SAMPLE NATIONAL GPRA & PART REPORT – CRS 2010 VERSION 10.0

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*** IHS 2010 National GPRA & PART Report ***
CRS 2010, Version 10.0
Date Report Run: Jun 21, 2010
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: USER, DEMO
Report Period: Jul 01, 2009 to Jun 30, 2010
Previous Year Period: Jul 01, 2008 to Jun 30, 2009
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Measures: GPRA Developmental, GPRA and PART Denominators and Numerators and Selected Other Clinical Denominators and Numerators

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.21.48

This report includes clinical performance measures reported for the Government Performance and Results Act (GPRA); non-GPRA measures included to provide context to the GPRA measures; measures reported for the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART); 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 & PART (and non-GPRA for context to GPRA) section w/non-GPRA summary and GPRA & PART 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 & PART 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."
- PART measures are a combination of a denominator prefixed with "PART Denominator" and a numerator prefixed with "PART 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.

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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)".
- PART measures are a combination of a denominator and numerator both with a suffix of "(PART)".

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

Denominator Definitions used in this Report:

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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. Indian/Alaska Natives Only - based on Classification of 01.
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.

The report Performance Summaries are split into two sections.
- GPRA Developmental Summary located at the end of the GPRA Developmental section
- Non-GPRA Summary and Official GPRA & PART Summary are located on the last pages of this report following the GPRA & PART section.
A delimited output file called GPRAREPORT2010
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 TEST 2008
The following communities are included in this report:

BRAGGS	BROKEN ARROW	CHECOTAH
KANSAS	MARBLE CITY	SAND SPRINGS

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The following section contains GPRA Developmental topics and measures
followed by the GPRA Developmental Measures Clinical Performance Summary.

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Dental Sealants

Denominator(s):
- GPRA Developmental Denominator: User Population patients ages 6-15.

Numerator(s):
- GPRA Developmental Numerator: Patients with at least one or more intact dental sealants.

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

Intact dental sealant defined as V Dental ADA code 1351 or V CPT code D1351 documented during the Report Period or V Dental ADA code 0007 or V CPT code D0007 documented during the past three years. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
User Pop Pts 6-15 (GPRA Dev.)	416		409			465		
# w/intact dental sealants (GPRA Dev.)	13	3.1	9	2.2	+0.9	14	3.0	+0.1

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Topical Fluoride

Denominator(s):
- GPRA Developmental Denominator: User Population patients ages 2-15.

Numerator(s):
- GPRA Developmental Numerator: Patients who received one or more topical fluoride applications during the report period.

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

Topical Fluoride Application: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206 or 5986; 2) V CPT codes D1201 (old code), D1203, D1204, D1205 (old code), D1206, or D5986; 3) V POV V07.31.

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
User Pop Pts 2-15 (GPRA Dev.)	601		607			667		
# w/topical fluoride application (GPRA Dev.)	20	3.3	5	0.8	+2.5	2	0.3	+3.0

H1N1 Immunization Status

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients 6-59 months of age.
- GPRA Developmental Denominator: Active Clinical patients 5-9 years of age.
- GPRA Developmental Denominator: Active Clinical patients 10-18 years of age.
- GPRA Developmental Denominator: Active Clinical patients 19-24 years of age.
- GPRA Developmental Denominator: Active Clinical patients 25-64 years of age.
- GPRA Developmental Denominator: Active Clinical patients 65+ years of age.
- GPRA Developmental Denominator: All Active Clinical patients who were pregnant sometime during October 1, 2009 until the end of the Report Period with no documented miscarriage or abortion.
- GPRA Developmental Denominator: All Active Clinical patients ages 25-64 who have a high-risk condition for flu.

Numerator(s):
- GPRA Developmental Numerator: Patients with at least 1 dose of H1N1 vaccine during the Report Period. NOTE: This numerator does NOT include refusals or contraindications.
- GPRA Developmental Numerator: Patients with at least 2 doses of H1N1 vaccine during the Report Period. NOTE: This numerator does NOT include refusals or contraindications.

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

To be included in the numerator for two doses of H1N1, the second dose must be received at least 21 days after the first dose and both doses must be received during the Report Period.

H1N1 immunization defined as any of the following documented during the Report Period: A) CVX codes: 125 Live Nasal, 126 Injectable-Preservative Free, 127 Injectable, 128 All formulations; B) CPT codes: 90470, 90663, 90664, 90666-90668, G9141 or G9142.

Pregnancy defined as having a Pregnancy POV (Ambulatory; Hospitalization or In-Hospital) between the time period of October 1, 2009 and the end of the Report Period. The patient must not have a documented abortion or miscarriage occurring after the pregnancy-related visit.

Pregnancy definition: POV: 640.00, 640.03, 640.80, 640.83, 640.90,

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640.93, 641.00, 641.03, 641.10, 641.13, 641.20, 641.23, 641.30, 641.33,
641.80, 641.83, 641.90, 641.93, 642.00, 642.03, 642.10, 642.13, 642.20,
642.23, 642.30, 642.33, 642.40, 642.43, 642.50, 642.53, 642.60, 642.63,
642.70, 642.73, 642.90, 642.93, 643.00, 643.03, 643.10, 643.13, 643.20,
643.23, 643.80, 643.83, 643.90, 643.93, 644.00, 644.03, 644.10, 644.13,
645.00, 645.03, 645.10, 645.13, 645.20, 645.23, 646.00, 646.03, 646.10,
646.13, 646.20, 646.23, 646.30, 646.33, 646.40, 646.43, 646.50, 646.53,
646.60, 646.63, 646.70, 646.73, 646.80, 646.83, 646.90, 646.93, 647.00,
647.03, 647.10, 647.13, 647.20, 647.23, 647.30, 647.33, 647.40, 647.43,
647.50, 647.53, 647.60, 647.63, 647.80, 647.83, 647.90, 647.93, 648.00,
648.03, 648.10, 648.13, 648.20, 648.23, 648.30, 648.33, 648.40, 648.43,
648.50, 648.53, 648.60, 648.63, 648.70, 648.73, 648.80, 648.83, 648.90,
648.93, 649.00, 649.03, 649.10, 649.13, 649.20, 649.23, 649.30, 649.33,
649.40, 649.43, 649.50, 649.53, 649.60, 649.63, 649.70, 649.73, 651.00,
651.03, 651.10, 651.13, 651.20, 651.23, 651.30, 651.33, 651.40, 651.43,
651.50, 651.53, 651.60, 651.63, 651.70, 651.73, 651.80, 651.83, 651.90,
651.93, 652.00, 652.03, 652.10, 652.13, 652.20, 652.23, 652.30, 652.33,
652.40, 652.43, 652.50, 652.53, 652.60, 652.63, 652.70, 652.73, 652.80,
652.83, 652.90, 652.93, 653.00, 653.03, 653.10, 653.13, 653.20, 653.23,
653.30, 653.33, 653.40, 653.43, 653.50, 653.53, 653.60, 653.63, 653.70,
653.73, 653.80, 653.83, 653.90, 653.93, 654.00, 654.03, 654.10, 654.13,
654.20, 654.23, 654.30, 654.33, 654.40, 654.43, 654.50, 654.53, 654.60,
654.63, 654.70, 654.73, 654.80, 654.83, 654.90, 654.93, 655.00, 655.03,
655.10, 655.13, 655.20, 655.23, 655.30, 655.33, 655.40, 655.43, 655.50,
655.53, 655.60, 655.63, 655.70, 655.73, 655.80, 655.83, 655.90, 655.93,
656.00, 656.03, 656.10, 656.13, 656.20, 656.23, 656.30, 656.33, 656.40,
656.43, 656.50, 656.53, 656.60, 656.63, 656.70, 656.73, 656.80, 656.83,
656.90, 656.93, 657.00, 657.03, 658.00, 658.03, 658.10, 658.13, 658.20,
658.23, 658.30, 658.33, 658.40, 658.43, 658.80, 658.83, 658.90, 658.93,
659.00, 659.03, 659.10, 659.13, 659.20, 659.23, 659.30, 659.33, 659.40,
659.43, 659.50, 659.53, 659.60, 659.63, 659.70, 659.73, 659.80, 659.83,
659.90, 659.93, 660.00, 660.03, 660.10, 660.13, 660.20, 660.23, 660.30,
660.33, 660.40, 660.43, 660.50, 660.53, 660.60, 660.63, 660.70, 660.73,
660.80, 660.83, 660.90, 660.93, 661.00, 661.03, 661.10, 661.13, 661.20,
661.23, 661.30, 661.33, 661.40, 661.43, 661.90, 661.93, 662.00, 662.03,
662.10, 662.13, 662.20, 662.23, 662.30, 662.33, 663.00, 663.03, 663.10,
663.13, 663.20, 663.23, 663.30, 663.33, 663.40, 663.43, 663.50, 663.53,
663.60, 663.63, 663.80, 663.83, 663.90, 663.93, 665.00, 665.03, 665.80,
665.83, 665.90, 665.93, 671.00, 671.03, 671.10, 671.13, 671.20, 671.23,
671.30, 671.33, 671.50, 671.53, 671.80, 671.83, 671.90, 671.93, 673.00,
673.03, 673.10, 673.13, 673.20, 673.23, 673.30, 673.33, 673.80, 673.83,
V22.0, V23.9, V72.42.

Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT:
59812, 59820, 59821, 59830.

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Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49.

Persons who have a high-risk condition for flu defined as those 25 to 64 years who have 2 or more visits in the past 3 years with a POV or Problem diagnosis of any of the following: HIV Infection (042, 042.0-044.9 (old codes)); Diabetes (250.00-250.93); Rheumatic Heart Disease (393.-398.99); Hypertensive Heart Disease (402.00-402.91); Hypertensive Heart/Renal Disease (404.00-404.93); Ischemic Heart Disease (410.00-414.9); Pulmonary Heart Disease (415.0-416.9); Other Endocardial Heart Disease (424.0-424.9); Cardiomyopathy (425.0-425.9); Congestive Heart Failure (428.0-428.9, 429.2); Chronic Bronchitis (491.0-491.9); Emphysema (492.0-492.8); Asthma (493.00-493.91); Bronchiectasis, CLD, COPD (494.0-496.); Pneumoconioses (500-505); Chronic Liver Disease (571.0-571.9); Nephrotic Syndrome (581.0-581.9); Renal Failure (585.6, 585.9); Transplant (996.80-996.89); Kidney Transplant (V42.0-V42.89); Chemotherapy (V58.1); Chemotherapy follow-up (V67.2).

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical Pts 6-59 mos (GPRA Dev.)	151		133			163		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	2	1.3	0	0.0	+1.3	0	0.0	+1.3
# w/2 doses of H1N1 -No Refusals or Contraind (GPRA Dev.)	1	0.7	0	0.0	+0.7	0	0.0	+0.7
Active Clinical Pts 5-9 (GPRA Dev.)	99		104			106		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	2	2.0	0	0.0	+2.0	0	0.0	+2.0
# w/2 doses of H1N1 -No Refusals/Contraind (GPRA Dev.)	1	1.0	0	0.0	+1.0	0	0.0	+1.0

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H1N1 Immunization Status (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 10-18 (GPRA Dev.)	158		155			154		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	1	0.6	0	0.0	+0.6	0	0.0	+0.6
Active Clinical Pts 19-24 (GPRA Dev.)	154		143			123		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	2	1.3	0	0.0	+1.3	0	0.0	+1.3
Active Clinical Pts 25-64 (GPRA Dev.)	766		525			463		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	5	0.7	0	0.0	+0.7	0	0.0	+0.7
Active Clinical Pts 65+ (GPRA Dev.)	110		64			65		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	3	2.7	0	0.0	+2.7	0	0.0	+2.7
Pregnant AC Pts (GPRA Dev.)	58		14			0		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	3	5.2	0	0.0	+5.2	0	0.0	+5.2

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High-Risk AC Pts 25-64 (GPRA Dev.)	180		136			106		
# w/1 dose of H1N1 -No Refusals or Contraind (GPRA Dev.)	2	1.1	0	0.0	+1.1	0	0.0	+1.1

Childhood Immunizations

Denominator(s):
- GPRA Denominator: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerator(s):
- GPRA Developmental Numerator: Patients who have received the 4:3:1:3:3:1:4 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Logic:
Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period.

Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Acellular Pertussis; 5) 4 Td and 4 Acellular Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis.

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

Not Medically Indicated (NMI) refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. NOTE: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations where required number of doses is > 1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

- Refusal Definitions: PCC Refusal type NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120, 130; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Acellular Pertussis: 11: OPV: 2, 89; IPV: 10, 89, 110, 120, 130; MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; Pneumococcal: 33, 100, 109, 133.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120, 130; 2) POV V06.1; 3) CPT: 90696, 90698, 90700, 90721, 90723. DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DTP IZ definitions: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715. Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3)

CPT 90702. DT contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Acellular Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37 (old code). Acellular Pertussis contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis."

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120, 130; 2) POV V04.0, V06.3; 3) CPT: 90696, 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): 730.70-730.79. IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hib definitions: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90737 (old code), 90748. Hib contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code). Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 133 Pneumo Conjugate; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90670, 90732, G0009, G8115. Pneumococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Imm Pkg Pts 19-35 mos (GPRA)	38		0			0		
# w/ 4313314 combo or w/ Dx/ Contraind/ NMI Refusal (GPRA Dev.)	3	7.9	0	0.0	+7.9	0	0.0	+7.9
# w/3 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	15	39.5	0	0.0	+39.5	0	0.0	+39.5

Cancer Screening: Mammogram Rates

Denominator(s):
- GPRA Developmental Denominator: Female Active Clinical patients ages 42 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.

Numerator(s):
- GPRA Developmental Numerator: All patients who had a Mammogram documented in the past 2 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 42 years of age as of the beginning of the Report Period.

Bilateral mastectomy defined as: 1) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47.

Screening Mammogram definitions: 1) V Radiology or V CPT: 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: 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; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

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Cancer Screening: Mammogram Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 42+ (GPRA Dev.)	277		179			163		
# w/Mammogram recorded w/in 2 years-No Refusals (GPRA Dev.)	53	19.1	60	33.5	-14.4	54	33.1	-14.0

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Colorectal Cancer Screening (Revised Logic #1-HEDIS)

Denominator(s):
- GPRA Developmental Denominator: All Active Clinical patients ages 50-75 without a documented history of colorectal cancer or total colectomy.
- Male Active Clinical patients ages 50-75 without any documented diagnosis of colorectal cancer or total colectomy.
- Female Active Clinical patients ages 50-75 without any documented diagnosis of colorectal cancer or total colectomy.

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

Logic:
GPRA Developmental Logic (HEDIS):

Age is calculated at the beginning of the Report period.

Denominator Exclusions: Any diagnosis ever of one of the following:

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

Screening defined as the most recent of any of the following during applicable timeframes: 1. Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): V POV V76.51 Colon screening; CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code); LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24; CPT 45330-45345, G0104; 3. Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.42, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121.

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Colorectal Cancer Screening (Revised Logic #1-HEDIS) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 50-75 w/o colorectal cancer or total colectomy (GPRA Dev.)	289		184			157		
# w/CRC Screening -No Refusals (GPRA Dev.)	57	19.7	40	21.7	-2.0	19	12.1	+7.6
Male Active Clinical 50-75	141		86			72		
# w/CRC Screening -No Refusals (GPRA Dev.)	25	17.7	18	20.9	-3.2	9	12.5	+5.2
Female Active Clinical 50-75	148		98			85		
# w/CRC Screening -No Refusals (GPRA Dev.)	32	21.6	22	22.4	-0.8	10	11.8	+9.9

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Colorectal Cancer Screening (Revised Logic #2-USPSTF)

Denominator(s):
- GPRA Developmental Denominator: All Active Clinical patients ages 50-75.
- Male Active Clinical patients ages 50-75.
- Female Active Clinical patients ages 50-75.

Numerator(s):
- GPRA Developmental Numerator: Patients who have had ANY CRC screening, defined as any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period; 2) flexible sigmoidoscopy in the past 5 years AND FOB/ FIT in the past 3 years; or 3) colonoscopy in the past 10 years. NOTE: This numerator does NOT include refusals.

Logic:
GPRA Developmental Logic (USPSTF):

Age is calculated at the beginning of the Report period.

Screening defined as the most recent of any of the following during applicable timeframes: 1. Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): V POV V76.51 Colon screening; CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code); LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24; CPT 45330-45345, G0104; 3. Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.42, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 50-75 (GPRA Dev.)	298		188			158		
# w/CRC Screening -No Refusals (GPRA Dev.)	58	19.5	41	21.8	-2.3	19	12.0	+7.4
Male Active Clinical 50-75	144		87			73		
# w/CRC Screening -No Refusals (GPRA Dev.)	25	17.4	18	20.7	-3.3	9	12.3	+5.0

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Colorectal Cancer Screening (Revised Logic #2-USPSTF) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 50-75	154		101			85		
# w/CRC Screening -No Refusals (GPRA Dev.)	33	21.4	23	22.8	-1.3	10	11.8	+9.7

Comprehensive Cancer Screening

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients ages 21-75 who are eligible for cervical cancer, breast cancer, and/or colorectal cancer screening.
- A. Active Clinical female patients ages 21-75.
- B. Active Clinical male patients ages 50-75.

Numerator(s):
- GPRA Developmental Numerator: Patients who have had all screenings for which they are eligible. NOTE: This numerator does NOT include refusals.
- A. Female patients with cervical cancer, breast cancer, and/or colorectal cancer screening.
- B. Male patients with colorectal cancer screening.

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

Cervical Cancer Screening: To be eligible for this screening, patients must be female Active Clinical ages 21 through 64 and not have a documented history of hysterectomy. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period. To be counted as having the screening, the patient must have had a Pap Smear documented in the past 3 years.

A) Hysterectomy defined as any of the following ever: 1) V Procedure: 68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; 3) V POV 618.5, V88.01, V88.03; or 4) Women's Health procedure called Hysterectomy.

B) Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX.

Breast Cancer Screening: To be eligible for this screening, patients must be female Active Clinical ages 52 through 64 and not have a documented history ever of bilateral mastectomy or two separate unilateral mastectomies. Patients must be at least age 52 as of the beginning of the Report Period and must be less than 65 years of age as of the end of the Report Period. To be counted as having the screening, the patient must have had a Mammogram documented in the past 2 years.

A) Bilateral mastectomy defined as any of the following ever: 1) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

B) Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47.

C) Screening Mammogram definitions: 1) V Radiology or V CPT: 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: 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; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Colorectal Cancer Screening: To be eligible for this screening, patients must be Active Clinical ages 50-75 and not have a documented history ever of colorectal cancer or total colectomy. To be counted as having the screening, patients must have had any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period; 2) flexible sigmoidoscopy in the past 5 years; or 3) colonoscopy in the past 10 years.

A) Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, V10.05; CPT G0213-G0215, G0231.

B) Total Colectomy: CPT 44150-44151, 44152 (old code), 44153 (old code), 44155-44158, 44210-44212; V Procedure 45.8 (old code).

C) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): V

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POV V76.51 Colon screening; CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code); LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS.

D) Flexible Sigmoidoscopy: V Procedure 45.24; CPT 45330-45345, G0104.

E) Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.42, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active Clinical 21-75 (GPRA Dev.)	675		480			426		
# w/ Comprehensive Cancer Screening-No Refusals (GPRA Dev.)	215	31.9	187	39.0	-7.1	144	33.8	-2.0
A. Female 21-75	534		394			354		
A. # Female w/all Screens	190	35.6	169	42.9	-7.3	135	38.1	-2.6
B. Male 50-75	141		86			72		
B. # Male w/CRC Screen	25	17.7	18	20.9	-3.2	9	12.5	+5.2

Tobacco Cessation (Developmental Logic)

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients identified as current tobacco users or tobacco users in cessation, broken down by gender and age groups.

Numerator(s):
- GPRA Developmental Numerator: Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the period 180 days prior to the Report Period through the end of the Report Period.
- Patients identified as having quit their tobacco use anytime during the period 180 days prior to the Report Period through the end of the Report Period.
- A: Patients whose tobacco use was in cessation and are considered to have quit.
- GPRA Developmental Numerator: Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the period 180 days prior to the Report Period through the end of the Report Period.

Logic:
Age is calculated at beginning of the Report period.

Denominator Logic (Current Tobacco Users or Tobacco Users in Cessation):

1. CRS will search first for the last (i.e. most recent) health factor documented during the period 180 days prior to the Report Period through the first 180 days of the Report Period.

A. If a health factor(s) is found and at least one of them is one of the health factors listed below, the patient is counted as a tobacco user in cessation and is also counted as having quit their tobacco use. The patient is not counted as receiving cessation counseling.

Cessation-Smoker
Cessation-Smokeless

B. If a health factor(s) is found and at least one of them is one of the health factors listed below, the patient is counted as a tobacco user:

Tobacco User Health Factors (TUHFs)

Current Smoker
Current Smokeless
Current Smoker and Smokeless

C. If a health factor is found and it is NOT a TUHF, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

2. If no health factor was found during the specified timeframe, CRS will then search for the most recent health factor documented during an EXPANDED timeframe of anytime prior to the report period through the first 180 days of the report period. For example, a patient with the most recent health factor being documented five years prior to the report period.

If multiple health factors were documented on the same date and if any of them are TUHFs, all of the health factors will be considered as TUHFs.

A. If a health factor is found during the expanded timeframe and it is not one of the TUHFs, CRS will then search for CPT 1034F or 1035F documented after the health factor. If one of these codes is found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

B. If a health factor is found during the expanded timeframe and is a TUHF, CRS will then search for POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82 with a date occurring after the health factor date and through the first 180 days of the report period. If one of these diagnoses is found, the patient will be considered as having quit their tobacco use and will not be included in the denominator. If a diagnosis is not found, the patient is included as a current tobacco user and will be included in the denominator.

3. If no health factor was found, CRS will then search for any of the following codes documented during the period 180 days prior to the Report Period through the first 180 days of the Report Period:

A. Tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04.

B. CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F,

G8455, G8456, G8402 or G8453.

If any of these codes are found, the patient will be considered a tobacco user. If one of these codes is not found, the patient is considered a non-tobacco user and will not be included in the denominator.

Numerator Logic:

Tobacco Cessation Counseling: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period.

1. Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04;
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code D1320, 99406, 99407 , G0375 (old code), G0376 (old code), 4000F, G8402 or G8453.

Prescription for Tobacco Cessation Aid: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period:

1. Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy.
2. Prescription for any medication with name containing NICOTINE PATCH, NICOTINE POLACRILEX, NICOTINE INHALER, or NICOTINE NASAL SPRAY.
3. CPT 4001F

Quit Tobacco Use: Any of the following documented anytime during the period 180 days prior to the Report Period through the end of the Report Period AND after the date of the code found indicating the patient was a current tobacco user.

1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82.
2. Health Factor (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE

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Tobacco Cessation (Developmental Logic) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users/In Cessation (GPRA Dev.)	353		246			186		
# w/tobacco cessation counseling or RX for cessation aid-No Refusals (GPRA Dev.)	108	30.6	80	32.5	-1.9	69	37.1	-6.5
# who quit	10	2.8	0	0.0	+2.8	0	0.0	+2.8
A. # in cessation who quit	6	1.7	0	0.0	+1.7	0	0.0	+1.7
# w/tobacco cessation counseling, Rx for cessation aid, or quit-No Refusals (GPRA Dev.)	117	33.1	80	32.5	+0.6	69	37.1	-4.0
Male Active Clinical Tobacco Users/In Cessation	173		124			94		
# w/tobacco cessation counseling, or RX for cessation aid-No Refusals	59	34.1	41	33.1	+1.0	40	42.6	-8.4
# who quit	8	4.6	0	0.0	+4.6	0	0.0	+4.6
A. # in cessation who quit	5	2.9	0	0.0	+2.9	0	0.0	+2.9
# w/tobacco cessation counseling, Rx or cessation aid, or quit-No Refusals	66	38.2	41	33.1	+5.1	40	42.6	-4.4
Female Active Clinical Tobacco Users/In Cessation	180		122			92		
# w/tobacco cessation counseling, or RX for cessation aid-No Refusals	49	27.2	39	32.0	-4.7	29	31.5	-4.3
# who quit	2	1.1	0	0.0	+1.1	0	0.0	+1.1
A. # in cessation who quit	1	0.6	0	0.0	+0.6	0	0.0	+0.6
# w/tobacco cessation counseling, Rx for cessation aid, or quit-No Refusals	51	28.3	39	32.0	-3.6	29	31.5	-3.2

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Tobacco Cessation (Developmental Logic) (con't)

ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
AC Tob Users/in Cess	1	9	343
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	1	107
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	11.1	31.2
# who quit	0	0	10
% who quit	0.0	0.0	2.9
A. # in cessation who quit	0	0	6
A. % in cessation who quit	0.0	0.0	1.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	1	116
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	11.1	33.8

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Tobacco Cessation (Developmental Logic) (con't)

ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
AC Tob Users/in Cess	1	6	239
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	1	79
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	16.7	33.1
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	1	79
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	16.7	33.1
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	-5.6	-1.9
# who quit	+0.0	+0.0	+2.9
A. # in cessation who quit	+0.0	+0.0	+1.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	-5.6	+0.8

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ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
AC Tob Users/in Cess	0	4	182
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	69
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	37.9
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	69
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	37.9
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	+11.1	-6.7
# who quit	+0.0	+0.0	+2.9
A. # in cessation who quit	+0.0	+0.0	+1.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	+11.1	-4.1

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Tobacco Cessation (Developmental Logic) (con't)

MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution <12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tob Users/in Cess	0	7	166
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	59
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	35.5
# who quit	0	0	8
% who quit	0.0	0.0	4.8
A. # in cessation who quit	0	0	5
A. % in cessation who quit	0.0	0.0	3.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	66
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	39.8

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Tobacco Cessation (Developmental Logic) (con't)

MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Male AC Tob Users/in Cess	1	6	117
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	1	40
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	16.7	34.2
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	1	40
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	16.7	34.2
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	-16.7	+1.4
# who quit	+0.0	+0.0	+4.8
A. # in cessation who quit	+0.0	+0.0	+3.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	-16.7	+5.6

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MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Male AC Tob Users/in Cess	0	0	94
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	40
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	42.6
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	40
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	42.6
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	+0.0	-7.0
# who quit	+0.0	+0.0	+4.8
A. # in cessation who quit	+0.0	+0.0	+3.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	+0.0	-2.8

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tob Users/in Cess	1	2	177
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	1	48
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	50.0	27.1
# who quit	0	0	2
% who quit	0.0	0.0	1.1
A. # in cessation who quit	0	0	1
A. % in cessation who quit	0.0	0.0	0.6
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	1	50
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	50.0	28.2

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution <12	12-17	=>18
PREVIOUS YEAR PERIOD			
Female AC Tob Users/in Cess	0	0	122
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	39
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	32.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	39
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	32.0
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	+50.0	-4.8
# who quit	+0.0	+0.0	+1.1
A. # in cessation who quit	+0.0	+0.0	+0.6
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	+50.0	-3.7

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Female AC Tob Users/in Cess	0	4	88
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	29
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	33.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
A. # in cessation who quit	0	0	0
A. % in cessation who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	29
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	33.0
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	+50.0	-5.8
# who quit	+0.0	+0.0	+1.1
A. # in cessation who quit	+0.0	+0.0	+0.6
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	+50.0	-4.7

Alcohol Screening

Denominator(s):
- GPRA Denominator: Female Active Clinical patients ages 15 to 44.
- GPRA Developmental Denominator: Female Active Clinical patients ages 15 to 44 screened for alcohol use during the Report Period, not including refusals. NOTE: This denominator does NOT include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education.
- GPRA Developmental Denominator: Active Clinical patients ages 12 to 75, broken down by age groups: 12-19, 20-24, 25-34, 35-44, 45-54, and 55-75.
- GPRA Developmental Denominator: Active Clinical patients ages 12 to 75 screened for alcohol use during the Report Period, not including refusals or patient education. NOTE: This denominator does NOT include patients with a screening refusal or an alcohol-related diagnosis, procedure, or patient education. Broken down by age groups: 12-19, 20-24, 25-34, 35-44, 45-54, and 55-75.

Numerator(s):
- GPRA Developmental Numerator: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period. NOTE: This numerator does NOT include refusals or alcohol-related patient education.
- Patients with alcohol-related patient education during the Report Period.
- GPRA Developmental Numerator: Patients who were screened positive for alcohol use.
- GPRA Developmental Numerator: Patients screened for alcohol use or had an alcohol-related diagnosis or procedure during the Report Period. NOTE: This numerator does NOT include refusals or alcohol-related patient education.
- Patients who were screened positive for alcohol use.

Logic:
Ages are calculated at beginning of Report period.

Alcohol Screening: Any of the following during the Report Period: A) PCC Exam code 35, B) Any CAGE Health Factor, C) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); D) CPT 99408, 99409, G0396, G0397, H0049, H0050, or E) V Measurement in PCC or BH of AUDT, AUDC, or CRFT.

Alcohol-related Diagnosis or Procedure: Any of the following during the Report Period: A) Alcohol-related diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS POV 10, 27, 29; BHS Problem Codes: 10, 12.1, 14.2, 17.1, 18.1, 20.1, or 22.1; B) Alcohol-related procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69;

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Alcohol-related Patient Education: Any of the following during the Report Period: Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*.

Positive Screen for Alcohol Use defined as any of the following for patients with alcohol screening: 1) Exam Code 35 Alcohol Screening result of ?Positive?, 2) health factor of CAGE result of 1/4, 2/4, 3/4 or 4/4, 3) CPT G0396, G0397, 99408, or 99409, or 4) AUDT result of => 8, AUDC result of => 4 for men and => 3 for women, CRFT result of 2-6.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE % PERIOD	%	CHG from BASE
Female Active Clinical ages 15-44 (GPRA)	415		335			304		
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed (GPRA Dev.)	35	8.4	2	0.6	+7.8	1	0.3	+8.1
# w/alcohol related education	5	1.2	0	0.0	+1.2	0	0.0	+1.2
Female Active Clinical ages 15-44 w/ Alcohol Screening (GPRA Dev.)	35		1			0		
# w/ positive alcohol screen (GPRA Dev.)	19	54.3	0	0.0	+54.3	0	0.0	+54.3
Active Clinical ages 12-75 (GPRA Dev.)	1,116		827			753		
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed (GPRA Dev.)	77	6.9	12	1.5	+5.4	3	0.4	+6.5
# w/alcohol related education	7	0.6	1	0.1	+0.5	0	0.0	+0.6

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Alcohol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical ages 12-75 w/ Alcohol Screening (GPRA Dev.)	65		1			0		
# w/ positive alcohol screen (GPRA Dev.)	30	46.2	0	0.0	+46.2	0	0.0	+46.2

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Alcohol Screening (con't)

	ACTIVE CLINICAL POPULATION Age Distribution					
	12-19	20-24	25-34	35-44	45-54	55-75
CURRENT REPORT PERIOD						
# Active Clinical	152	129	222	200	199	214
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	13	11	18	19	11	5
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	8.6	8.5	8.1	9.5	5.5	2.3
# w/alcohol related education	2	3	2	0	0	0
% w/alcohol related education	1.3	2.3	0.9	0.0	0.0	0.0
# Active Clinical w/ Alcohol Screening	12	11	17	14	7	4
# w/ positive alcohol screen	5	8	7	6	4	47
% w/ positive alcohol screen	41.7	72.7	41.2	42.9	57.1	1175.0
PREVIOUS YEAR PERIOD						
# Active Clinical	137	124	163	140	129	134
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0	2	2	4	3	1
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0.0	1.6	1.2	2.9	2.3	0.7
# w/alcohol related education	0	0	0	0	1	0
% w/alcohol related education	0.0	0.0	0.0	0.0	0.8	0.0
# Active Clinical w/ Alcohol Screening	0	0	0	1	0	0
# w/ positive alcohol screen	0	0	0	0	0	37
% w/ positive alcohol screen	0.0	0.0	0.0	0.0	0.0	0.0

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Alcohol Screening (con't)

	ACTIVE CLINICAL POPULATION Age Distribution					
	12-19	20-24	25-34	35-44	45-54	55-75
CHANGE FROM PREV YR %						
w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	+8.6	+6.9	+6.9	+6.6	+3.2	+1.6
w/ alcohol related education	+1.3	+2.3	+0.9	+0.0	-0.8	+0.0
w/ positive alcohol screen	+41.7	+72.7	+41.2	+42.9	+57.1	+1,175.0
BASELINE REPORT PERIOD						
# Active Clinical	135	112	152	126	123	105
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0	0	1	1	1	0
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0.0	0.0	0.7	0.8	0.8	0.0
# w/alcohol related education	0	0	0	0	0	0
% w/alcohol related education	0.0	0.0	0.0	0.0	0.0	0.0
# Active Clinical w/ Alcohol Screening	0	0	0	0	0	0
# w/ positive alcohol screen	0	0	0	0	0	31
% w/ positive alcohol screen	0.0	0.0	0.0	0.0	0.0	0.0

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Alcohol Screening (con't)

ACTIVE CLINICAL POPULATION
Age Distribution

	12-19	20-24	25-34	35-44	45-54	55-75
CHANGE FROM PREV YR %						
w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	+8.6	+8.5	+7.5	+8.7	+4.7	+2.3
w/ alcohol related education	+1.3	+2.3	+0.9	+0.0	+0.0	+0.0
w/ positive alcohol screen	+41.7	+72.7	+41.2	+42.9	+57.1	+1,175.0

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Intimate Partner (Domestic) Violence Screening

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

Numerator(s):
- GPRA Developmental Numerator: Patients with an IPV/DV exam or IPV/DV-related diagnosis, procedure, or counseling any time during the Report Period. NOTE: This numerator does NOT include refusals or IPV/DV-related patient education.
- Patients with IPV/DV-related education during the Report Period.

Logic:
Age is calculated at beginning of the Report Period.

1) IPV/DV Exam: PCC Exam code 34 or BHS IPV/DV exam.

2) Diagnosis (POV or current PCC or BHS Problem List): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 43.*, 44.*

3) IPV/DV Patient Education: Patient Education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49.

4) IPV/DV Counseling: V61.11.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# Female Active Clinical ages 15-40 (GPRA)	362		302			267		
# w/IPV/DV Exam, Dx, Procedure or Counseling-No Refusals or Pt Ed (GPRA Dev.)	5	1.4	0	0.0	+1.4	0	0.0	+1.4
# w/IPV/DV education	3	0.8	1	0.3	+0.5	0	0.0	+0.8

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Depression Screening

Denominator(s):
- GPRA Denominator: Active Clinical patients ages 18 and older.
- GPRA Developmental Denominator: Active Clinical patients ages 12-18.

Numerator(s):
- 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.

Logic:
Age is calculated at beginning of the Report period.

Depression Screening is defined as any of the following: 1) Exam Code 36, 2) POV V79.0, 3) BHS problem code 14.1 (screening for depression), or 4) V Measurement in PCC or BH of PHQ2 or PHQ9.

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Suicide Ideation: POV V62.84 or BHS Problem Code 39 during the Report Period.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 (GPRA)	1,046		753			666		
# w/ Depression Screening or mood disorder or suicide ideation DX-No Refusals (GPRA Dev.)	62	5.9	41	5.4	+0.5	17	2.6	+3.4

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 12-18 (GPRA Dev.)	127		118			124		
# w/ Depression Screening or mood disorder or suicide ideation DX-No Refusals (GPRA Dev.)	3	2.4	0	0.0	+2.4	0	0.0	+2.4

Comprehensive CVD-Related Assessment

Denominator(s):
- GPRA Developmental Denominator: Active CHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with coronary heart disease (CHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 CHD-related visits ever.
- A: Active CHD patients ages 22 and older who are not Active Diabetic.
- B: Active CHD patients ages 22 and older who are Active Diabetic.

Numerator(s):
- Patients with Blood Pressure value documented at least twice in prior two years.
- Patients with LDL completed during the Report Period, regardless of result.
- Patients who have been screened for tobacco use during the Report Period.
- BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.
- Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.
- GPRA Developmental Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening and does NOT include refusals of BMI.
- Depression Screening: 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.

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

Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

Coronary Heart Disease (CHD) diagnosis defined as any of the following:

1) 410.0-413.*, 414.0-414.9, or 429.2 recorded in the V POV file.

2) One or more CABG or PCI procedures, defined as any of the following.

A) CABG Procedure: V CPT: 33510-33514, 33516-33519, 33521-33523, 33533-33536; V Procedure: 36.1* or 36.2*.

B) PCI Procedure: V POV: V45.81 or V45.82; V CPT: 33140, 92980, 92982, 92995; V Procedure: 36.0*.

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

LDL Documented: Finds the most recent test done during the Report Period, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Tobacco Screening: Defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455, G8456, G8457, G8402 or G8453.

BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Medical Nutrition Therapy: CPT 97802-97804, G0270, G0271; Provider codes 07, 29; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition education defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Depression Screening/Mood Disorder or Suicide Ideation DX: Any of the following during the Report Period:

1) Depression Screening: A) Exam Code 36, B) POV V79.0, C) BHS problem code 14.1 (screening for depression), D) V Measurement in PCC or BH of PHQ2 or PHQ9.

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2) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

3) Suicide Ideation DX: POV V62.84 or BHS Problem Code 39 during the Report Period.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active CHD Pts 22+ (GPRA Dev.)	55		38			31		
# w/ BPs documented w/in 2 yrs	49	89.1	38	100.0	-10.9	31	100.0	-10.9
# w/ LDL done	38	69.1	24	63.2	+5.9	14	45.2	+23.9
# w/Tobacco Screening w/in 1 yr	43	78.2	32	84.2	-6.0	23	74.2	+4.0
# w/BMI calculated -No Refusals	47	85.5	37	97.4	-11.9	31	100.0	-14.5
# w/ lifestyle educ w/in 1 yr	28	50.9	21	55.3	-4.4	20	64.5	-13.6
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Scrn (GPRA Dev.)	16	29.1	15	39.5	-10.4	6	19.4	+9.7
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	13	23.6	4	10.5	+13.1	5	16.1	+7.5
A. Active CHD Pts 22+ and are NOT Active Diabetic	27		17			13		
# w/ BPs documented w/in 2 yrs	21	77.8	17	100.0	-22.2	13	100.0	-22.2
# w/LDL done	14	51.9	12	70.6	-18.7	8	61.5	-9.7
# w/Tobacco Screening w/in 1 yr	19	70.4	13	76.5	-6.1	10	76.9	-6.6
# w/BMI calculated -No Refusals	21	77.8	17	100.0	-22.2	13	100.0	-22.2
# w/ lifestyle educ w/in 1 yr	13	48.1	7	41.2	+7.0	5	38.5	+9.7
# w/ BP, LDL, tobacco, BMI and BMI and life counseling, Dep Scrn (GPRA Dev.)	7	25.9	6	35.3	-9.4	2	15.4	+10.5
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	7	25.9	2	11.8	+14.2	1	7.7	+18.2

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Comprehensive CVD-Related Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
B. Active CHD Pts 22+ who ARE Active Diabetic	28		21			18		
# w/ BPs documented w/in 2 yrs	28	100.0	21	100.0	+0.0	18	100.0	+0.0
# w/LDL done	24	85.7	12	57.1	+28.6	6	33.3	+52.4
# w/Tobacco Screening w/in 1 yr	24	85.7	19	90.5	-4.8	13	72.2	+13.5
# w/BMI calculated -No Refusals	26	92.9	20	95.2	-2.4	18	100.0	-7.1
# w/ lifestyle educ w/in 1 yr	15	53.6	14	66.7	-13.1	15	83.3	-29.8
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Scrn (GPRA Dev.)	9	32.1	9	42.9	-10.7	4	22.2	+9.9
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	6	21.4	2	9.5	+11.9	4	22.2	-0.8

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HIV Screening

Denominator(s):
- GPRA Developmental Denominator: User Population patients ages 13-64 with no recorded HIV diagnosis ever.
- No denominator. This measure is a total count only, not a percentage.

Numerator(s):
- GPRA Developmental Numerator: Patients who were screened for HIV during the Report Period. NOTE: This numerator does NOT include refusals.
- Patients with documented HIV screening refusal during the Report Period.
- GPRA Developmental Numerator: Number of HIV screens provided to User Population patients during the Report Period, where the patient was not diagnosed with HIV anytime prior to the screen. NOTE: This numerator does not include refusals.

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

HIV diagnosis defined as any of the following documented anytime prior to the end of the Report Period: POV or Problem List codes 042, 042.0-044.9 (old codes), 079.53, V08, or 795.71.

HIV screening: CPT 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP HIV TEST TAX; or Refusal of any lab test in site-populated taxonomy BGP HIV TEST TAX.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts 13-64 w/ no HIV ever (GPRA Dev.)	1,983		1,606			1,518		
# w/HIV screening -No Refusals (GPRA Dev.)	40	2.0	18	1.1	+0.9	0	0.0	+2.0
# w/HIV screening refusal	4	0.2	0	0.0	+0.2	0	0.0	+0.2
# HIV screens for User Pop Pts w/ no prior HIV-No Refusals (GPRA Dev.)	47		20		+27	0		+47

Use of High-Risk Medications in the Elderly

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients ages 65 and older, broken down by gender.
- Male Active Clinical patients ages 65 and older.
- Female Active Clinical patients ages 65 and older.

Numerator(s):
- GPRA Developmental Numerator: Patients who received at least one high-risk medication for the elderly during the Report Period.
- GPRA Developmental Numerator: Patients who received at least two different high-risk medications for the elderly during the Report Period.

Logic:
Age of the patient is calculated at the beginning of the Report period.
High-risk medications for the elderly (i.e. potentially harmful drugs) defined with medication taxonomies:
- BGP HEDIS ANTIANXIETY MEDS (Includes combination drugs) (Aspirin-Meprobamate, Meprobamate)
- BGP HEDIS ANTIEMETIC MEDS (Scopolamine, Trimethobenzamide)
- BGP HEDIS ANALGESIC MEDS (Includes combination drugs) (Acetaminophen-diphenhydramine, diphenhydramine-magnesium salicylate, Ketorolac)
- BGP HEDIS ANTIHISTAMINE MEDS (Includes combination drugs) (APAP/dextromethorphan/diphenhydramine, APAP/diphenhydramine/phenylephrine, APAP/diphenhydramine/pseudoephedrine, Acetaminophen-diphenhydramine, Atropine/CPM/hyoscyamine/PE/PPA/scopolamine, Carbetapentane/diphenhydramine/phenylephrine, Codeine/phenylephrine/promethazine, Codeine-promethazine, Cyproheptadine, Dexchlorpheniramine, Dexchlorpheniramine/dextromethorphan/PSE, Dexchlorpheniramine/guaifenesin/PSE, Dexchlorpheniramine/hydrocodone/phenylephrine, Dexchlorpheniramine/methscopolamine/PSE, Dexchlorpheniramine-pseudoephedrine, Dextromethorphan-promethazine, Diphenhydramine, Diphenhydramine/hydrocodone/phenylephrine, Diphenhydramine-magnesium salicylate, Diphenhydramine-phenylephrine, Diphenhydramine-pseudoephedrine, Hydroxyzine hydrochloride, Hydroxyzine pamoate, Phenylephrine-promethazine, Promethazine, Tripelennamine)
- BGP HEDIS ANTIPSYCHOTIC MEDS (Thioridazine, Mesoridazine)
- BGP HEDIS AMPHETAMINE MEDS (Amphetamine-destroamphetamine, Benzphetamine, Dexmethylphenidate, Dextroamphetamine, Diethylproprion, Methamphetamine, Methylphenidate, Pemoline, Phendimetrazine, Phenteramine)

- BGP HEDIS BARBITURATE MEDS (Amobarbital, Butabarbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital)
- BGP HEDIS BENZODIAZEPINE MEDS (Includes combination drugs) (Amitriptyline-Chlordiazepoxide, Chlordiazepoxide, Chlordiazepoxide-clidinium, Diazepam, Flurazepam)
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine, Propantheline)
- BGP HEDIS BELLADONNA ALKA MEDS (Includes combination drugs) (Atropine, Atropine/CPM/hyoscyamine/PE/scopolamine, Atropine/hyoscyamine/PB/scopolamine, Atropine-difenoxin, Atropine-diphenoxylate, Atropine-edrophonium, Belladonna, Belladonna/caffeine/ergotamine/pentobarbital, Belladonna/ergotamine/phenobarbital, Butabarbital/hyoscyamine/phenazopyridine, Digestive enzymes/hyoscyamine/phenyltoloxamine, Hyoscyamine, Hyoscyamine/methenam/m-blue/phenyl salicyl, Hyoscyamine-phenobarbital)

- BGP HEDIS SKL MUSCLE RELAX MED (Includes combination drugs) (ASA/caffeine/orphenadrine, ASA/carisoprodol/codeine, Aspirin-carisoprodol, Aspirin-meprobamate, Aspirin-methocarbamol, Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)
- BGP HEDIS ORAL ESTROGEN MEDS (Includes combination drugs) (Conjugated estrogen, Conjugated estrogen-medroxyprogesterone, Esterified estrogen, Esterified estrogen-methyltestosterone, Estropipate)
- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide)
- BGP HEDIS NARCOTIC MEDS (Includes combination drugs) (ASA/caffeine/propoxyphene, Acetaminophen-pentazocine, Acetaminophen-propoxyphene, Belladonna-opium, Meperidine, Meperidine-promethazine, Naloxone-pentazocine, Pentazocine, Propoxyphene hydrochloride, Propoxyphene napsylate
- BGP HEDIS VASODILATOR MEDS (Cyclandelate, Dipyridamole-short acting only, Ergot mesyloid, Isoxsuprine)
- BGP HEDIS OTHER MEDS AVOID ELD (Includes androgens and anabolic steroids, thyroid drugs, and urinary anti-infectives) (Methyltestosterone, Nitrofurantoin, Nitrofurantoin macrocrystals, Nitrofurantoin macrocrystals-monohydrate, Thyroid desiccated)

For each medication, the days supply must be > 0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2006, Discontinued Date=11/19/2006, Recalculated # Days Prescribed=4.

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Use of High-Risk Medications in the Elderly (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>65 (GPRA Dev.)	110		64			65		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	21	19.1	12	18.8	+0.3	19	29.2	-10.1
# w/exposure to multiple high-risk meds (GPRA Dev.)	9	8.2	2	3.1	+5.1	8	12.3	-4.1
Male Active Clinical =>65	52		28			27		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	9	17.3	4	14.3	+3.0	7	25.9	-8.6
# w/exposure to multiple high-risk meds (GPRA Dev.)	3	5.8	1	3.6	+2.2	2	7.4	-1.6
Female Active Clinical =>65	58		36			38		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	12	20.7	8	22.2	-1.5	12	31.6	-10.9
# w/exposure to multiple high-risk meds (GPRA Dev.)	6	10.3	1	2.8	+7.6	6	15.8	-5.4

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
GPRA DEVELOPMENTAL MEASURES			
DENTAL			
Intact Sealants	3.1%	2.2%	3.0%
Top Fluoride	3.3%	0.8%	0.3%
IMMUNIZATIONS			
H1N1 one dose 6-59mos	1.3%	0.0%	0.0%
H1N1 two or more doses 6-59mos	0.7%	0.0%	0.0%
H1N1 one dose 5-9yrs	2.0%	0.0%	0.0%
H1N1 two or more doses 5-9yrs	1.0%	0.0%	0.0%
H1N1 one dose 10-18yrs	0.6%	0.0%	0.0%
H1N1 one dose 19-24yrs	1.3%	0.0%	0.0%
H1N1 one dose 25-64yrs	0.7%	0.0%	0.0%
H1N1 one dose 65+yrs	2.7%	0.0%	0.0%
H1N1 one dose Pregnant	5.2%	0.0%	0.0%
H1N1 one dose High-Risk 25-64yrs	1.1%	0.0%	0.0%
Active IMM 4313314 19-35mos	7.9%	0.0%	0.0%
Active IMM 3 Doses Pneumococcal 19-35mos	39.5%	0.0%	0.0%
CANCER			
Mammogram 42+	19.1%	33.5%	33.1%
Colo Cancer 50-75 (#1 HEDIS)	19.7%	21.7%	12.1%
Male 50-75	17.7%	20.9%	12.5%
Female 50-75	21.6%	22.4%	11.8%
Colo Cancer 50-75 (#2 USPSTF)	19.5%	21.8%	12.0%
Male 50-75	17.4%	20.7%	12.3%
Female 50-75	21.4%	22.8%	11.8%
Comp Cancer Screen 21-75yrs	31.9%	39.0%	33.8%

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
Female 21-75yrs	35.6%	42.9%	38.1%
Male 50-75yrs	17.7%	20.9%	12.5%
Tobacco Cessation	30.6%	32.5%	37.1%
Tobacco Users Quit	2.8%	0.0%	0.0%
Tobacco Cess and Quit	1.7%	0.0%	0.0%
Tobacco Cess or Quit	33.1%	32.5%	37.1%
BEHAVIORAL HEALTH			
Alcohol Screening			
Female 15-44yrs	8.4%	0.6%	0.3%
w/ Alcohol-Related Ed	1.2%	0.0%	0.0%
w/ Positive Alcohol Screen	54.3%	0.0%	0.0%
Active Clinical 12-75yrs	6.9%	1.5%	0.4%
w/ Alcohol-Related Ed	0.6%	0.1%	0.0%
w/ Positive Alcohol Screen	46.2%	0.0%	0.0%
IPV/DV Screen 15-40yrs	1.4%	0.0%	0.0%
w/IPV/DV Related Ed	0.8%	0.3%	0.0%
Depression Scrn			
18yrs and older	5.9%	5.4%	2.6%
12-18yrs	2.4%	0.0%	0.0%
CARDIOVASCULAR DISEASE			
Comp CDV Assess 22+			
CHD: BP Assessed	89.1%	100.0%	100.0%
Not Diabetic	77.8%	100.0%	100.0%
Active Diabetic	100.0%	100.0%	100.0%
CHD: LDL Assessed	69.1%	63.2%	45.2%
Not Diabetic	51.9%	70.6%	61.5%
Active Diabetic	85.7%	57.1%	33.3%
CHD: Tobacco Assessed	78.2%	84.2%	74.2%
Not Diabetic	70.4%	76.5%	76.9%
Active Diabetic	85.7%	90.5%	72.2%
CHD: BMI Assessed	85.5%	97.4%	100.0%
Not Diabetic	77.8%	100.0%	100.0%
Active Diabetic	92.9%	95.2%	100.0%
CHD: Lifesytle Counsel	50.9%	55.3%	64.5%
Not Diabetic	48.1%	41.2%	38.5%
Active Diabetic	53.6%	66.7%	83.3%

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
CHD: BP, LDL, Tob,			
BMI, LStyle	29.1%	39.5%	19.4%
Not Diabetic	25.9%	35.3%	15.4%
Active Diabetic	32.1%	42.9%	22.2%
CHD: Depression Screen	23.6%	10.5%	16.1%
Not Diabetic	25.9%	11.8%	7.7%
Active Diabetic	21.4%	9.5%	22.2%
OTHER CLINICAL			
HIV Scrn No Prev			
Diag 13-64yrs	2.0%	1.1%	0.0%
# w/ HIV Screen Refusal*	0.2%	0.0%	0.0%
# HIV Screens	47	20	0
Use of High-Risk Meds 65+			
One High-Risk Med	19.1%	18.8%	29.2%
Male One High-Risk Med	17.3%	14.3%	25.9%
Female On High-Risk Med	20.7%	22.2%	31.6%
Two or More High-Risk			
Med	8.2%	3.1%	12.3%
Male Two High-Risk Med	5.8%	3.6%	7.4%
Female Two High-Risk Med	10.3%	2.8%	15.8%

* Not GPRA Developmental measure but included to show percentage of refusals with respect to GPRA Developmental measure.

The following section contains GPRA & PART and Non-GPRA Selected Topics and measures followed by the Clinical Performance Summaries for Non-GPRA Measures and GPRA & PART Measures.

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Diabetes Prevalence

Denominator(s):
- All User Population users. Breakdown by gender and by age groups: <15, 15-19, 20-24, 25-34, 35-44, 45-54, 55-64, >64.

Numerator(s):
- Anyone diagnosed with Diabetes at any time before the end of the Report Period.
- Anyone diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes diagnosis is defined as at least one diagnosis 250.00-250.93 recorded in the V POV file.

Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes prevalence rates to identify trends in the age-specific prevalence of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN population.

Past Performance and/or Target:
IHS Performance: FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,853		2,395			2,345		
# w/ any DM DX	238	8.3	220	9.2	-0.8	197	8.4	-0.1
# w/ DM DX w/in past year	149	5.2	127	5.3	-0.1	100	4.3	+1.0
# Male User Pop	1,341		1,118			1,109		
# w/ any DM DX	97	7.2	90	8.1	-0.8	72	6.5	+0.7
# w/DM DX w/in past year	67	5.0	65	5.8	-0.8	48	4.3	+0.7

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Diabetes Prevalence (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop	1,512		1,277			1,236		
# w/ any DM DX	141	9.3	130	10.2	-0.9	125	10.1	-0.8
# w/ DM DX w/in past year	82	5.4	62	4.9	+0.6	52	4.2	+1.2

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Diabetes Prevalence (con't)

TOTAL USER POPULATION
Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total # User Pop	727	237	259	397	378	381	255	219
# w/ DM DX ever	1	3	5	34	49	60	44	42
% w/ DM DX ever	0.1	1.3	1.9	8.6	13.0	15.7	17.3	19.2
# w/DM DX in past yr	0	2	1	11	36	42	29	28
% w/DM DX in past yr	0.0	0.8	0.4	2.8	9.5	11.0	11.4	12.8
PREVIOUS YEAR PERIOD								
Total # User Pop	708	225	242	344	299	258	171	148
# w/ DM DX ever	3	3	8	31	45	50	41	39
% w/ DM DX ever	0.4	1.3	3.3	9.0	15.1	19.4	24.0	26.4
# w/DM DX in past yr	1	2	2	9	25	30	30	28
% w/DM DX in past yr	0.1	0.9	0.8	2.6	8.4	11.6	17.5	18.9
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.4	-0.4	-2.1	-3.6	-6.7	-7.2
w/DM DX in past yr	-0.1	+0.0	-0.4	+0.2	+1.2	-0.6	-6.2	-6.1
BASELINE REPORT PERIOD								
Total # User Pop	787	208	217	329	293	227	141	143
# w/ DM DX ever	2	4	12	20	38	46	31	44
% w/ DM DX ever	0.3	1.9	5.5	6.1	13.0	20.3	22.0	30.8
# w/DM DX in past yr	2	1	3	7	18	21	20	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.1	9.3	14.2	19.6
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.7	-3.6	+2.5	+0.0	-4.5	-4.7	-11.6
w/DM DX in past yr	-0.3	+0.4	-1.0	+0.6	+3.4	+1.8	-2.8	-6.8

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Diabetes Prevalence (con't)

MALE USER POPULATION
Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total MALE User Pop	381	111	111	160	174	177	131	96
# w/ DM DX ever	0	2	1	7	19	28	25	15
% w/ DM DX ever	0.0	1.8	0.9	4.4	10.9	15.8	19.1	15.6
# w/DM DX in past yr	0	1	1	5	16	19	16	9
% w/DM DX in past yr	0.0	0.9	0.9	3.1	9.2	10.7	12.2	9.4
PREVIOUS YEAR PERIOD								
Total MALE User Pop	374	114	103	131	139	118	80	59
# w/ DM DX ever	1	2	2	6	18	25	23	13
% w/ DM DX ever	0.3	1.8	1.9	4.6	12.9	21.2	28.8	22.0
# w/DM DX in past yr	0	1	1	3	12	15	21	12
% w/DM DX in past yr	0.0	0.9	1.0	2.3	8.6	12.7	26.3	20.3
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.0	-1.0	-0.2	-2.0	-5.4	-9.7	-6.4
w/DM DX in past yr	+0.0	+0.0	-0.1	+0.8	+0.6	-2.0	-14.0	-11.0
BASELINE REPORT PERIOD								
Total MALE User Pop	424	103	86	137	133	107	65	54
# w/ DM DX ever	1	1	3	5	14	21	17	10
% w/ DM DX ever	0.2	1.0	3.5	3.6	10.5	19.6	26.2	18.5
# w/DM DX in past yr	1	0	1	4	9	10	13	10
% w/DM DX in past yr	0.2	0.0	1.2	2.9	6.8	9.3	20.0	18.5
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.2	+0.8	-2.6	+0.7	+0.4	-3.8	-7.1	-2.9
w/DM DX in past yr	-0.2	+0.9	-0.3	+0.2	+2.4	+1.4	-7.8	-9.1

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Diabetes Prevalence (con't)

FEMALE USER POPULATION
Age Distribution

	<15	15-19	20-24	25-34	35-44	45-54	55-64	>64 yrs
CURRENT REPORT PERIOD								
Total FEMALE User Pop	346	126	148	237	204	204	124	123
# w/ DM DX ever	1	1	4	27	30	32	19	27
% w/ DM DX ever	0.3	0.8	2.7	11.4	14.7	15.7	15.3	22.0
# w/DM DX in past yr	0	1	0	6	20	23	13	19
% w/DM DX in past yr	0.0	0.8	0.0	2.5	9.8	11.3	10.5	15.4
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	334	111	139	213	160	140	91	89
# w/ DM DX ever	2	1	6	25	27	25	18	26
% w/ DM DX ever	0.6	0.9	4.3	11.7	16.9	17.9	19.8	29.2
# w/DM DX in past yr	1	1	1	6	13	15	9	16
% w/DM DX in past yr	0.3	0.9	0.7	2.8	8.1	10.7	9.9	18.0
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-1.6	-0.3	-2.2	-2.2	-4.5	-7.3
w/DM DX in past yr	-0.3	-0.1	-0.7	-0.3	+1.7	+0.6	+0.6	-2.5
BASELINE REPORT PERIOD								
Total FEMALE User Pop	363	105	131	192	160	120	76	89
# w/ DM DX ever	1	3	9	15	24	25	14	34
% w/ DM DX ever	0.3	2.9	6.9	7.8	15.0	20.8	18.4	38.2
# w/DM DX in past yr	1	1	2	3	9	11	7	18
% w/DM DX in past yr	0.3	1.0	1.5	1.6	5.6	9.2	9.2	20.2
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.1	-4.2	+3.6	-0.3	-5.1	-3.1	-16.3
w/DM DX in past yr	-0.3	-0.2	-1.5	+1.0	+4.2	+2.1	+1.3	-4.8

Diabetes: Glycemic Control

Denominator(s):
- GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
- Number of patients with a hemoglobin A1c documented during the Report Period, regardless of result.
- GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.
- GPRA Numerator: Poor Control. Patients with A1c greater than (>) 9.5.

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

Searches for most recent A1c test with a result during the Report Period. If more than one A1c test is found on the same day and/or the same visit and one test has a result and the other does not, the test with the result will be used. If an A1c test with a result is not found, CRS searches for the most recent A1c test without a result. A1c defined as: CPT 83036, 83037, 3044F-3046F, 3047F (old code); LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. CPT 3044F represents A1c < 7 and will be included in the Ideal Control numerator.

Performance Measure Description:
Poor Glycemic Control: During FY 2010, achieve the tentative target rate of 16% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

Ideal Glycemic Control: During FY 2010, achieve the tentative target rate of 33% for the proportion of patients with diagnosed diabetes who have ideal glycemic control (defined as A1c < 7).

Past Performance and/or Target:
A1c documented: IHS Performance: FY 2009 - 80%, FY 2008 - 79%, FY 2007 - 79%, FY 2006 - 79%, FY 2005 - 78%, FY 2004 - 77%, FY 2003 - 75%; HP 2010 Goal: 50%

Ideal Glycemic Control (<7): IHS Performance: FY 2009 - 31%, FY 2008 - 32%, FY 2007 - 31%, FY 2006 - 31%, FY 2005 - 30%, FY 2004 - 27%, FY 2003 - 28%; IHS 2010 Goal: 40%

Poor Glycemic Control (>9.5): FY 2009 - 18%, FY 2008 - 17%, FY 2007 - 16%, FY 2006 - 16%, FY 2005 - 15%, FY 2004 - 17%; IHS 2010 Goal: 10%

Source:

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HEDIS; HP 2010 5-12

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	121		95			87		
# w/A1c done w/ or w/o result	91	75.2	70	73.7	+1.5	52	59.8	+15.4
# w/A1c > 9.5 (GPRA)	18	14.9	4	4.2	+10.7	11	12.6	+2.2
# w/A1c <7 (GPRA)	35	28.9	30	31.6	-2.7	22	25.3	+3.6

Diabetes: Blood Pressure Control

Denominator(s):
- GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
- Patients with Blood Pressure documented during the Report Period.
- GPRA Numerator: Patients with controlled BP, defined as < 130/80, i.e., the mean systolic value is less than 130 AND the mean diastolic value is less than 80.

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

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

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

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

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 40% for the proportion of

patients with diagnosed diabetes who have achieved blood pressure control (defined as < 130/80).

Past Performance and/or Target:
Controlled BP: IHS Performance: FY 2009 - 37%, FY 2008 - 38%, FY 2007 - 39%, FY 2006 - 37%, FY 2005 - 37%, FY 2004 - 35%, FY 2003 - 37%; IHS 2010 Goal: 50%

BP Assessed: IHS Performance: FY 2008 - 89%, FY 2005 - 89%, IHS 2010 Goal: 95%

Source:
HP 2010 12-9, 12-10

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	121		95			87		
# w/ BPs Documented	112	92.6	78	82.1	+10.5	74	85.1	+7.5
# w/Controlled BP < 130/80 (GPRA)	28	23.1	20	21.1	+2.1	13	14.9	+8.2

Diabetes: LDL Assessment

Denominator(s):
- GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
- GPRA Numerator: Patients with LDL completed during the Report Period, regardless of result.
- A: Patients with LDL results less than or equal to (<=) 100.

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

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

LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. For numerator LDL =<100, CPT 3048F will count as meeting the measure.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 69% for the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).

Past Performance and/or Target:
Patients Assessed: IHS Performance: FY 2009 - 65%, FY 2008 - 63%, FY 2007 - 61%, FY 2006 - 60%, FY 2005 - 53%, FY 2004 - 53%, FY 2003 - 47.5%; IHS 2010 Goal: 70%

Source:
HP 2010 12-15

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Diabetes: LDL Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	121		95			87		
# w/ LDL done (GPRA)	76	62.8	46	48.4	+14.4	23	26.4	+36.4
A. # w/LDL =<100	35	28.9	31	32.6	-3.7	8	9.2	+19.7

Diabetes: Nephropathy Assessment

Denominator(s):
- GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

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

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

Nephropathy assessment definition:

(1) Estimated GFR with result during the Report Period, defined as any of the following: (A) Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or (B) LOINC taxonomy, AND

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

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

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 54% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Past Performance and/or Target:
Assessment: IHS Performance: FY 2009 - 50%, FY 2008 - 50%, FY 2007 - 40% (new baseline established; revised standards of care resulted in revised measure definition)

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Assessment (former definition): FY 2006 - 55%, FY 2005 - 47%, FY 2004 - 42%, FY 2003 - 37.5%; IHS 2010 Goal: 70%

Source:
HP 2010 5-11

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Diabetic Pts (GPRA)	121		95			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	50	41.3	6	6.3	+35.0	5	5.7	+35.6

Diabetic Retinopathy

Denominator(s):
- GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.

Numerator(s):
- GPRA Numerator: Patients receiving a qualified retinal evaluation during the Report Period. NOTE: This numerator does NOT include refusals

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

Qualified retinal evaluation* is defined as: (1) diabetic retinal exam or (2) other eye exam.

Diabetic Retinal Exam: Any of the following during the Report Period: 1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination or validated photographic equivalent), 2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.

Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT 67028, 67038, 67039, 67040, 92002, 92004, 92012, 92014; POV V72.0; Procedure 95.02.

*Qualifying retinal evaluation: The following methods are qualifying for this measure:
- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to seven standard fields (ETDRS).

Performance Measure Description:

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During FY 2010, achieve the tentative target rate of 55% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Past Performance and/or Target:
Eye Exam: IHS Performance: FY 2009 - 51%, FY 2008 - 50%, FY 2007 (only National Rate reported from hereafter) - 49%, FY 2006 National Rate - 49%, Designated Site Rate - 52%, FY 2005 National Rate - 50%, Designated Site Rate - 50%, FY 2004 National Rate - 47%, Designated Site Rate - 55%, FY 2003 - 49%; HP 2010 Goal: 75%

Source:
HP 2010 5-13

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	121		95			87		
# w/Retinal Evaluation -No Refusals (GPRA)	54	44.6	39	41.1	+3.6	44	50.6	-5.9

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Access to Dental Service

Denominator(s):
- GPRA Denominator: All patients in the User Population, broken down by age groups.

Numerator(s):
- GPRA Numerator: Patients with documented dental visit during the Report period. NOTE: This numerator does NOT include refusals.

Logic:
Documented Dental Visit: For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190; V CPT codes D0000 or D0190; VExam 30; or POV V72.2. For CHS dental visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 27% for the proportion of patients who receive dental services.

Past Performance and/or Target:
IHS Performance: FY 2009 - 25%, FY 2008 - 25%, FY 2007 - 25%, FY 2006 - 23%, FY 2005 - 24%, FY 2004 - 24%, FY 2003 - 25%; IHS 2010 Goal: 40%

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,853		2,395			2,345		
# w/dental visit in past yr-No Refusals (GPRA)	246	8.6	201	8.4	+0.2	207	8.8	-0.2

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Access to Dental Service (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD								
Total # User Pop	344	255	365	656	378	381	396	78
# w/dental visit in past yr-No Refusals (GPRA)	24	29	33	69	33	32	25	1
% w/dental visit in past yr-No Refusals (GPRA)	7.0	11.4	9.0	10.5	8.7	8.4	6.3	1.3
# w/dental exam refusal	0	0	1	0	0	2	3	0
% w/dental exam refusal	0.0	0.0	0.3	0.0	0.0	0.5	0.8	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	349	237	347	586	299	258	265	54
# w/dental visit in past yr-No Refusals (GPRA)	19	22	30	53	24	24	25	4
% w/dental visit in past yr-No Refusals (GPRA)	5.4	9.3	8.6	9.0	8.0	9.3	9.4	7.4
# w/dental exam refusal	0	0	0	0	0	0	0	0
% w/dental exam refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit in past yr-No Refusals (GPRA)	+1.5	+2.1	+0.4	+1.5	+0.7	-0.9	-3.1	-6.1
w/dental exam refusal	+0.0	+0.0	+0.3	+0.0	+0.0	+0.5	+0.8	+0.0

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Access to Dental Service (con't)

	TOTAL USER POPULATION Age Distribution							
	0-5	6-11	12-19	20-34	35-44	45-54	55-74	>74 yrs
BASELINE REPORT PERIOD								
Total # User Pop	363	285	347	546	293	227	232	52
# w/dental visit in past yr-No Refusals (GPRA)	17	30	29	50	31	27	20	3
% w/dental visit in past yr-No Refusals (GPRA)	4.7	10.5	8.4	9.2	10.6	11.9	8.6	5.8
# w/dental exam refusal	0	0	0	0	0	0	0	0
% w/dental exam refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/dental visit in past yr-No Refusals (GPRA)	+2.3	+0.8	+0.7	+1.4	-1.9	-3.5	-2.3	-4.5
w/dental exam refusal	+0.0	+0.0	+0.3	+0.0	+0.0	+0.5	+0.8	+0.0

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Dental Sealants

Denominator(s):
- No denominator. This measure is a total count only, not a percentage.

Numerator(s):
- GPRA Numerator: For patients meeting the User Population definition, the total number of dental sealants during the Report Period. NOTE: This numerator does NOT include refusals.

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

Sealant: V Dental ADA code 1351 or V CPT code D1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

Performance Measure Description:
During FY 2010, achieve the tentative target count of 257,920 sealants placed in American Indian and Alaska Native patients.

Past Performance and/or Target:
IHS Performance: FY 2009 - 257,067, FY 2008 - 241,207, FY 2007 - 245,449, FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)

Source:
HP 2010 21-8

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Sealants Documented (GPRA)	50	61	-11	81	-31

Topical Fluoride

Denominator(s):
- No denominator. This measure is a total count only, not a percentage.

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

Logic:
Topical Fluoride Application: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206 or 5986; or 2) V CPT codes D1201 (old code), D1203, D1204, D1205 (old code), D1206, or D5986; 3) V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.

Performance Measure Description:
During FY 2010, achieve the tentative target count of 136,978 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Past Performance and/or Target:
IHS Performance: FY 2009 # Patients - 136,794, FY 2008 # Patients - 120,754, FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 # Patients - 85,318; # Applications - 113,324

ONM Performance, # Applications: FY 2009 - 173,839, FY 2008 - 142,424

Source:

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of patients w/At Least 1 Topical Fluoride App -No Refusals (GPRA)	45	26	+19	15	+30

Adult Immunizations: Influenza

Denominator(s):
- B: GPRA Denominator: Active Clinical patients ages 65 and older.

Numerator(s):
- GPRA Numerator: Patients with influenza vaccine documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- A: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

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

Influenza Vaccine: Any of the following documented during the Report Period: A) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 135 Inf High Dose Seasonal; B) POV: V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, or V06.6 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142; C) CPT: 90655-90662, 90724 (old code), G0008, G8108.

Contraindication: Any of the following documented any time before the end of the Report Period: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 60% for the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

Past Performance and/or Target:
>65 Vaccine Rate: IHS Performance: FY 2009 - 59%, FY 2008 - 62%, FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY 2003 - 51%; HP 2010 Goal: 90%

ONM Performance, Active Diabetics w/Influenza Vaccine: FY 2009 - 63%, FY 2008 - 60%

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

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Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients 65 and older (GPRA)	110		64			65		
Total # w/Flu vaccine/contra/ NMI Refusal (GPRA)	33	30.0	24	37.5	-7.5	15	23.1	+6.9
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	1	3.0	0	0.0	+3.0	0	0.0	+3.0

Adult Immunizations: Pneumovax

Denominator(s):
- GPRA Denominator: Active Clinical patients ages 65 or older.

Numerator(s):
- GPRA Numerator: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- A: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

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

Pneumococcal Immunization: Any of the following documented any time before the end of the Report Period: A) (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 133 Pneumo Conjugate; B) POV: V06.6 or V03.82; C) V Procedure: 99.55; D) CPT: 90669, 90670, 90732, G0009, G8115.

Contraindication: Any of the following documented any time before the end of the Report Period: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 83% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Past Performance and/or Target:
>65 Vaccine Rate: IHS Performance: FY 2009 - 82%, FY 2008 - 82%, FY 2007 - 79%, FY 2006 - 74%, FY 2005 - 69%, FY 2004 - 69%, FY 2003 - 65%; HP 2010 Goal: 90%

ONM Performance, Active Diabetics w/Pneumovax: FY 2009 - 82%, FY 2008 - 79%

Source:

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Previous Year Period: Jul 01, 2008 to Jun 30, 2009
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Adult Immunizations: Pneumovax (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	110		64			65		
Total # w/Pneumovax/ contra/NMI Refusal (GPRA)	49	44.5	44	68.8	-24.2	37	56.9	-12.4
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.2	2	4.5	+3.6	0	0.0	+8.2

Childhood Immunizations

Denominator(s):
- Active Clinical patients ages 19-35 months at end of Report period.
- GPRA Denominator: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods.

Numerator(s):
- Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 4 doses of DTaP ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 doses of Polio ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 1 dose of MMR ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 doses of HiB ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 doses of Hepatitis B vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- GPRA Numerator: Patients who have received the 4:3:1:3:3:1 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B, 1 Varicella), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 1 dose of Varicella ever, including contraindications, and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including contraindications, and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

Logic:

Age of the patient is calculated at the beginning of the Report Period. Therefore the age range will be adjusted to 7-23 months, which makes the patient between the ages of 19-35 months at the end of the Report Period.

Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization.

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

Dosage and types of immunization definitions:

- 4 doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Acellular Pertussis; 5) 4 Td and 4 Acellular Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Acellular Pertussis.

- 3 doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses.

- 1 dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella.

- 3 doses of Hep B OR 2 doses IF documented with CPT 90743.

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

Not Medically Indicated (NMI) refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. NOTE: NMI refusals are not counted as refusals; rather, they are counted as contraindications.

- For immunizations where required number of doses is > 1, only one contraindication is necessary to be counted in the numerator. For example, if there is a single contraindication for HiB, the patient will be included in the numerator.

- Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

- To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

- Refusal Definitions: PCC Refusal type NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120, 130; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Acellular Pertussis: 11: OPV: 2, 89; IPV: 10, 89, 110, 120, 130; MMR: 3, 94: M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110; Varicella: 21, 94; Pneumococcal: 33, 100, 109, 133.

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120, 130; 2) POV V06.1; 3) CPT: 90696, 90698, 90700, 90721, 90723. DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DTP IZ definitions: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tdap IZ definition: 1) Immunization (CVX) code: 115; 2) CPT 90715. Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- DT IZ definitions: 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702. DT contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Td IZ definitions: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Diphtheria IZ definitions: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Tetanus definitions: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Acellular Pertussis definitions: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37 (old code). Acellular Pertussis contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- OPV definitions: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis."

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120, 130; 2) POV V04.0, V06.3; 3) CPT: 90696, 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): 730.70-730.79. IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

- MMR definitions: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- R/M definitions: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Measles definitions: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Mumps definitions: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Rubella definitions: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. Rubella

contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hib definitions: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90737 (old code), 90748. Hib contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code). Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."

- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 133 Pneumo Conjugate; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90670, 90732, G0009, G8115. Pneumococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 80% for the proportion of American Indian/Alaska Native children ages 19-35 months who have received the recommended immunizations. NOTE: In FY 2010, the GPRA measure is changed to the 4:3:1:3:3:1 combination, which includes varicella.

Past Performance and/or Target:
HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

IHS Performance: FY 2009 - 79%, FY 2008 - 78%, FY 2007 - 78%, FY 2006 CRS - 78%, IZ Program - 80%; (beginning in 2007 CRS reports for GPRA), FY 2005 IZ Program - 75%, FY 2004 IZ Program - 72%

Non-GPRA Active Clinical 4:3:1:3:3 Performance: FY 2008 - 68%

Source:

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	54		39			55		
# w/ 43133 combo or w/ Dx/ Contraind/ NMI Refusal	11	20.4	3	7.7	+12.7	6	10.9	+9.5
# w/ 431331 combo or w/ Dx/ Contraind/ NMI Refusal	9	16.7	3	7.7	+9.0	5	9.1	+7.6
# w/ 4 doses DTaP or w/ Contraind/ NMI Refusal	14	25.9	3	7.7	+18.2	9	16.4	+9.6
# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	22	40.7	11	28.2	+12.5	13	23.6	+17.1
# w/ 1 dose MMR or w/ Dx/Contraind/ NMI Refusal	20	37.0	11	28.2	+8.8	19	34.5	+2.5
# w/ 3 doses HIB or w/ Contraind/ NMI Refusal	19	35.2	9	23.1	+12.1	14	25.5	+9.7
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	20	37.0	10	25.6	+11.4	14	25.5	+11.6

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 mos (GPRA)	38		0			0		
# w/ 43133 combo or w/ Dx/ Contraind/ NMI Refusal	11	28.9	0	0.0	+28.9	0	0.0	+28.9
# w/ 431331 combo or w/ Dx/ Contraind/ NMI Refusal (GPRA)	9	23.7	0	0.0	+23.7	0	0.0	+23.7
# w/ 4 doses Dtap or w/ Dx/ Contraind/ NMI Refusal	13	34.2	0	0.0	+34.2	0	0.0	+34.2
# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	20	52.6	0	0.0	+52.6	0	0.0	+52.6
# w/ 1 dose MMR or w/ Dx/ Contraind/ NMI Refusal	18	47.4	0	0.0	+47.4	0	0.0	+47.4

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 3 doses HIB or w/ Contraind/ NMI Refusal	18	47.4	0	0.0	+47.4	0	0.0	+47.4
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	18	47.4	0	0.0	+47.4	0	0.0	+47.4
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	16	42.1	0	0.0	+42.1	0	0.0	+42.1
# w/4 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	4	10.5	0	0.0	+10.5	0	0.0	+10.5

Cancer Screening: Pap Smear Rates

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

Numerator(s):
- GPRA Numerator: Patients with a Pap Smear documented in the past 3 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 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period. Hysterectomy defined as any of the following ever: 1) V Procedure: 68.4-68.8; 2) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; or 3) V POV 618.5, V88.01, V88.03; or 4) Women's Health procedure called Hysterectomy.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 60% for the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

Past Performance and/or Target:
IHS Performance - FY 2009 - 59%, FY 2008 - 59%, FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; IHS 2010 Goal: 90%

Source:
HP 2010 3-4

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Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 yrs (GPRA)	485		360			320		
# w/Pap Smear recorded w/in 3 years-No Refusals (GPRA)	199	41.0	179	49.7	-8.7	147	45.9	-4.9

Cancer Screening: Mammogram Rates

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

Numerator(s):
- GPRA Numerator: All patients who had a Mammogram documented in the past 2 years. NOTE: This numerator does NOT include refusals.

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

Bilateral mastectomy defined as: 1) V CPT: 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950; 2) ICD Operation codes: 85.42; 85.44; 85.46; 85.48.

Unilateral mastectomy defined as: Must have 2 separate occurrences for either CPT or procedure codes on 2 different dates of service. 1) V CPT: 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) ICD Operation codes: 85.41, 85.43, 85.45, 85.47.

Screening Mammogram definitions: 1) V Radiology or V CPT: 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: 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; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 47% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

Past Performance and/or Target:
IHS Performance: FY 2009 - 45%, FY 2008 - 45%, FY 2007 - 43%, FY 2006 - 41%, FY 2005 - 41%, FY 2004 - 40%, FY 2003 - 40%; IHS 2010 Goal: 70%

Source:

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HP 2010 3-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 52-64 (GPRA)	93		58			47		
# w/Mammogram recorded w/in 2 years-No Refusals (GPRA)	25	26.9	22	37.9	-11.0	22	46.8	-19.9

Colorectal Cancer Screening

Denominator(s):
- GPRA Denominator: All Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy.

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

Logic:
Age is calculated at the beginning of the Report period.

Denominator Exclusions: Any diagnosis ever of one of the following:

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

Screening defined as the most recent of any of the following during applicable timeframes: 1. Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code); LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS; 2. Flexible Sigmoidoscopy: V Procedure 45.24; CPT 45330-45345, G0104; 3. Double contrast barium enema: CPT or VRad: 74280, G0106, G0120; 4. Colonoscopy: V POV V76.51 Colon screening; V Procedure 45.22, 45.23, 45.25, 45.42, 45.43; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, G0121.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 36% for the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening.

Past Performance and/or Target:
IHS Performance: FY 2009 - 33%, FY 2008 - 29%, FY 2007 - 26%, FY 2006 - 22%, FY 2005 (non-GPRA in 2005) - 23%, HP 2010 Goal for FOBT: 33%, HP 2010 Goal for Sigmoidoscopy: 50%

Source:

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 51-80 w/o colorectal cancer or total colectomy (GPRA)	299		186			152		
# w/ CRC screening -No Refusals (GPRA)	64	21.4	49	26.3	-4.9	28	18.4	+3.0
# w/FOBT/FIT during Report period	12	4.0	11	5.9	-1.9	0	0.0	+4.0

Tobacco Use and Exposure Assessment

Denominator(s):
- Active Clinical patients ages 5 and older.

Numerator(s):
- Patients who have been screened for tobacco use during the Report period.
- Patients identified as current tobacco users during the Report Period, both smokers and smokeless users
- A: Patients identified as current smokers during the Report Period.
- B: Patients identified as current smokeless tobacco users during the Report Period.
- Patients identified as exposed to environmental tobacco smoke (ETS) (second hand smoke) during the Report Period.

Logic:
Ages are calculated at beginning of Report period.

Tobacco screening is defined as at least one of the following: 1. Any health factor for category Tobacco documented during Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; or 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed), G8455 (Current Tobacco Smoker), G8456 (Current Smokeless Tobacco User), G8457 (Tobacco Non-User), G8402 (Tobacco (Smoke) Use Cessation Intervention, Counseling), or G8453 (Tobacco Use Cessation Intervention, Counseling).

Tobacco users defined as: 1. Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3. CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455, G8456, G8402, or G8453.

Smokers defined as: 1. Health Factors: Current Smoker, Current Smoker and Smokeless, or Cessation-Smoker; 2. Diagnosis codes 305.1, 305.10-305.12 (old codes), or 649.00-649.04; 3. CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, G8455, G8402, or G8453.

Smokeless defined as: 1. Health Factors: Current Smokeless, Current Smoker and Smokeless, or Cessation-Smokeless; 2. CPT 1035F or G8456.

ETS defined as: Health Factor Smoker in Home or Exposure to Environmental

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Tobacco Smoke.

Performance Measure Description:
Increase the rate of screening for tobacco use.

Past Performance and/or Target:
Screening: IHS Performance: FY 2008 - 54%, FY 2005 - 34.0%, FY 2004 - 27.0%

Tobacco Users: IHS Performance: FY 2008 - 29%

HP 2010 Goals: 27-1a (Cigarette smoking 18 and older): - 12%, 27-1b (Spit tobacco use 18 and older): 0.4%, 27-10 (Exposure to ETS-non smokers 4 and older): 63%

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# Active Clinical Pts => 5	1,287		991			911		
# w/Tobacco Screening	584	45.4	421	42.5	+2.9	330	36.2	+9.2
# Tobacco Users w/ % of Total Screened	270	46.2	160	38.0	+8.2	130	39.4	+6.8
A. # Smokers w/ % of Total Tobacco Users	253	93.7	156	97.5	-3.8	129	99.2	-5.5
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	17	6.3	4	2.5	+3.8	1	0.8	+5.5
# exposed to ETS/ smoker in home w/ % of Total Screened	1	0.2	1	0.2	-0.1	1	0.3	-0.1

Tobacco Cessation

Denominator(s):
- GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period.

Numerator(s):
- GPRA Numerator: Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period. NOTE: This numerator does NOT include refusals.
- Patients identified during the Report Period as having quit their tobacco use.
- Patients who have received tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period. NOTE: This numerator does NOT include refusals.
- Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period. NOTE: This numerator does NOT include refusals.

Logic:
Age is calculated at the beginning of the Report period.
Tobacco users defined as any of the following documented prior to the Report Period:

1. Health Factors (looks at the last documented health factor): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, or Cessation-Smokeless;

2. Last documented tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04.

3. Last documented CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455, G8456, G8402 or G8453.

If any of the above are found, the patient is considered a tobacco user.

Tobacco cessation counseling defined as any of the following documented during Report Period:
1. Patient education codes containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), or 649.00-649.04;
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402 or G8453.

Prescription for tobacco cessation aid, defined as any of the following:

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1) Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy; 2) Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY"; 3) CPT 4001F.

Quit tobacco use defined as documented during Report Period: 1. POV or current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82; or 2. Health Factors documented during the Report Period (looks at the last documented health factor): Previous Smoker, Previous Smokeless.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 27% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

Past Performance and/or Target:
IHS Performance: FY 2009 - 24%, FY 2008 - 21%, FY 2007 - 16%, FY 2006 - 12.0%

Smoking Cessation Attempts, HP 2010 Target: 75%

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	295		238			183		
# w/tobacco cessation counseling or Rx for cessation-No Refusals (GPRA)	52	17.6	46	19.3	-1.7	48	26.2	-8.6
# who quit	8	2.7	2	0.8	+1.9	1	0.5	+2.2
# w/ cessation counseling, cessation aid, or quit -No Refusals	60	20.3	47	19.7	+0.6	49	26.8	-6.4
Male Active Clinical Tobacco Users	137		117			95		
# w/tobacco cessation counseling or RX for cessation-No Refusals	29	21.2	20	17.1	+4.1	25	26.3	-5.1
# who quit	4	2.9	0	0.0	+2.9	1	1.1	+1.9
# w/ cessation counseling, cessation aid, or quit -No Refusals	33	24.1	20	17.1	+7.0	26	27.4	-3.3

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Tobacco Cessation (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Tobacco Users	158		121			88		
# w/tobacco cessation counseling or RX for cessation-No Refusals	23	14.6	26	21.5	-6.9	23	26.1	-11.6
# who quit	4	2.5	2	1.7	+0.9	0	0.0	+2.5
# w/ cessation counseling, cessation aid, or quit -No Refusals	27	17.1	27	22.3	-5.2	23	26.1	-9.0

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Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Active Clin Tobacco Users	0	6	289
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	52
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	18.0
# who quit	0	1	7
% who quit	0.0	16.7	2.4
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	1	59
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	16.7	20.4

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Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	233
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	46
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	19.7
# who quit	0	0	2
% who quit	0.0	0.0	0.9
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	47
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	20.2
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-1.7
who quit	+0.0	+16.7	+1.6
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	+0.2

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Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Active Clin Tobacco Users	0	1	182
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	48
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.4
# who quit	0	0	1
% who quit	0.0	0.0	0.5
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	49
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	26.9
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-8.4
who quit	+0.0	+16.7	+1.9
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	-6.5

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Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tobacco Users	0	6	131
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	29
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	22.1
# who quit	0	1	3
% who quit	0.0	16.7	2.3
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	1	32
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	16.7	24.4

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Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	1	4	112
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	20
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	17.9
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	20
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	17.9
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	+4.3
who quit	+0.0	+16.7	+2.3
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	+6.6

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Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Male AC Tobacco Users	0	0	95
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	25
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.3
# who quit	0	0	1
% who quit	0.0	0.0	1.1
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	26
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	27.4
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-4.2
who quit	+0.0	+16.7	+1.2
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	-2.9

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tobacco Users	0	0	158
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	23
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	14.6
# who quit	0	0	4
% who quit	0.0	0.0	2.5
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	0	27
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	0.0	17.1

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS

	Age Distribution <12	12-17	=>18
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	0	0	121
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	26
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	21.5
# who quit	0	0	2
% who quit	0.0	0.0	1.7
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	27
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	22.3
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-6.9
who quit	+0.0	+0.0	+0.9
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+0.0	-5.2

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Female AC Tobacco Users	0	1	87
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	23
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.4
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	23
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	26.4
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-11.9
who quit	+0.0	+0.0	+2.5
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+0.0	-9.3

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Alcohol Screening (FAS Prevention)

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

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

Logic:
Ages are calculated at beginning of Report period.

Alcohol Screening: Any of the following during the Report Period: A) PCC Exam code 35, B) Any CAGE Health Factor, C) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); D) CPT 99408, 99409, G0396, G0397, H0049, H0050, or E) V Measurement in PCC or BH of AUDT, AUDC, or CRFT.

Alcohol-related Diagnosis or Procedure: Any of the following during the Report Period: A) Alcohol-related diagnosis (POV, current PCC or BHS Problem List): 303.*, 305.0*, 291.*, 357.5*; BHS POV 10, 27, 29; B) Alcohol-related procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69.

Alcohol-related Patient Education: Any of the following during the Report Period: Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 55% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Past Performance and/or Target:
IHS Performance: FY 2009 - 52%, FY 2008 - 47%, FY 2007 - 41%, FY 2006 - 28%, FY 2005 - 11%, FY 2004 - 7%; IHS FY 2010 Target: 25%

Source:
HP 2010 16-17a

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE

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Alcohol Screening (FAS Prevention) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	415		335			304		
# w/ alcohol screening/ Dx/Proc/Pt Ed -No Refusals (GPRA)	41	9.9	2	0.6	+9.3	1	0.3	+9.6

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Intimate Partner (Domestic) Violence Screening

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

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

Logic:
Age is calculated at beginning of the Report Period.

Screening is defined as at least one of the following: A) PCC Exam code 34 or BHS IPV/DV exam; B) Diagnosis (POV or current PCC or BHS Problem List): 995.80-83, 995.85 (adult maltreatment), V15.41, V15.42, V15.49 (history of abuse); BHS POV 43.*, 44.* C1) Patient education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49; C2) IPV/DV counseling: V61.11.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 53% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Past Performance and/or Target:
IHS Performance: FY 2009 - 48%, FY 2008 - 42%, FY 2007 - 36%, FY 2006 - 28%, FY 2005 - 13%, FY 2004 - 4% (not comparable since measure age range changed in 2005 from 16-24 to 15-40; IHS FY 2010 Target: 40%

Source:
HP 2010 15-34

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
# Female Active Clinical ages 15-40 (GPRA)	362		302			267		
# w/IPV/DV screening -No Refusals (GPRA)	7	1.9	1	0.3	+1.6	0	0.0	+1.9

Depression Screening

Denominator(s):
- GPRA Denominator: Active Clinical patients ages 18 and older.
- Male Active Clinical patients ages 18 and older.
- Female Active Clinical patients ages 18 and older.

Numerator(s):
- GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report Period. NOTE: This numerator does NOT include refusals.
- A: Patients screened for depression during the Report period.
- B: Patients with a diagnosis of a mood disorder during the Report period.
- Patients screened for depression or diagnosed with a mood disorder at any time during the Report period. NOTE: This numerator does NOT include refusals.

Logic:
Age is calculated at beginning of the Report period.

Depression Screening is defined as any of the following: 1) Exam Code 36, 2) POV V79.0, 3) BHS problem code 14.1 (screening for depression), or 4) V Measurement in PCC or BH of PHQ2 or PHQ9.

Mood disorders are defined as at least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 53% for the proportion of adults ages 18 and older who receive annual screening for depression.

Past Performance and/or Target:
IHS Performance: FY 2009 - 44%, FY 2008 - 35%, FY 2007 - 24%, FY 2006 - 15%

ONM Performance, Active Diabetics w/Depression Screen: FY 2009 - 68%, FY 2008 - 56%

Source:
USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 (GPRA)	1,046		753			666		
# w/Depression screening or Mood Disorder DX-No Refusals (GPRA)	57	5.4	41	5.4	+0.0	17	2.6	+2.9
A. # screened for depression	16	1.5	0	0.0	+1.5	0	0.0	+1.5
B. # w/mood disorder DX	42	4.0	41	5.4	-1.4	17	2.6	+1.5
Male Active Clinical Pts >=18	414		287			250		
# w/ Depression screening or Mood Disorder DX-No Refusals	16	3.9	6	2.1	+1.8	1	0.4	+3.5
A. # screened for depression	5	1.2	0	0.0	+1.2	0	0.0	+1.2
B. # w/Mood Disorder DX	11	2.7	6	2.1	+0.6	1	0.4	+2.3
Female Active Clinical Pts >=18	632		466			416		
# w/ Depression screening or Mood Disorder DX-No Refusals	41	6.5	35	7.5	-1.0	16	3.8	+2.6
A. # screened for depression	11	1.7	0	0.0	+1.7	0	0.0	+1.7
B. # w/Mood Disorder DX	31	4.9	35	7.5	-2.6	16	3.8	+1.1

Obesity Assessment

Denominator(s):
- Active Clinical patients ages 2 through 74, broken down by gender and age groups.

Numerator(s):
- Patients for whom a BMI could be calculated, including refusals in the past year.
- A. For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.
- B. For those with a BMI calculated, patients considered obese using BMI and standard tables.
- C. Total of overweight and obese.
- Patients for whom a BMI could be calculated
- D. Patients with documented refusal in past year.

Logic:
Age is calculated at beginning of the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Overweight but not obese is defined as BMI of 25 through 29 for adults 19 and older. Obese is defined as BMI of 30 or more for adults 19 and older. For ages 2-18, definitions based on standard tables. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

Performance Measure Description:
Increase the number of patients for whom BMI data can be measured by 5%.

Past Performance and/or Target:
BMI Measured: IHS Performance: FY 2008 74%, FY 2005 - 64.0%, FY 2004 - 60.0%

Assessed as Obese: IHS Performance: FY 2008 - 46%

HP 2010 Goals: 19-2 (Obesity in Adults 20+): 15%, 19-3a (Overweight or Obesity in Children 6-11): 5%, 19-3b (Overweight or Obesity in Adolescents 12-19): 5%, 19-3c (Overweight or Obesity in Children 6-19):

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5%

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,334		1,056			982		
# w/BMI calculated or refusal	870	65.2	819	77.6	-12.3	712	72.5	-7.3
A. # Overweight w/ % of Total BMI	240	27.6	236	28.8	-1.2	191	26.8	+0.8
B. # Obese w/ % of Total BMI	363	41.7	336	41.0	+0.7	267	37.5	+4.2
C. # Overweight/Obese w/ % of Total BMI	603	69.3	572	69.8	-0.5	458	64.3	+5.0

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total # Active Clin	108	111	152	129	222	200	199	213
# w/BMI calculated or refusal	52	44	89	117	181	141	126	120
% w/BMI calculated or refusal	48.1	39.6	58.6	90.7	81.5	70.5	63.3	56.3
# A. Overweight	9	10	21	33	44	37	38	48
% A. Overweight w/ % Total BMI	17.3	22.7	23.6	28.2	24.3	26.2	30.2	40.0
# B. Obese	7	13	28	39	84	84	58	50
% B. Obese w/ % of Total BMI	13.5	29.5	31.5	33.3	46.4	59.6	46.0	41.7
# C. Overweight or Obese	16	23	49	72	128	121	96	98
% C. Overweight or Obese w/ % Total BMI	30.8	52.3	55.1	61.5	70.7	85.8	76.2	81.7
# D. w/refusal in in past yr	0	0	0	0	0	0	1	1
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.8

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	120	137	124	163	140	129	132
# w/BMI calculated or refusal	49	56	88	114	152	128	112	120
% w/BMI calculated or refusal	44.1	46.7	64.2	91.9	93.3	91.4	86.8	90.9
# A. Overweight	7	11	20	38	47	33	35	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.9	25.8	31.3	37.5
# B. Obese	14	14	26	35	63	76	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.4	59.4	50.0	43.3
# C. Overweight or Obese	21	25	46	73	110	109	91	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.4	85.2	81.3	80.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/BMI calculated or refusal	+4.0	-7.0	-5.7	-1.2	-11.7	-20.9	-23.5	-34.6
A. Overweight	+3.0	+3.1	+0.9	-5.1	-6.6	+0.5	-1.1	+2.5
B. Obese	-15.1	+4.5	+1.9	+2.6	+5.0	+0.2	-4.0	-1.7
C. Overweight or Obese	-12.1	+7.6	+2.8	-2.5	-1.7	+0.7	-5.1	+0.8
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.8

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	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total # Active Clin	116	116	135	112	152	126	123	102
# w/BMI calculated or refusal	45	58	77	99	128	109	103	93
% w/BMI calculated or refusal	38.8	50.0	57.0	88.4	84.2	86.5	83.7	91.2
# A. Overweight	9	7	18	23	38	29	35	32
% A. Overweight w/ % Total BMI	20.0	12.1	23.4	23.2	29.7	26.6	34.0	34.4
# B. Obese	7	13	19	32	58	55	44	39
% B. Obese w/ % of Total BMI	15.6	22.4	24.7	32.3	45.3	50.5	42.7	41.9
# C. Overweight or Obese	16	20	37	55	96	84	79	71
% C. Overweight or Obese w/ % Total BMI	35.6	34.5	48.1	55.6	75.0	77.1	76.7	76.3
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR % w/BMI calculated or refusal	+9.4	-10.4	+1.5	+2.3	-2.7	-16.0	-20.4	-34.8
A. Overweight	-2.7	+10.7	+0.2	+5.0	-5.4	-0.4	-3.8	+5.6
B. Obese	-2.1	+7.1	+6.8	+1.0	+1.1	+9.1	+3.3	-0.3
C. Overweight or Obese	-4.8	+17.8	+7.0	+6.0	-4.3	+8.8	-0.5	+5.3
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.8

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total MALE AC	52	52	74	43	72	74	82	113
# w/BMI calculated or refusal	22	21	44	39	50	56	49	57
% w/BMI calculated or refusal	42.3	40.4	59.5	90.7	69.4	75.7	59.8	50.4
# A. Overweight	3	4	13	10	13	17	19	24
% A. Overweight w/ % Total BMI	13.6	19.0	29.5	25.6	26.0	30.4	38.8	42.1
# B. Obese	4	8	14	14	28	34	22	26
% B. Obese w/ % of Total BMI	18.2	38.1	31.8	35.9	56.0	60.7	44.9	45.6
# C. Overweight or Obese	7	12	27	24	41	51	41	50
% C. Overweight or Obese w/ % Total BMI	31.8	57.1	61.4	61.5	82.0	91.1	83.7	87.7
# D. w/refusal in in past yr	0	0	0	0	0	0	1	1
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	2.0	1.8

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MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total MALE AC	55	60	68	40	44	57	58	62
# w/BMI calculated or refusal	21	31	41	36	40	55	50	54
% w/BMI calculated or refusal	38.2	51.7	60.3	90.0	90.9	96.5	86.2	87.1
# A. Overweight	4	5	8	14	14	15	16	21
% A. Overweight w/ % Total BMI	19.0	16.1	19.5	38.9	35.0	27.3	32.0	38.9
# B. Obese	5	7	10	11	20	34	30	23
% B. Obese w/ % of Total BMI	23.8	22.6	24.4	30.6	50.0	61.8	60.0	42.6
# C. Overweight or Obese	9	12	18	25	34	49	46	44
% C. Overweight or Obese w/ % Total BMI	42.9	38.7	43.9	69.4	85.0	89.1	92.0	81.5
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/BMI calculated or refusal	+4.1	-11.3	-0.8	+0.7	-21.5	-20.8	-26.5	-36.7
A. Overweight	-5.4	+2.9	+10.0	-13.2	-9.0	+3.1	+6.8	+3.2
B. Obese	-5.6	+15.5	+7.4	+5.3	+6.0	-1.1	-15.1	+3.0
C. Overweight or Obese	-11.0	+18.4	+17.5	-7.9	-3.0	+2.0	-8.3	+6.2
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+2.0	+1.8

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MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total MALE AC	58	61	63	35	47	46	53	47
# w/BMI calculated or refusal	23	33	32	29	36	39	46	45
% w/BMI calculated or refusal	39.7	54.1	50.8	82.9	76.6	84.8	86.8	95.7
# A. Overweight	4	4	6	9	9	12	16	13
% A. Overweight w/ % Total BMI	17.4	12.1	18.8	31.0	25.0	30.8	34.8	28.9
# B. Obese	4	10	9	11	20	18	20	25
% B. Obese w/ % of Total BMI	17.4	30.3	28.1	37.9	55.6	46.2	43.5	55.6
# C. Overweight or Obese	8	14	15	20	29	30	36	38
% C. Overweight or Obese w/ % Total BMI	34.8	42.4	46.9	69.0	80.6	76.9	78.3	84.4
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR % w/BMI calculated or refusal	+2.7	-13.7	+8.7	+7.8	-7.2	-9.1	-27.0	-45.3
A. Overweight	-3.8	+6.9	+10.8	-5.4	+1.0	-0.4	+4.0	+13.2
B. Obese	+0.8	+7.8	+3.7	-2.0	+0.4	+14.6	+1.4	-9.9
C. Overweight or Obese	-3.0	+14.7	+14.5	-7.4	+1.4	+14.1	+5.4	+3.3
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+2.0	+1.8

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total FEMALE AC	56	59	78	86	150	126	117	100
# w/BMI calculated or refusal	30	23	45	78	131	85	77	63
% w/BMI calculated or refusal	53.6	39.0	57.7	90.7	87.3	67.5	65.8	63.0
# A. Overweight	6	6	8	23	31	20	19	24
% A. Overweight w/ % Total BMI	20.0	26.1	17.8	29.5	23.7	23.5	24.7	38.1
# B. Obese	3	5	14	25	56	50	36	24
% B. Obese w/ % of Total BMI	10.0	21.7	31.1	32.1	42.7	58.8	46.8	38.1
# C. Overweight or Obese	9	11	22	48	87	70	55	48
% C. Overweight or Obese w/ % Total BMI	30.0	47.8	48.9	61.5	66.4	82.4	71.4	76.2
# D. w/refusal in in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total FEMALE AC	56	60	69	84	119	83	71	70
# w/BMI calculated or refusal	28	25	47	78	112	73	62	66
% w/BMI calculated or refusal	50.0	41.7	68.1	92.9	94.1	88.0	87.3	94.3
# A. Overweight	3	6	12	24	33	18	19	24
% A. Overweight w/ % Total BMI	10.7	24.0	25.5	30.8	29.5	24.7	30.6	36.4
# B. Obese	9	7	16	24	43	42	26	29
% B. Obese w/ % of Total BMI	32.1	28.0	34.0	30.8	38.4	57.5	41.9	43.9
# C. Overweight or Obese	12	13	28	48	76	60	45	53
% C. Overweight or Obese w/ % Total BMI	42.9	52.0	59.6	61.5	67.9	82.2	72.6	80.3
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR % w/BMI calculated or refusal	+3.6	-2.7	-10.4	-2.2	-6.8	-20.5	-21.5	-31.3
A. Overweight	+9.3	+2.1	-7.8	-1.3	-5.8	-1.1	-6.0	+1.7
B. Obese	-22.1	-6.3	-2.9	+1.3	+4.4	+1.3	+4.8	-5.8
C. Overweight or Obese	-12.9	-4.2	-10.7	+0.0	-1.4	+0.2	-1.2	-4.1
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total FEMALE AC	58	55	72	77	105	80	70	55
# w/BMI calculated or refusal	22	25	45	70	92	70	57	48
% w/BMI calculated or refusal	37.9	45.5	62.5	90.9	87.6	87.5	81.4	87.3
# A. Overweight	5	3	12	14	29	17	19	19
% A. Overweight w/ % Total BMI	22.7	12.0	26.7	20.0	31.5	24.3	33.3	39.6
# B. Obese	3	3	10	21	38	37	24	14
% B. Obese w/ % of Total BMI	13.6	12.0	22.2	30.0	41.3	52.9	42.1	29.2
# C. Overweight or Obese	8	6	22	35	67	54	43	33
% C. Overweight or Obese w/ % Total BMI	36.4	24.0	48.9	50.0	72.8	77.1	75.4	68.8
# D. w/refusal in past yr	0	0	0	0	0	0	0	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR % w/BMI calculated or refusal	+15.6	-6.5	-4.8	-0.2	-0.3	-20.0	-15.6	-24.3
A. Overweight	-2.7	+14.1	-8.9	+9.5	-7.9	-0.8	-8.7	-1.5
B. Obese	-3.6	+9.7	+8.9	+2.1	+1.4	+6.0	+4.6	+8.9
C. Overweight or Obese	-6.4	+23.8	+0.0	+11.5	-6.4	+5.2	-4.0	+7.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

Childhood Weight Control

Denominator(s):
- Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.
- Active Clinical patients age 2.
- Active Clinical patients age 3.
- Active Clinical patients age 4.
- Active Clinical patients age 5.
- Male Active Clinical patients age 2.
- Male Active Clinical patients age 3.
- Male Active Clinical patients age 4.
- Male Active Clinical patients age 5.
- Female Active Clinical patients age 2.
- Female Active Clinical patients age 3.
- Female Active Clinical patients age 4.
- Female Active Clinical patients age 5.

Numerator(s):
- Patients with BMI in the 85th to 94th percentile.
- Patients with a BMI at or above the 95th percentile.
- Patients with a BMI at or above the 85th percentile.

Logic:
All patients for whom a BMI could be calculated and who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the age 3 group. CRS looks for the most recent BMI in the report period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure reported differently than in Obesity Assessment since this age group is children ages 2-5, whose BMI values are age-dependent. The BMI values are categorized as Overweight for patients with a BMI in the 85th to 94th percentile and Obese for patients with a BMI at or above the 95th percentile.

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

Low-High Ages	SEX	BMI >= (Overwt)	BMI >= (Obese)	DATA CHECK LIMITS BMI >	BMI <

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2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Performance Measure Description:
During FY 2010, achieve the tentative long-term target rate of 24% for the proportion of children with a BMI of 95% or higher.

Past Performance and/or Target:
IHS Performance: FY 2009 - 25%, FY 2008 - 24%, FY 2007 - 24%, FY 2006 - 24%

IHS 2010 Goal: 22%

Source:
CDC, National Center for Health Statistics

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	BASE PERIOD	%	CHG from BASE
Active Clinical Pts 2-5 w/BMI	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95%	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8
Active Clinical Pts Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7
Active Clinical Pts Age 5	7		6			10		
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1
Male Active Clinical Pts Age 2	1		3			2		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BMI =>95%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
# w/BMI =>85%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
Male Active Clinical Pts Age 3	9		7			4		
# w/BMI 85-94%	1	11.1	0	0.0	+11.1	1	25.0	-13.9
# w/BMI =>95%	1	11.1	2	28.6	-17.5	2	50.0	-38.9
# w/BMI =>85%	2	22.2	2	28.6	-6.3	3	75.0	-52.8

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Pts Age 4	4		4			9		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	2	22.2	-22.2
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	11.1	-11.1
# w/BMI =>85%	0	0.0	1	25.0	-25.0	3	33.3	-33.3
Male Active Clinical Pts Age 5	4		4			5		
# w/BMI 85-94%	2	50.0	1	25.0	+25.0	1	20.0	+30.0
# w/BMI =>95%	1	25.0	1	25.0	+0.0	0	0.0	+25.0
# w/BMI =>85%	3	75.0	2	50.0	+25.0	1	20.0	+55.0
Female Active Clinical Pts Age 2	1		5			3		
# w/BMI 85-94%	1	100.0	0	0.0	+100.0	1	33.3	+66.7
# w/BMI =>95%	0	0.0	1	20.0	-20.0	0	0.0	+0.0
# w/BMI =>85%	1	100.0	1	20.0	+80.0	1	33.3	+66.7
Female Active Clinical Pts Age 3	14		8			4		
# w/BMI 85-94%	1	7.1	2	25.0	-17.9	2	50.0	-42.9
# w/BMI =>95%	2	14.3	1	12.5	+1.8	0	0.0	+14.3
# w/BMI =>85%	3	21.4	3	37.5	-16.1	2	50.0	-28.6
Female Active Clinical Pts Age 4	8		6			8		
# w/BMI 85-94%	1	12.5	1	16.7	-4.2	1	12.5	+0.0
# w/BMI =>95%	1	12.5	2	33.3	-20.8	1	12.5	+0.0
# w/BMI =>85%	2	25.0	3	50.0	-25.0	2	25.0	+0.0

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Childhood Weight Control (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts Age 5	3		2			5		
# w/BMI 85-94%	1	33.3	0	0.0	+33.3	2	40.0	-6.7
# w/BMI =>95%	0	0.0	1	50.0	-50.0	1	20.0	-20.0
# w/BMI =>85%	1	33.3	1	50.0	-16.7	3	60.0	-26.7

Comprehensive CVD-Related Assessment

Denominator(s):
- GPRA Denominator: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.

Numerator(s):
- Patients with Blood Pressure value documented at least twice in prior two years.
- Patients with LDL completed in the past 5 years, regardless of result.
- Patients who have been screened for tobacco use during the Report Period.
- BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.
- Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.
- GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening and does NOT include refusals of BMI.
- Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

Logic:
Age of the patient is calculated at beginning of the Report period.
Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

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

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

LDL Documented: Finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.

Tobacco Screening: Defined as at least one of the following: 1. Any health factor for category Tobacco documented during Current Report period; 2. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 3. Dental code 1320; 4. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455, G8456, G8457, G8402 or G8453.

BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.

Medical Nutrition Therapy: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition education defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

Depression Screening/Mood Disorder DX: Any of the following during the Report Period:

1) Depression Screening: A) Exam Code 36, B) POV V79.0, C) BHS problem code 14.1 (screening for depression), D) V Measurement in PCC or BH of PHQ2 or PHQ9, or E) refusal, defined as PCC refusal in past year with Exam Code 36.

2) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 33% for the proportion of at-risk patients who have a comprehensive assessment.

Past Performance and/or Target:
IHS Performance: Comprehensive CVD Assessment: FY 2009 - 32%, FY 2008 -

30%, FY 2007 - 30%

BP Assessed: FY 2008 - 98%
LDL Assessed: FY 2008 - 90%
Tobacco Assessed: FY 2008 - 79%
BMI Assessed or Refused: FY 2008 - 85%
Lifestyle Counseling: FY 2008 - 38%
Depression Screen - FY 2008 - 53%

IHS 2010 Goals:
BP Assessed: 95%
LDL Assessed: 85%
Tobacco Assessed: 50%
BMI Measured: 45%
Lifestyle Counseling: 75%
Depression Screen: 20%

Source:

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	57		44			36		
# w/ BPs documented w/in 2 yrs	57	100.0	44	100.0	+0.0	36	100.0	+0.0
# w/ LDL done in past 5 yrs	49	86.0	38	86.4	-0.4	30	83.3	+2.6
# w/Tobacco Screening w/in 1 yr	50	87.7	38	86.4	+1.4	27	75.0	+12.7
# w/BMI calculated -No Refusals	55	96.5	43	97.7	-1.2	35	97.2	-0.7
# w/ lifestyle educ w/in 1 yr	32	56.1	22	50.0	+6.1	22	61.1	-5.0
# w/ BP, LDL, tobacco, BMI and life counseling -No Refusals (GPRA)	24	42.1	19	43.2	-1.1	14	38.9	+3.2
# w/ Depression screening, DX, or refusal	10	17.5	4	9.1	+8.5	2	5.6	+12.0

HIV Screening

Denominator(s):
- GPRA Denominator: All pregnant Active Clinical patients with no documented miscarriage or abortion and with no recorded HIV diagnosis ever.

Numerator(s):
- GPRA Numerator: Patients who were screened for HIV during the past 20 months. NOTE: This numerator does NOT include refusals.

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

HIV diagnosis defined as any of the following documented anytime prior to the end of the Report Period: POV or Problem List codes 042, 042.0-044.9 (old codes), 079.53, V08, or 795.71.

Pregnancy is defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) during the past 20 months. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49.

HIV Screening: CPT 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy; site-populated taxonomy BGP HIV TEST TAX.

NOTE: The timeframe for screening for the pregnant patients denominator is anytime during the past 20 months.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 77% for the proportion of pregnant patients who are screened for HIV.

Past Performance and/or Target:
IHS Performance: (Prenatal HIV Screening): FY 2009 - 76%, FY 2008 - 75%, FY 2007 - 74%, FY 2006 - 65%, FY 2005 - 54%

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HIV Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA)	32		36			32		
# w/HIV screening -No Refusals (GPRA)	14	43.8	6	16.7	+27.1	0	0.0	+43.8

Breastfeeding Rates

Denominator(s):
- Active Clinical patients who are 45-394 days old.
- PART Denominator: Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of two months (45-89 days).
- Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of six months (165-209 days).
- Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days).
- Active Clinical patients who are 45-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days).

Numerator(s):
- Patients who were screened for infant feeding choice at least once.
- Patients who were screened for infant feeding choice at the age of two months (45-89 days).
- Patients who were screened for infant feeding choice at the age of six months (165-209 days).
- Patients who were screened for infant feeding choice at the age of nine months (255-299 days).
- Patients who were screened for infant feeding choice at the age of 1 year (350-394 days).
- PART Numerator: Patients who, at the age of two months (45-89 days), were either exclusively or mostly breastfed.
- Patients who, at the age of six months (165-209 days), were either exclusively or mostly breastfed.
- Patients who, at the age of nine months (255-299 days), were either exclusively or mostly breastfed.
- Patients who, at the age of 1 year (350-394 days), were either exclusively or mostly breastfed.

Logic:
Age of the patient is calculated at the beginning of the Report period. The documented feeding choice from the file V Infant Feeding Choice that is closest to the exact age that is being assessed will be used. For example, if a patient was assessed at 45 days old as 1/2 breastfed and 1/2 formula and assessed again at 65 days old as mostly breastfed, the mostly breastfed value will be used since it is closer to the exact age of 2 months (i.e. 60 days). Another example is a patient who was assessed at 67 days as mostly breastfed and again at 80 days as mostly formula. In this case, the 67 days value of mostly breastfed will be used. The other exact ages are 180 days for 6 months, 270 days for 9 months, and 365 days for 1 year.

In order to be included in the age-specific screening numerators, the

patient must have been screened at the specific age range. For example, if a patient was screened at 6 months and was exclusively breastfeeding but was not screened at 2 months, then the patient will only be counted in the 6 months numerator.

Performance Measure Description:
During FY 2010, achieve the tentative target rate of 33% for the proportion of 2-month olds who are mostly or exclusively breastfeeding.

Past Performance and/or Target:
IHS Performance: FY 2008 - 28%
HP 2010: Through 3 months: 60%, Through 6 months: 25%

Source:
HP 2010, 16-19d Exclusive breastfeeding-through 3 months, 16-19e Exclusive breastfeeding-through 6 months

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 45-394 days	43		27			31		
# w/infant feeding choice screening	10	23.3	0	0.0	+23.3	1	3.2	+20.0
# w/screening @ 2 mos	3	7.0	0	0.0	+7.0	1	3.2	+3.8
# w/screening @ 6 mos	3	7.0	0	0.0	+7.0	0	0.0	+7.0
# w/screening @ 9 mos	4	9.3	0	0.0	+9.3	0	0.0	+9.3
# w/screening @ 1 yr	3	7.0	0	0.0	+7.0	0	0.0	+7.0
AC Pts 45-394 days screened @ 2 mos (PART)	3		0			1		
# @ 2 mos exclusive/ mostly breastfed (PART)	3	100.0	0	0.0	+100.0	1	100.0	+0.0

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Breastfeeding Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 45-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7
AC Pts 45-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0
AC Pts 45-394 days screened @ 1 yr	3		0			0		
# @ 1 year exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7

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SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2009	2010
DIABETES					
Diabetes DX Ever*	8.3%	9.2%	8.4%	12%	N/A
Documented A1c*	75.2%	73.7%	59.8%	80%	50.0%
BP Assessed	92.6%	82.1%	85.1%	88%	95%
IMMUNIZATIONS					
Active Clinical 4:3:1:3:3:1	16.7%	7.7%	9.1%	78%	N/A
CANCER					
Tobacco Assessment 5+	45.4%	42.5%	36.2%	57%	N/A
Tobacco Use Prevalence	46.2%	38.0%	39.4%	26%	12.4%
Tobacco Cessation Counsel or Quit	20.3%	19.7%	26.8%	N/A	N/A
CARDIOVASCULAR DISEASE					
BMI Measured 2-74	65.2%	77.6%	72.5%	75%	N/A
Assessed as Obese	41.7%	41.0%	37.5%	47%	N/A
Children 2-5 w/BMI =>95%	11.4%	23.1%	12.5%	25%	22%
IHD: Comp CVD Assessment					
IHD: BP Assessed	100.0%	100.0%	100.0%	97%	95.0%
IHD: LDL Assessed	86.0%	86.4%	83.3%	91%	85.0%
IHD: Tobacco Assessed	87.7%	86.4%	75.0%	83%	50.0%
IHD: BMI Assessed	96.5%	97.7%	97.2%	N/A	N/A
IHD: Lifestyle Counsel	56.1%	50.0%	61.1%	39%	75.0%
IHD: Depression Screen	17.5%	9.1%	5.6%	62%	20.0%

*Non-GPRA measure included in the IHS GPRA report submitted to OMB to provide context to other GPRA measures.

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OFFICIAL GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA Target	Nat'l 2009	2010 Target
DIABETES						
Poor Glycemic Control >9.5	14.9%	4.2%	12.6%	16%	18%	10.0%
Ideal Glycemic Control <7	28.9%	31.6%	25.3%	33%	31%	40.0%
Controlled BP <130/80	23.1%	21.1%	14.9%	40%	37%	50.0%
LDL Assessed	62.8%	48.4%	26.4%	69%	65%	70.0%
Nephropathy Assessed*	41.3%	6.3%	5.7%	54%	50%	70.0%
Retinopathy	44.6%	41.1%	50.6%	55%	51%	75.0%
DENTAL						
Dental Access General	8.6%	8.4%	8.8%	27%	25%	40.0%
# Sealants	50	61	81	257,920	257,067	N/A
Topical Fluoride-# Pts	45	26	15	136,978	136,794	N/A
IMMUNIZATIONS						
Influenza 65+	30.0%	37.5%	23.1%	60%	59%	90.0%
Pneumovax Ever 65+	44.5%	68.8%	56.9%	83%	82%	90.0%
Active IMM 431331	23.7%	0.0%	0.0%	80%	79%	N/A
CANCER						
Pap Smear Rates 21-64	41.0%	49.7%	45.9%	60%	59%	90.0%
Mammogram Rates 52-64	26.9%	37.9%	46.8%	47%	45%	70.0%
Colorectal Cancer 51-80	21.4%	26.3%	18.4%	36%	33%	33.0%
Tobacco Cessation Counsel	17.6%	19.3%	26.2%	27%	24%	N/A
BEHAVIORAL HEALTH						
FAS Prevention 15-44	9.9%	0.6%	0.3%	55%	52%	25.0%
IPV/DV Screen 15-40	1.9%	0.3%	0.0%	53%	48%	40.0%
Depression Screen 18+	5.4%	5.4%	2.6%	53%	44%	N/A
CARDIOVASCULAR DISEASE						
IHD: Comp CVD Assessment	42.1%	43.2%	38.9%	33%	32%	N/A
OTHER CLINICAL						

*** IHS 2010 National GPRA & PART Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2009 to Jun 30, 2010
Previous Year Period: Jul 01, 2008 to Jun 30, 2009
Baseline Period: Jul 01, 1999 to Jun 30, 2000

OFFICIAL GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA Target	Nat'l 2009	2010 Target
Prenatal HIV Testing	43.8%	16.7%	0.0%	77%	76%	N/A

* Measure definition changed in 2007.
+ Site Previous and Site Baseline values are not applicable for this measure.

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GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

PART MEASURE	Site Current	Site Previous	Site Baseline	PART Target	Nat'l 2009	2010 Target
Breastfeed Rates @ 2 Mos*	100.0%	0.0%	100.0%	28%	28%	33%

* Federally Administered Activities measure. National 2009 rate is for federal sites only.