



RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

Addendum to User Manual

Version 11.0 Patch 2
May 2011

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

Table of Contents

1.0	Introduction.....	1
1.1	Summary of Changes	1
2.0	Patch 2 Details	2
2.1	Added New Stage 1 Meaningful Use EP Performance Measure Report.....	2
2.2	Running the EP Meaningful Use Report	7
2.3	Problem Fix for GPRA & PART Forecast Patient List Report	16
2.4	Problem Fix for Search Template for National Patient List	16
	Contact Information	17

1.0 Introduction

Patch 2 provides enhancements to version 11.0 of the Clinical Reporting System (CRS) software (namespace: BGP).

Please review these changes and add a copy of them to any printed documentation your site may be using for the CRS version 11.0. These changes will be integrated into future versions of the software and user manual and will no longer be considered an addendum at the time of the next release.

1.1 Summary of Changes

Patch 2 of the CRS version 11.0 contains the changes listed below. There are no logic changes to existing performance measures for any report.

- Added new 2011 Eligible Professional (EP) Clinical Quality Measures Reports.
- Fixed problems with the Government Performance and Results Act (GPRA) & Program Assessment Rating Tool (PART) Forecast Patient List Report
- Fixed an issue with the Search Template for National Patient List

2.0 Patch 2 Details

2.1 Added New Stage 1 Meaningful Use EP Performance Measure Report

Added new Stage 1 Meaningful Use EP Performance Measure Report for a selected reporting period using the performance measure logic being released in CRS version 11.0 Patch 2.

For instructions on running this report, please follow the steps in Section 2.3.

Table 2-1: Contents of the Nine EP Performance Measure Topics

Performance Measure	Denominator(s)	Numerator(s) (Documented in past year, unless defined otherwise)
Core Measures		
Adult Weight Screening and Follow-Up (NQF 0421)	1) Patients 65+ with 1 or more outpatient encounters with the EP during the reporting period. 2) Patients 18–64 with 1 or more outpatient encounters with the EP during the reporting period.	1) (only paired with Denominator 1): Patients with Body Mass Index (BMI) calculated on or within 6 months of the encounter date: <ul style="list-style-type: none"> – BMI between \Rightarrow 22 and $<$ 30: Normal BMI; no follow-up needed <i>or</i> – BMI $<$ 22 <i>or</i> \Rightarrow 30 <i>and</i> – Patient has Care Goal: Follow-up BMI management <i>or</i> – 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: <ul style="list-style-type: none"> – BMI between \Rightarrow 18.5 and $<$ 25; Normal BMI; no follow-up needed <i>or</i> – BMI $<$ 18.5 <i>or</i> \Rightarrow 25 <i>and</i> – Patient has Care Goal: Follow-up BMI management <i>or</i> – 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)	1) Patients aged 18+ 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.	1) Patients with both the systolic and diastolic blood pressure (BP) measurements recorded during both encounters with the EP during the reporting period.
Preventive Care and Screening Measure Pair: a. Tobacco Use Assessment (NQF 0028a)	1) Patients 18+ with at least: <ul style="list-style-type: none"> – 2 encounters of office visit, health and behavior assessment, occupational therapy, or psychiatric and psychologic with the EP during the reporting period <i>or</i> – 1 encounter of preventive medicine or individual or group counseling with the EP during the reporting period 	1) 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)	1) Patients 18+ with at least: <ul style="list-style-type: none"> – 2 encounters of office visit, health and behavior assessment, occupational therapy or psychiatric and psychologic with the EP during the reporting period <i>or</i> – 1 encounter of preventive medicine, or individual or group counseling with the EP during the reporting period, <i>and</i> – The patients have been documented as tobacco users on or within the past 24 months of the latest denominator encounter date. 	1) 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.

Performance Measure	Denominator(s)	Numerator(s) (Documented in past year, unless defined otherwise)
Alternate Core Measures		
Preventive Care and Screening: Influenza Immunization for Patients >= 50 Years Old (NQF 0041)	1) Patients 50+ with at least 2 outpatient encounters or 1 preventive medicine encounter/nursing facility.	1) Patients who received the influenza vaccine during the flu season.
Weight Assessment and Counseling for Children and Adolescents (NQF 0024)	1) Patients 2–16 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period. 2) Patients 2–10 with at least 1 encounter with the EP during the reporting period and who were not pregnant during the reporting period. 3) Patients 11–16 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)	1) Patients who have reached 2 years and who have at least 1 encounter with the EP, both during the reporting period.	<p>1) Meaningful Use (MU) searches for each dose of a vaccine administered between the date of birth and the day before the second birthday of the patient.</p> <p>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.</p> <p>Patients with at least four doses of DTaP:</p> <ol style="list-style-type: none"> 1) Four DTaP/DTP/Tdap; 2) One DTaP/DTP/Tdap and three DT/Td; 3) One DTaP/DTP/Tdap and three each of Diphtheria and Tetanus; 4) Four DT and four Acellular Pertussis; 5) Four Td and four Acellular Pertussis; or 6) Four each of Diphtheria, Tetanus, and Acellular Pertussis <p>administered before their second birthday.</p> <p>2) Patients with at least three IPV vaccine administered before their second birthday.</p> <p>3) Patients with the following vaccinations administered before their second birthday</p> <ul style="list-style-type: none"> – At least one MMR vaccination. or – At least one M/R and one Mumps Rubella vaccine or evidence of disease. or – At least one R/M and one Measles vaccine or evidence of disease. or – At least one 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.)		<p>1) Patients with at least two HiB vaccines administered before their second birthday</p> <p>2) Patients with at least three Hepatitis B vaccines administered before their second birthday or evidence of disease</p> <p>3) Patients with at least one VZV vaccine administered before their second birthday or evidence of disease.</p> <p>4) Patients with at least four pneumococcal vaccines administered before their second birthday.</p> <p>5) Patients with at least two Hepatitis A vaccines administered before their second birthday or evidence of disease.</p> <p>6) Patients with at least two rotavirus vaccines administered before their second birthday.</p> <p>7) Patients with at least two influenza vaccines administered before their second birthday.</p> <p>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.</p> <p>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.</p>
Menu Set Measures		
Breast Cancer Screening (NQF 0031)	1) Women patients 41–68 with at least 1 outpatient encounter with the EP within 2 years of the reporting period end date and who have never had a mastectomy on both breasts.	1) Patients who received breast cancer screening within two years of the reporting period end date.

Performance Measure	Denominator(s)	Numerator(s) (Documented in past year, unless defined otherwise)
Colorectal Cancer Screening (NQF 0034)	1) Patients aged 50–74 who have had at least 1 outpatient encounter with the EP within 2 years of the reporting period end date and who have never had a total colectomy.	1) Patients who have had a colonoscopy within 10 years, flexible sigmoidoscopy within 5 years, or fecal occult blood testing (FOBT) during the reporting period.
Cervical Cancer Screening (NQF 0032)	1) Women patients 23–63 who have at least 1 visit with the EP within 2 years of the reporting period end date and who have never had a hysterectomy.	1) Patients who have had a Pap test within three years of the reporting period end date.

2.2 Running the EP Meaningful Use Report

1. Logging into CRS and Accessing the Main Menu

For detailed instructions on logging into CRS and accessing the main menu for your location, refer to Section 4.2 of the CRS Version 11.0 User Manual.

2. Accessing the Reports Menu

In the next screen (Figure 2-1), select the CRS 2011 Option RPT to access the Reports menu:

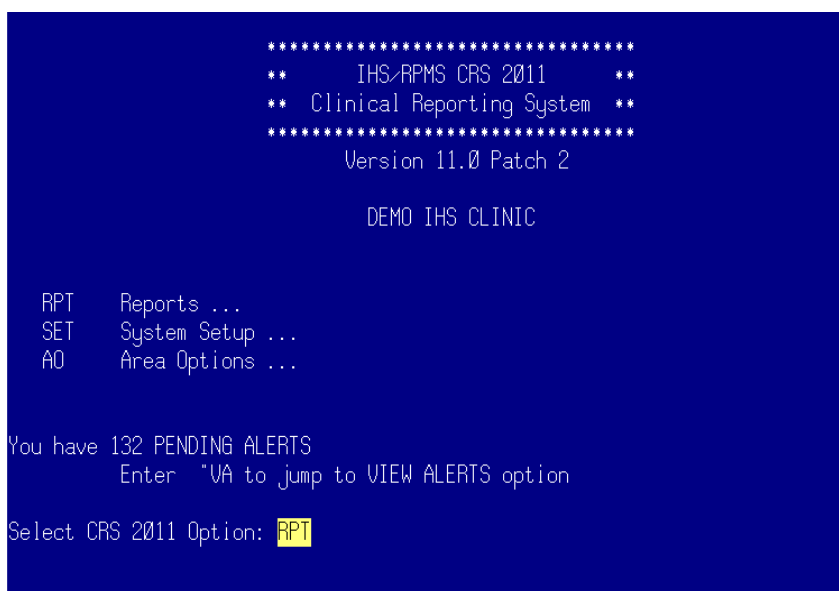


Figure 2-1: Accessing the Reports menu

3. Selecting the Meaningful Use Reports Category

In the Reports screen (Figure 2-2), the user will enter the Reports Option MUP to run one of the Meaningful Use Performance Measure Reports.

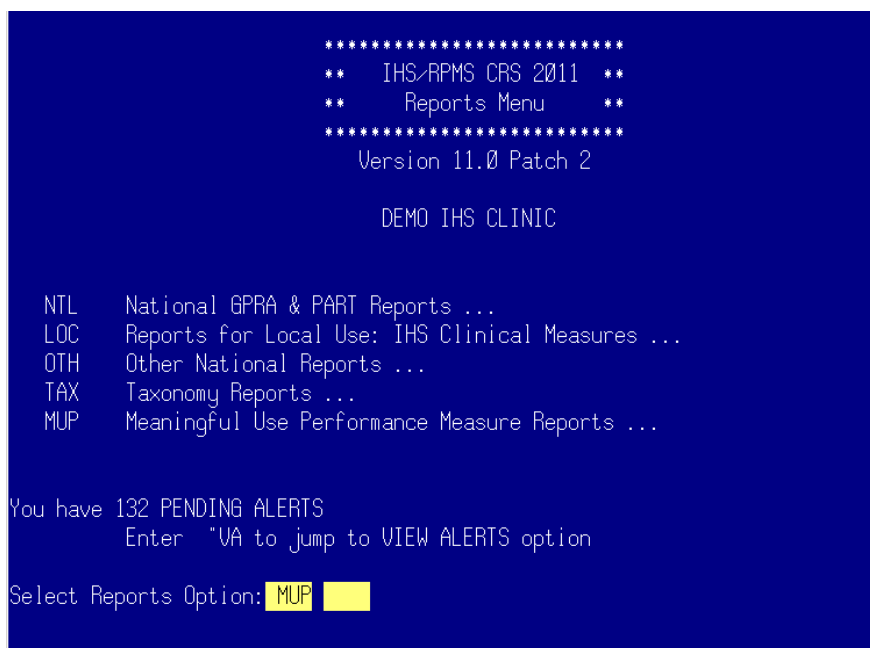


Figure 2-2: Entering a Meaningful Use Reports category

4. Selecting EP subcategory of Reports

In the subsequent screen, the user will enter a Meaningful Use Performance Measure Reports Option (Figure 2-3). The only available option at this time is EP, which is for EP measures for Stage 1.

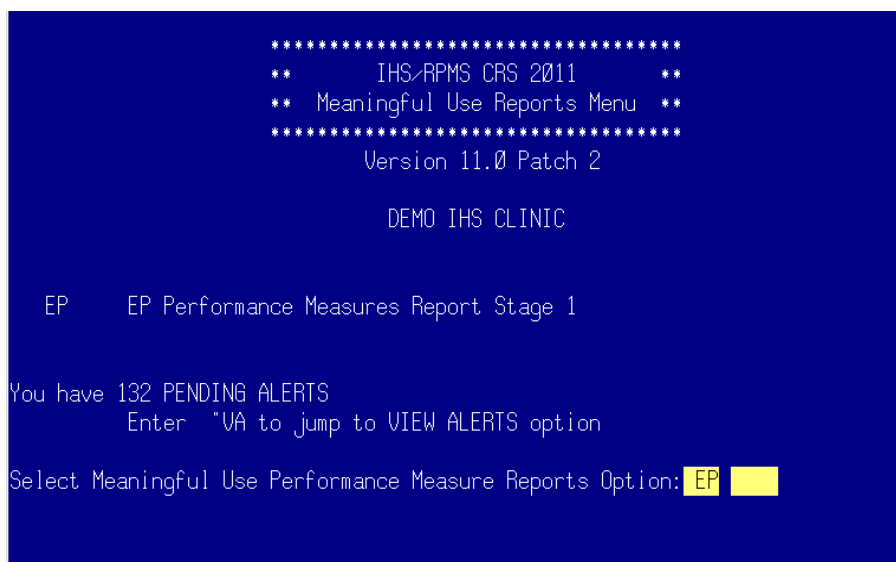


Figure 2-3: Entering an EP Reports subcategory

5. Selecting the Reporting Period Length

In the next screen (Figure 2-4), you will enter the reporting period length for the report from the two options available:

- 90 Days
- One Year

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

Enter the reporting period length for your report: 1

Figure 2-4: Entering the reporting period length

6. Entering the Reporting Period Start Date

Once you enter the reporting period length, the screen will prompt for a start date to the reporting period (Figure 2-5):

Enter the reporting period length for your report: 1 90-Days

Enter the reporting period start date.

Enter Date: 10/01/10

Figure 2-5: Entering the start date for the reporting period

7. Entering the Baseline Year

After a start date is defined, the user will then be prompted to enter a baseline year. A baseline year of 2008 was entered in the example below (Figure 2-6).

```
Enter the reporting period start date.  
Enter Date: 10/01/10 (OCT 01, 2010)  
  
Enter the Baseline Year to compare data to.  
Use a 4 digit year, e.g. 1999, 2000  
Enter Year (e.g. 2000): 2008
```

Figure 2-6: Baseline year

8. Selecting the Eligible Provider Name

In the same screen, enter the name of the EP, last name first (Figure 2-7).

Warning: The MU reports do not verify that the EP selected for the reports meets the Centers for Medicare and Medicaid Services (CMS) Electronic Health Record (EHR) Incentive Program eligibility criteria. The EP must make that determination.

```
The date ranges for this report are:  
Report Period:      Oct 01, 2010 to Dec 29, 2010  
Previous Year Period: Oct 01, 2009 to Dec 29, 2009  
Baseline Period:    Oct 01, 2008 to Dec 29, 2008  
  
Which Eligible Provider: USER,SUPER
```

Figure 2-7: Entering the EP name

9. Selecting Measure Types

At this point, enter one of the following measure types (Figure 2-8):

- CM: Core Measures
- ACM: Alternate Core Measures
- MSM: Menu Set
- SEL: Selected Measures (User Defined)

```

The date ranges for this report are:
  Report Period:      Oct 01, 2010 to Dec 29, 2010
  Previous Year Period: Oct 01, 2009 to Dec 29, 2009
  Baseline Period:    Oct 01, 2008 to Dec 29, 2008

Which Eligible Provider: USER,SUPER      SU

  Select one of the following:

      CM      Core Measures
      ACM     Alternate Core Measures
      MSM     Menu Set Measures
      SEL     Selected Measures (User Defined)

Which set of Measures should be included in this report: CM

```

Figure 2-8: Entering the type of measures to include in the report

10. Selecting Inclusion/Exclusion of Patient Lists

The user must next enter yes or no (Y/N) to indicate if Patient Lists should be displayed with the report (Figure 2-9).

```

Which Eligible Provider: USER,SUPER      SU

  Select one of the following:

      CM      Core Measures
      ACM     Alternate Core Measures
      MSM     Menu Set Measures
      SEL     Selected Measures (User Defined)

Which set of Measures should be included in this report: CM Core Measures

PATIENT LISTS
Do you want patient lists for any of the measures? N// Y

```

Figure 2-9: Patient Lists options

a. Selecting Patient List(s)

If the user has opted to include Patient Lists, the next screen allows the user to identify which Patient Lists to include (Figure 2-10), per the following:

- **S (Select List):** This allows you to select individual Patient List(s) to include in the report results. You will be prompted to identify the number(s) of the relevant Patient List(s). The following are acceptable entries:

- The number for a single Patient List
- The number range for multiple (sequential) Patient Lists, using a hyphen (e.g. 1-3)
- The numbers of multiple (nonsequential) Patient Lists, separated by commas (e.g. 1, 3).
- A (All Lists): Will include all Patient Lists in the report results

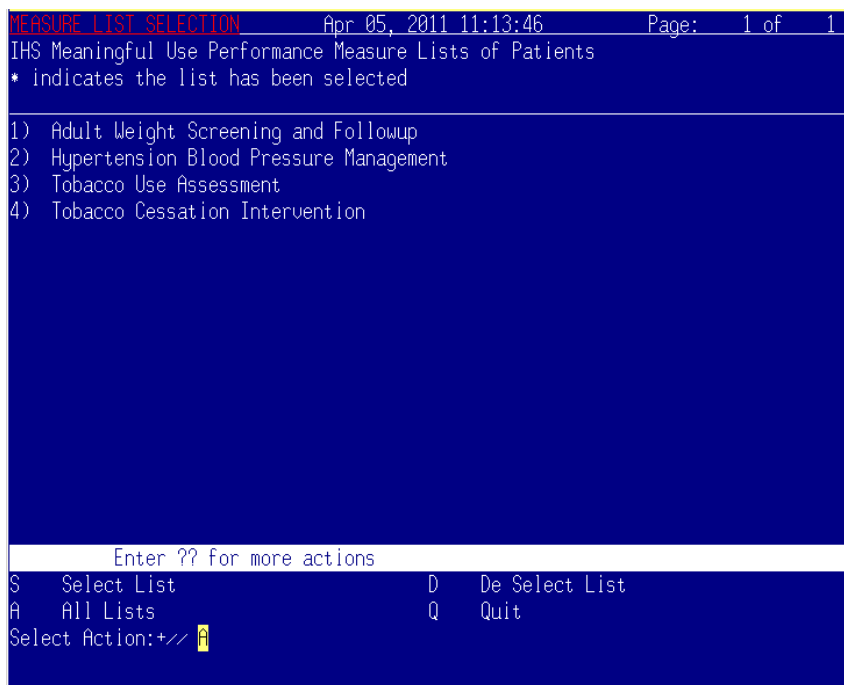


Figure 2-10: Entering the type of Patient Lists to display

11. Selecting a Report Output Type

After the user indicates whether to include or exclude Patient Lists, the Report Output Type must be entered per the following options (Figure 2-11):

- P: Print Report on Printer or Screen
- D: Create Delimited output file (for use in Excel)
- X: Create an XML output file

For detailed instructions on completing Report Outputs for Types P and D, refer to Sections 5.2.2.1 and 5.2.2.2 (respectively) of the CRS version 11.0 User Manual.

```
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
X      Create an XML output file
```

```
Select an Output Option: P// X
```

Figure 2-11: Entering the report output type for an XML output file

For Report Output Type X (Create an XML output file), the user is able to view the output file on-screen, as well as create a file.

12. Creating a XML Output On-Screen

a. Selecting to View the XML Output File On-screen

To create an on-screen output XML file, the user must first enter the S (SCREEN) option (Figure 2-12).

```
Select an Output Option: P// X Create an XML output file
```

```
You have selected to create a XML output file. You can have this
output file created as a text file in the pub directory,
OR you can have the XML 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 - XML output will display on screen for capture
F      FILE - XML output will be written to a file in pub
```

```
Select output type: S// S
```

Figure 2-12: Entering the on-screen XML output type

b. By-passing the Device Selection

When prompted to enter a device, the user should press Enter (Figure 2-13). The default value of Virtual will populate.

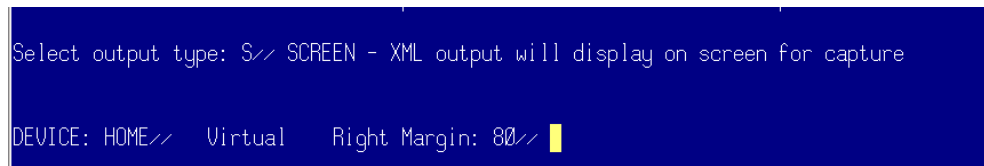
```
Select output type: S// SCREEN - XML output will display on screen for capture
```

```
DEVICE: HOME//
```

Figure 2-13: Bypassing the Device selection

c. By-passing the Right Margin Setting

Next, the user should bypass the Right Margin setting by pressing Enter; the default value of 80 will be maintained (Figure 2-13).



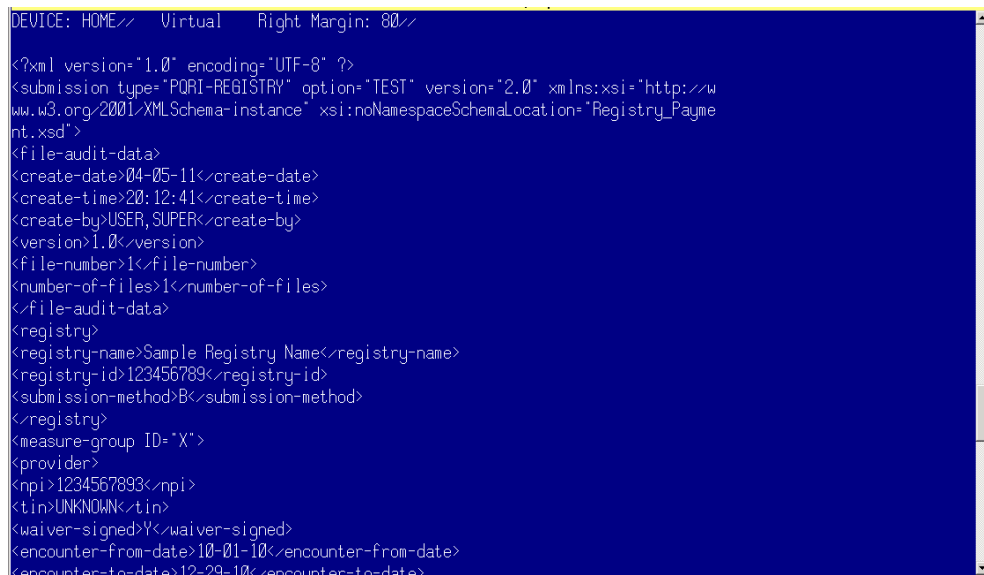
```
Select output type: S// SCREEN - XML output will display on screen for capture

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

Figure 2-14: Bypassing the Right Margin setting

d. Reviewing the XML Output On-screen

The XML output will be generated on-screen for the user to review (Figure 2-14). This is the final step in the XML Output On-Screen process.



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

<?xml version="1.0" encoding="UTF-8" ?>
<submission type="PQRI-REGISTRY" option="TEST" version="2.0" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:noNamespaceSchemaLocation="Registry_Payme
nt.xsd">
  <file-audit-data>
    <create-date>04-05-11</create-date>
    <create-time>20:12:41</create-time>
    <create-by>USER, SUPER</create-by>
    <version>1.0</version>
    <file-number>1</file-number>
    <number-of-files>1</number-of-files>
  </file-audit-data>
  <registry>
    <registry-name>Sample Registry Name</registry-name>
    <registry-id>123456789</registry-id>
    <submission-method>B</submission-method>
  </registry>
  <measure-group ID="X">
    <provider>
      <npi>1234567893</npi>
      <tin>UNKNOWN</tin>
      <waiver-signed>Y</waiver-signed>
    </provider>
    <encounter-from-date>10-01-10</encounter-from-date>
    <encounter-to-date>12-29-10</encounter-to-date>
  </measure-group>
</submission>
</file-audit-data>
</file-audit-data>
```

Figure 2-15: Reviewing the XML output onscreen

13. Creating a XML Output File

a. Selecting to Create A XML Output File

To create an XML output file, first enter the F (FILE) option (Figure 2-15).


```
Select an Output Option: P// X Create an XML output file

You have selected to create a XML output file. You can have this
output file created as a text file in the pub directory,
OR you can have the XML 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 - XML output will display on screen for capture
      F      FILE - XML output will be written to a file in pub

Select output type: S//
```

Figure 2-16: Entering the XML output file type

b. Selecting the Queue Option for XML Output File Generation

You will be prompted to indicate if the file generation should be generated immediately (N), or queue for generation (Y) (Figure 2-16). In the example below, the user has entered N.

```
Select output type: S// FILE - XML output will be written to a file in pub

When the report is finished your XML output will be found in the
C:\TMP directory. The filename will be XML.SU.110405.2014.xml

Won't you queue this ? Y// N
```

Figure 2-17: Selecting Queue option for XML Output File generation

c. Creation of XML Output File

The XML Output File will be generated and copied to the location identified onscreen (Figure 2-17). This is the final step in the XML Output File generation process.

```
Won't you queue this ? Y// NO

DOS File Being Created'
Please Standby - Copying Data to DOS File C:\TMP\XML.SU.110405.2014.xml
QATEST 14d2>
```

Figure 2-18: Reviewing the XML Output File creation

2.3 Problem Fix for GPRA & PART Forecast Patient List Report

Fixed an issue with the Human Immunodeficiency Virus (HIV) Screening, Alcohol Screening (Fetal Alcohol Syndrome [FAS] Prevention), Depression Screening, and Topical Fluoride topics in the GPRA & PART Forecast Patient List, where certain patients who had met the measure were showing displaying as not meeting the measure.

2.4 Problem Fix for Search Template for National Patient List

Fixed an issue with the Search Template for National Patient List, where templates were not being populated correctly.

Contact Information

If you have any questions or comments regarding this distribution, please contact the OIT Help Desk (IHS).

Phone: (505) 248-4371 or (888) 830-7280 (toll free)

Fax: (505) 248-4363

Web: <http://www.ihs.gov/GeneralWeb/HelpCenter/Helpdesk/index.cfm>

E-mail: support@ihs.gov