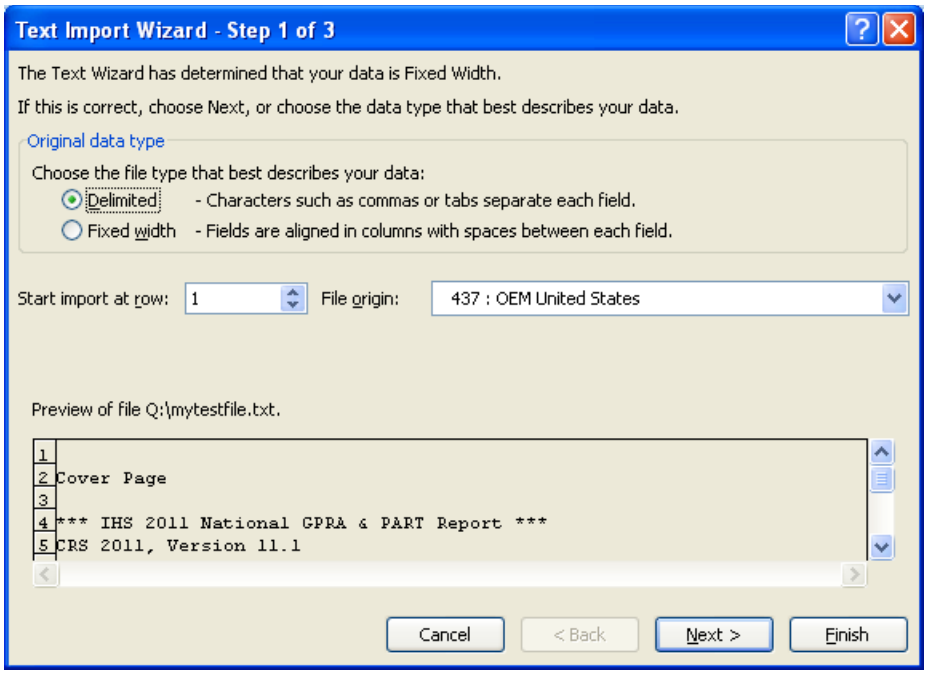


Figure B-4: Importing the delimited file into Excel

In the **Text Import Wizard–Step 1 of 3** dialog box, check to make sure that the Original Data Type is Delimited.

Click **Next** to proceed.

Figure B-5: Importing the delimited file into Excel

5. In the **Text Import Wizard–Step 2 of 3** dialog box, do the following:

a. For Delimiters, select **Other** and type a caret (^) in the box.

   This tells Excel that the file you are importing separates (delimits) the fields with a caret (^) character.

b. Other than Tab, if any other delimiter is selected, deselect it.

c. Click **Next** to continue.

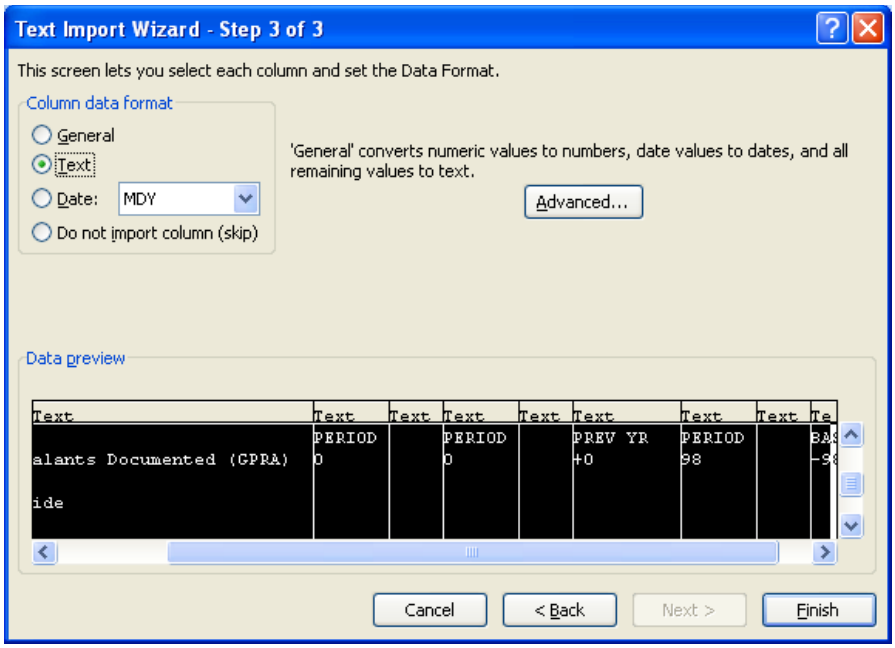


Figure B-6: Importing the delimited file into Excel

6. On the **Text Import Wizard–Step 3 of 3** dialog box,

   - Highlight all the columns by scrolling down until you see multiple columns in the Data Preview display, holding the Shift key down, and clicking on the last column. All columns should now be highlighted.
   - Change the Column data format to Text.

     If you leave the format set to General, Excel will reformat some of the cells; for example, change age ranges to dates and could treat text beginning with a dash (-) as a formula (i.e.–GPRA Developmental)

     Click **Finish**.

The data in the selected file appears in the Excel worksheet. 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.

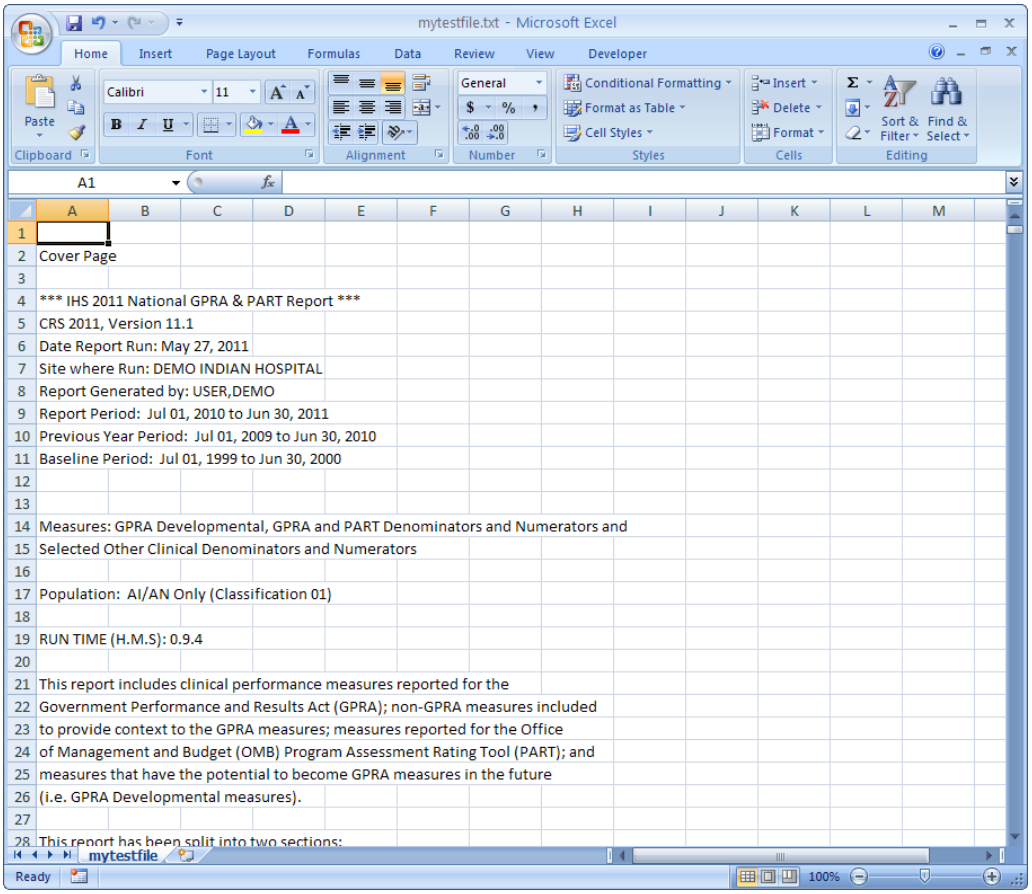


Figure B-7 Example of a delimited file imported into Excel

B.3 Sorting Patient Lists in Excel

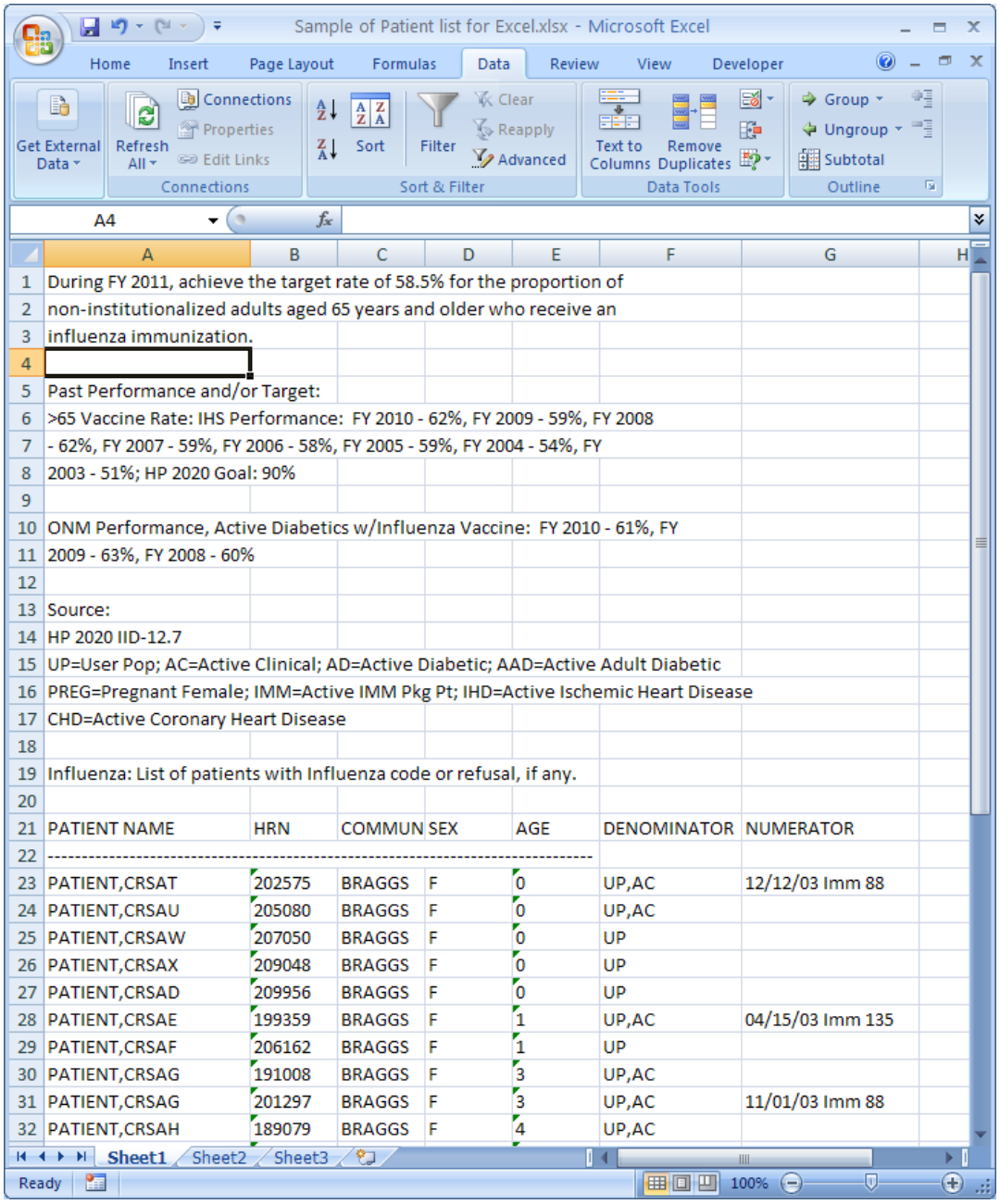
Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g., Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

The following example demonstrates how to identify at risk patients who need to receive influenza immunizations.

1. Follow the steps in Appendix B: Section B.2 to open your delimited report in Excel.

2. In Excel, scroll down to the patient list you want to sort.

3. Format the spreadsheet to see the data more clearly. For example, change the width of some columns.



	A	B	C	D	E	F	G
1	During FY 2011, achieve the target rate of 58.5% for the proportion of						
2	non-institutionalized adults aged 65 years and older who receive an						
3	influenza immunization.						
4							
5	Past Performance and/or Target:						
6	>65 Vaccine Rate: IHS Performance: FY 2010 - 62%, FY 2009 - 59%, FY 2008						
7	- 62%, FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY						
8	2003 - 51%; HP 2020 Goal: 90%						
9							
10	ONM Performance, Active Diabetics w/Influenza Vaccine: FY 2010 - 61%, FY						
11	2009 - 63%, FY 2008 - 60%						
12							
13	Source:						
14	HP 2020 IID-12.7						
15	UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic						
16	PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease						
17	CHD=Active Coronary Heart Disease						
18							
19	Influenza: List of patients with Influenza code or refusal, if any.						
20							
21	PATIENT NAME	HRN	COMMUN	SEX	AGE	DENOMINATOR	NUMERATOR
22	----------						
23	PATIENT,CRSAT	202575	BRAGGS	F	0	UP,AC	12/12/03 Imm 88
24	PATIENT,CRSAU	205080	BRAGGS	F	0	UP,AC	
25	PATIENT,CRSAW	207050	BRAGGS	F	0	UP	
26	PATIENT,CRSAX	209048	BRAGGS	F	0	UP	
27	PATIENT,CRSAD	209956	BRAGGS	F	0	UP	
28	PATIENT,CRSAE	199359	BRAGGS	F	1	UP,AC	04/15/03 Imm 135
29	PATIENT,CRSAF	206162	BRAGGS	F	1	UP	
30	PATIENT,CRSAG	191008	BRAGGS	F	3	UP,AC	
31	PATIENT,CRSAG	201297	BRAGGS	F	3	UP,AC	11/01/03 Imm 88
32	PATIENT,CRSAH	189079	BRAGGS	F	4	UP,AC	

Figure B-8: Example of a formatted patient list in Excel

4. Highlight all of the rows containing patient names and information, as shown in Figure B-9.

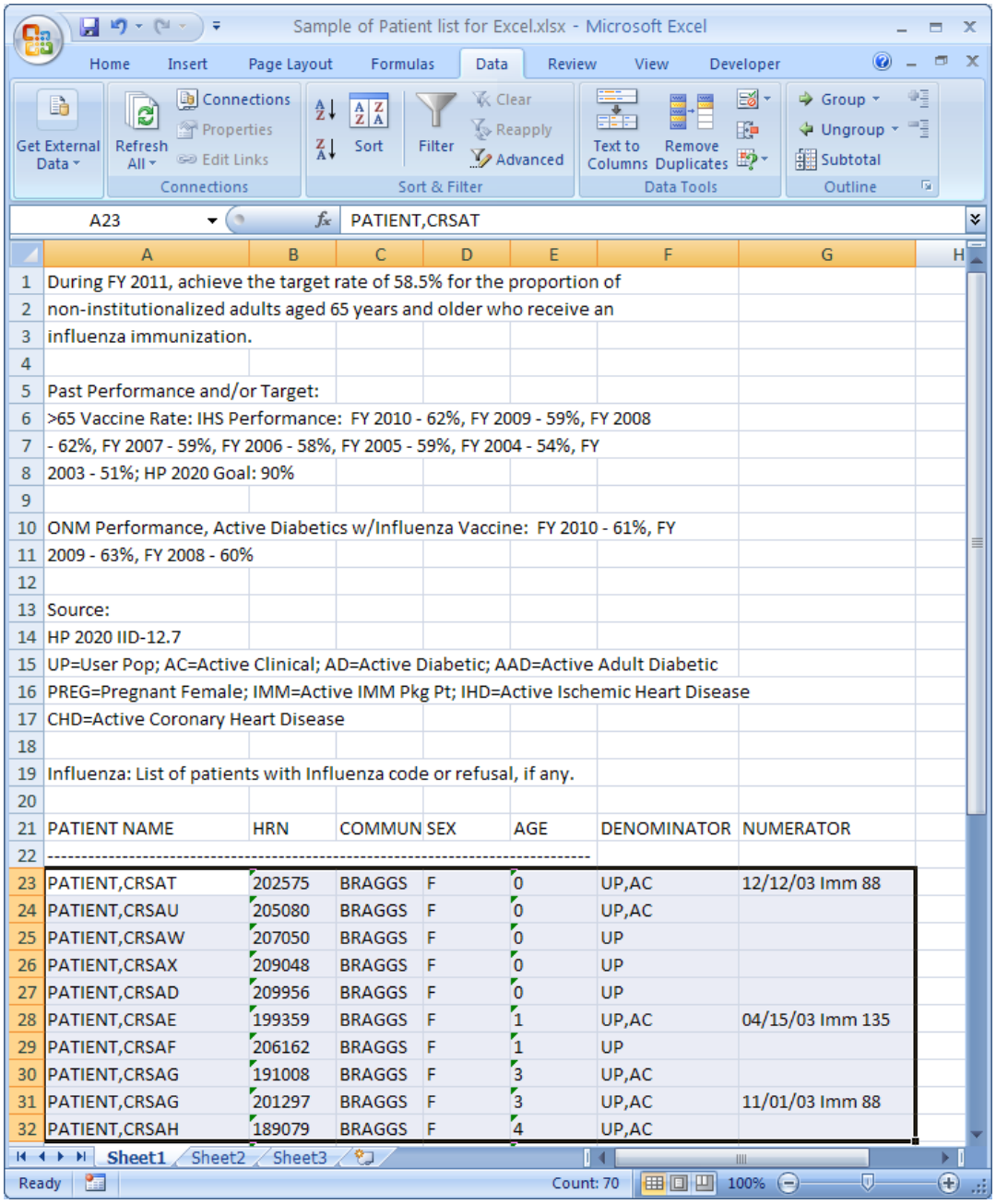


Figure B-9: Example of highlighted rows

5. On the **Data** menu, click the **Sort** option to display the **Sort** dialog box, as shown in Figure B-10.

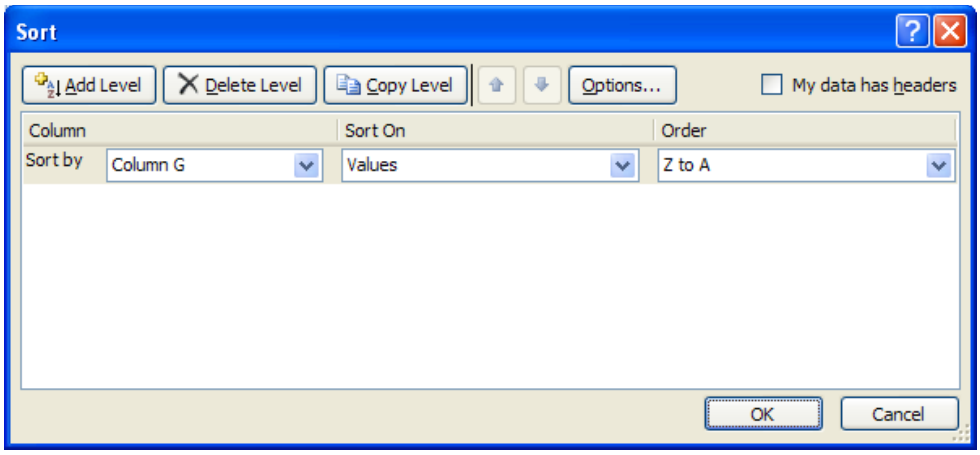


Figure B-10: **Sort** dialog

6. In the **Sort** dialog box, do the following:

   - Select the columns that you want to sort by and choose whether to sort in ascending or descending order.
   - Add Level to **sort** using additional rows.
   - Do not check **My data has headers**.

     Click **OK**.

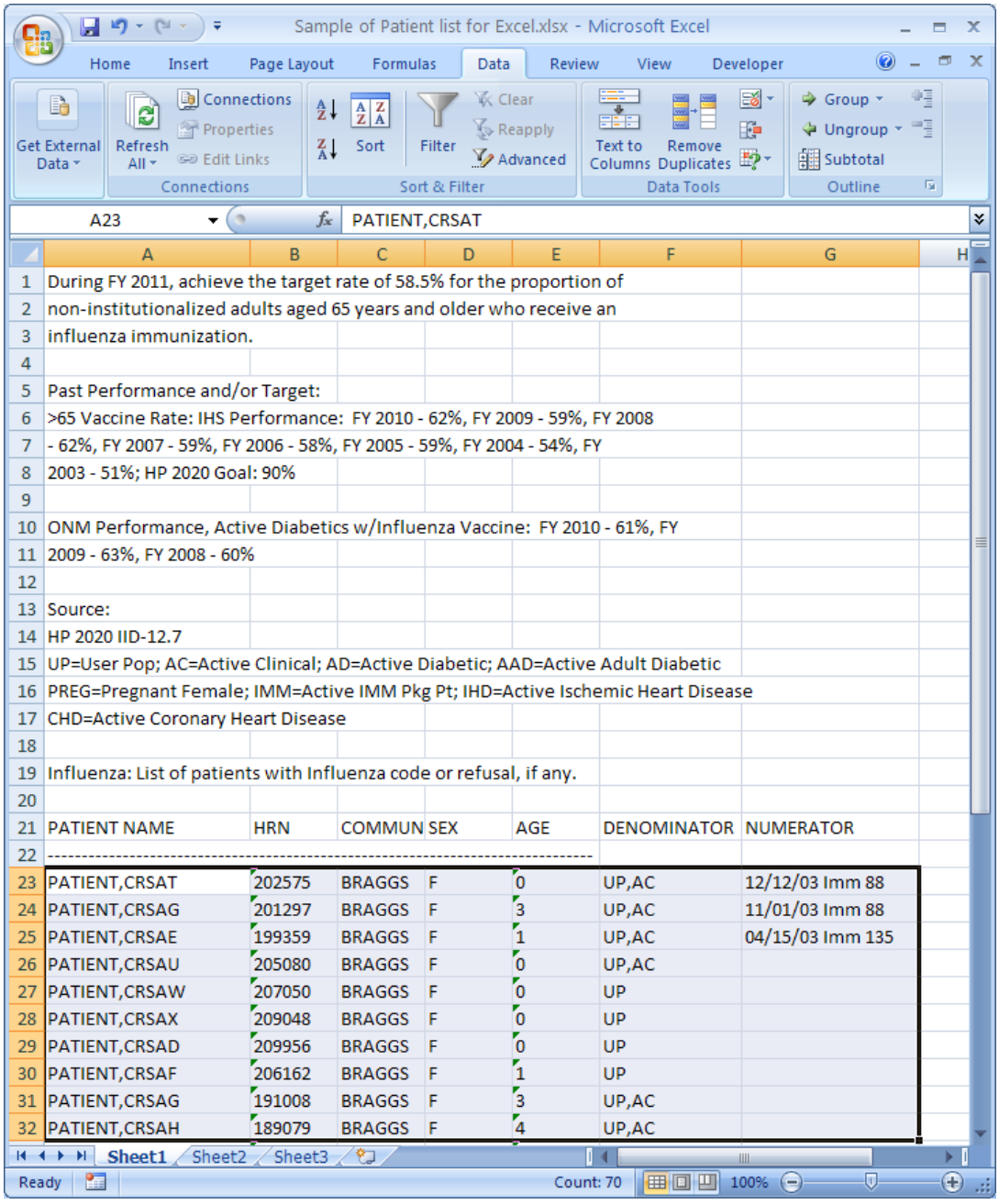


Figure B-11: Example of a sorted patient list in Excel

In this example, the sort is based on the data in the last column (G) in ascending order. The resulting list will display patients with an immunization, followed by patients with no immunization.

Appendix C: Creating a Patient Panel with Q-Man

Patient panels can be defined by users and used as the population for clinical performance reporting with the PP Selected Measures with Patient Panel Population report (see Section 5.11.2.2 for a detailed description).

Note: Patient panels must be created as FileMan search templates.

The following example demonstrates how to use Q-Man to create a list, or panel, of patients. In this example, the list created is for all female patients seen in the past year by a specified provider (PROVIDER1,TEST), who was 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// <Enter>  PCC Database (dialogue interface)

               *****  SEARCH CRITERIA  *****

What is the subject of your search?  LIVING PATIENTS // <Enter>  LIVING
PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
       M       MALE
       F       FEMALE
Value: F <Enter>  FEMALE
Computing Search Efficiency
Rating.................................................

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE

Attribute of LIVING PATIENTS: VISIT <Enter>

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 <Enter>  (DEC 11, 2013)
Exact ending date: T <Enter>  (DEC 11, 2014)

Next condition of "VISIT": PROVIDER <Enter>
```

```
            *****  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)// <Enter>  of providers

Enter PROVIDER: PROVIDER1,TEST <Enter>
Enter ANOTHER PROVIDER: <Enter>

The following have been selected =>
     PROVIDER1,TEST
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 <Enter>  PRIMARY provider only

         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2014 and DEC 11,2015@23:59:59
         PRIMARY PROVIDERS  (PROVIDER1)

Next condition of "VISIT": <Enter>

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
      ALIVE TODAY
      SEX: FEMALE
         Subject of subquery: VISIT
         BETWEEN BETWEEN DEC 11,2014 and DEC 11,2015@23:59:59
         PRIMARY PROVIDERS  (PROVIDER)

Attribute of LIVING PATIENTS: <Enter>
                     *****  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 <Enter>  STORE results of a search in a FM
search template

Fileman users please note =>
```

```
This template will be attached to IHS' PATIENT file (#9000001)

Enter the name of the SEARCH TEMPLATE: LAB SEEN BY FPROVIDER1 IN PAST YR
<Enter>
  Are you adding 'LAB SEEN BY FPROVIDER1 IN PAST YR' as
    a new SORT TEMPLATE? No// Y <Enter>  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO// <Enter>

Want to run this task in background? No// <Enter>  (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS         SANTA  SEX     VISIT
(Alive)          NUMBER
------------------------------------------------------------------------------
LASTNAME,AMY LY  123456 FEMALE  +
ROBIN,BLUE       234567 FEMALE  +
DUCK,DONALD      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
```

Figure C-1: Creating a list of all female patients

Appendix D: AI/AN Clinical Information on Measures

For AI/AN Clinical Information on Measures, please see the CRS Performance Improvement Toolbox Web site:
http://www.ihs.gov/crs/index.cfm?module=crs_performance_improvement_toolbox

Appendix E: RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (RoB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

- For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).
- For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site: http://security.ihs.gov/.

The ROB listed in the following sections are specific to RPMS.

E.1 All RPMS Users

In addition to these rules, each application may include additional RoBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

E.1.1 Access

RPMS users shall

- Only use data for which you have been granted authorization.
- Only give information to personnel who have access authority and have a need to know.
- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.
- Be aware that personal use of information resources is authorized on a limited basis within the provisions *Indian Health Manual* Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.
- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.
- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

E.1.2 Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.
- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

E.1.3 Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.
- Log out of the system whenever they leave the vicinity of their personal computers (PCs).
- Be alert to threats and vulnerabilities in the security of the system.
- Report all security incidents to their local Information System Security Officer (ISSO)
- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.
- Protect all sensitive data entrusted to them as part of their government employment.
- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

E.1.4 Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard copy information, and protect it accordingly.
- Store hard copy reports/storage media containing confidential information in a locked room or cabinet.
- Erase sensitive data on storage media prior to reusing or disposing of the media.
- Protect all RPMS terminals from public viewing at all times.
- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.
- Store sensitive files on a portable device or media without encrypting.

E.1.5 Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.
- Observe all software license agreements.
- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, or database software and database tables.
- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.
- Install or use unauthorized software within the system libraries or folders.
- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

E.1.6 System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.
- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

E.1.7 Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.
- Create passwords with a minimum of eight characters.
- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.
- Change vendor-supplied passwords immediately.
- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).
- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.
- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.
- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).
- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.
- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.
- Post passwords.
- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.
- Give a password out over the phone.

E.1.8 Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.
- Make backups of systems and files on a regular, defined basis.
- If possible, store backups away from the system in a secure environment.

E.1.9 Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.
- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

E.1.10 Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than 5 minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

E.1.11 Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).
- Keep an inventory of all system equipment.
- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

E.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.
- Read and adhere to security information pertaining to system hardware and software.
- Take the annual information security awareness.
- Read all applicable RPMS manuals for the applications used in their jobs.

E.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.
- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.
- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.
- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.
- Establish mechanisms to back up data created or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

E.2 RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.
- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.
- Only access information or code within the namespaces for which they have been assigned as part of their duties.
- Remember that all RPMS code is the property of the U.S. Government, not the developer.
- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.
- Observe separation of duties policies and procedures to the fullest extent possible.
- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.
- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.
- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.
- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

E.3 Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.
- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.
- Advise the system owner on matters concerning information technology security.
- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.
- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.
- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.
- Verify that users have received appropriate security training before allowing access to RPMS.
- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.
- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.
- Protect the supervisor, superuser, or system administrator passwords.
- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).
- Watch for unscheduled, unusual, and unauthorized programs.
- Help train system users on the appropriate use and security of the system.
- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.
- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized in the system. Passwords forgotten by their owner should be replaced, not reissued.
- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.
- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator’s database.
- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.
- Grant any user or system administrator access to RPMS unless proper documentation is provided.
- Release any sensitive agency or patient information.

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Glossary

Active Clinical Patients

One of two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it is more representative of the active clinical population than the standard User Population definition. For a detailed description of the denominator, see Section 3.2.3.1.

American Dental Association

A professional organization for dentists. The ADA maintains a hard copy dental claim form and the associated claim submission specifications, and also maintains the Current Dental Terminology (CDT) medical code set. The ADA and the Dental Content Committee (DeCC), which it hosts, have formal consultative roles under HIPAA.

Area - Service Unit - Facility

A unique identifier for each facility within IHS. A six-digit number comprised of two digits for Area, two digits for Service Unit, and two 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 measure: the current year (defined by the user); the previous year; and the baseline year. Baseline is defined by the user at the time s/he 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.

Caret (^)

A circumflex, used as a delimiter in a global. The caret is denoted as "^" and is typed by pressing Shift-6 on the keyboard.

Current Procedural Terminology Codes

One of several code sets used by the healthcare industry to standardize data allowing for comparison and analysis. CPT was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPT codes 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.

Clinical Reporting System

A component of the RPMS software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator

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

Developmental Measures

For IHS, these are performance measures tested for possible inclusion as formal GPRA measures. The purpose of developmental measures 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 Enter to show the end of an entry, such as a number or a word. Press Enter each time you respond to a computer prompt. If you want to return to the previous screen, simply press Enter without entering a response. This will take you back to the previous menu screen. Enter on some keyboards is shown as the Return Key. Whenever you see [ENT] or Enter, 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.

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).

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 Measure

Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2015, the IHS has 29 GPRA measures in three main categories:

- Treatment (14 measures)
- Prevention (13 measures)
- Capital Programming/Infrastructure (2 measures).

These measures 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:

- Reporting on how many of the previous fiscal year measures were met and explanations for those measures not met.
- Providing final definitions for performance measures for the current fiscal year.
- Providing any proposed additions, deletions, and definition changes to measures for the following fiscal year.

Health Record Number

Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification ASUFAC makes a unique identifier within all of IHS.

Healthy People 2020

HP2020 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 1412 objectives in 42 focus areas, HP2020 represents the ideas and expertise of individuals and organizations concerned about the nation's health. Each objective, or measure, was developed with a target to be achieved by the year 2020. HP2020 performance measure

definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HP2020 objectives include specific attributes, such as: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. For additional information about HP2020, go to: http://www.healthypeople.gov/.

Healthcare Effectiveness Data and Information Set

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 healthcare plans. HEDIS has evolved into focusing on healthcare prevention standards.

HEDIS performance measures relate to 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 processing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance, a not-for-profit organization dedicated to improving healthcare quality everywhere. For additional information, go to: http://www.ncqa.org/tabid/59/Default.aspx.

International Classification of Disease Codes

One of several code sets used by the healthcare industry to standardize data. The 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.

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).

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.

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 measure (GPRA and developmental) that document the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. 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.

Logical Observations, Identifiers, Names, and Codes

A standard coding system originally initiated for laboratory values, the system is being extended to include nonlaboratory 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 these 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 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. For example, the namespace assigned to the CRS is BGP.

National Drug Code

A medical code set maintained by the Food and Drug Administration, which contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.

National GPRA Report

For the CRS, the National GPRA Report includes the specific denominator and numerator from each of the clinical measure topics included in the IHS GPRA performance plan, and other key developmental (i.e., non-GPRA) measures. 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 Office 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 a performance measure.

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, noninteractively, by TaskMan.

Patient List

CRS will produce a list of patients related to a specific measure. Most patient lists include patients from the denominator with any visit dates or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients 65 yrs or older without influenza vaccination, contraindication, or NMI refusal.

Performance Measure

A specific performance measure with a defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization’s strategic or performance plans.

Performance Measure Topic

An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure 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 blood pressure values in the past year; (2) how many patients had controlled BP, defined as mean BP value less than 140/90; and (3) how many

patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.

Performance Improvement Team

Facilities will have different names for their PIT, 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.

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 predefined 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 performance measures. In all reports except the National GPRA/GPRAMA Report, users define the report period by selecting one of the predefined date ranges and entering the calendar year of the end of the reporting period. For example, selecting July 1 – June 30 and calendar year 2015 defines July 1, 2014 – June 30, 2015 as the report period. All CRS reports also display the Previous Year Period and Baseline Period for comparison.

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 performance measure 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.

User Class Identification

A computing area.

User Population

The CRS uses two main denominators for its reports: 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. For CRS, 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 3.2.3 for detailed description of the two denominators.

Utility

A callable routine line tag or function. A universal routine usable by anyone.

VA Drug Class

A five-character, alphanumeric code that specifies a broad classification and a specific type of product used by the Veterans Health Administration. The first two characters are letters and form the mnemonic for the major classification (e.g., AM for antimicrobials). Characters 3 through 5 are numbers and form the basis for sub classification. The VA Drug Classification system classifies drug products, not generic ingredients.

Variable

A character or group of characters that refers to a value. MUMPS recognizes three 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.

Acronym List

ADA	American Dental Association
AI/AN	American Indian/Alaska Native
ALT	Alanine Transaminase
ARB	Angiotensin Receptor Blocker
ASA	Acetylsalicylic Acid
AST	Aspartate Aminotransferase
ASUFAC	Area - Service Unit - Facility
BH	Behavioral Health
BMP	Basic Metabolic Panel
BP	Blood Pressure
CHS	Contract Health Service
CPT	Current Procedural Terminology
CRS	Clinical Reporting System
DPP	DiPeptidyl Peptidase
EH	Eligible Hospital
EP	Eligible Provider
FTP	File Transfer Protocol
FY	Fiscal Year
GPRA	Government Performance and Results Act
GPRAMA	GPRA Modernization Act

HEDIS	Healthcare Effectiveness Data and Information Set
HP2020	Healthy People 2020
HQ	Headquarters
I/T/U	Indian, Tribal, and Urban
ICD	International Classification of Disease
IFC	Infant Feeding Choice
IHS	Indian Health Service
LOINC	Logical Observation Identifiers Names and Codes
MU	Meaningful Use
NDC	National Drug Code
NMI	Not Medically Indicated
NSAID	Nonsteroidal Anti-Inflammatory Drugs
OMB	Office of Management and Budget
PART	Program Assessment Rating Tool
PHN	Public Health Nursing
PIT	Performance Improvement Team
RPMS	Resource and Patient Management System
RPR	Rapid Plasma Reagin
SABA	Short-Acting Beta Agonist
STI	Sexually Transmitted Infection
VA	Department of Veterans Affairs

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

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