CRS 2011 VERSION 11.0 PATIENT LIST EXAMPLE AND FORMAT

When a patient list is run in Clinical Reporting System (CRS), you always receive the report that accompanies the patient list. Figure 1 is an example of the Selected Measures Report for the Cancer Screening: Pap Smear Rates topic. Each topic contains a denominator(s) and numerator(s) and performance measure logic used to define the denominators and numerators. The patient list for this topic in this report is shown in Figure 2.

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     ①       ***  IHS 2011 Clinical Performance Measure Patient List  ***
                          DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2010 to Jun 30, 2011
     ②                           Entire Patient List
-----------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

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

Numerator(s):
 - GPRA Numerator: Patients with a Pap Smear documented in the past 3 years.
NOTE:  This numerator does NOT include refusals.
 - Patients with documented Pap smear refusal in past year.

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 and where the result does NOT have
"ERROR/DISREGARD"; 6) LOINC taxonomy; 7) site-populated taxonomy
BGP PAP SMEAR TAX.
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Refusal:  Refusal in past year of Lab Test Pap Smear.
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Figure 1: Sample report that accompanies the Patient List for the Selected Measures Report (1 of 2)

For this report and performance measure topic, all patients in all denominators are displayed. Patients who are included in the numerator (i.e., who met the measure) have a value in the Numerator column. For example, PATIENT,CRSA1 met the measure because she had a Pap smear documented with a laboratory test on 04/17/10. However, PATIENT,CRS did not meet the measure because CRS did not find a Pap smear or refusal. Thus, the value in the Numerator column is blank.

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        ***  IHS 2011 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jul 01, 2010 to Jun 30, 2011
                            Entire Patient List
--------------------------------------------------------------------------------
Performance Measure Description:
During FY 2011, achieve the target rate of 60.5% 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 2010 - 59%, 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

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

③  Cancer Screening: Pap Smear Rates: List of women 21-64 with documented Pap
smear or refusal, if any.
     ④                                              ⑤            ⑥
PATIENT NAME          HRN    COMMUNITY     SEX AGE    DENOMINATOR   NUMERATOR
--------------------------------------------------------------------------------
PATIENT,CRS           111111 BRAGGS         F   24   UP,AC
PATIENT,CRSA1         222222 BRAGGS         F   27   UP            04/17/10 VLab
PATIENT,CRSA2         333333 BRAGGS         F   35   UP
PATIENT,CRSA3         444444 BRAGGS         F   36   UP
PATIENT,CRSA4         555555 BRAGGS         F   38   UP            04/17/10 v76.2
PATIENT,CRSA5         101010 BRAGGS         F   41   UP            10/19/09 Lab
PATIENT,CRSAA         666666 BRAGGS         F   52   UP,AC
PATIENT,CRSQL         666667 BRAGGS         F   53   UP
PATIENT,CRSBJ         999999 BRAGGS         F   57   UP
PATIENT,CRSBD         888888 BRAGGS         F   58   UP
PATIENT,CRSBH         777777 BRAGGS         F   58   UP
PATIENT,CRSAB         111112 BROKEN ARROW   F   26   UP
PATIENT,CRSA6         222223 BROKEN ARROW   F   48   UP
PATIENT,CRSA7         333334 CHECOTAH       F   24   UP
PATIENT,CSRA8         444445 KANSAS         F   27   UP
PATIENT,CSRA9         555556 KANSAS         F   45   UP
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PATIENT,CSRA9         777778 MARBLE CITY     F   31  UP
PATIENT,CSRA9         555544 MARBLE CITY     F   43  UP
Total # of Patients on list: 18
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Figure 2: Sample Patient List, Selected Measures Report (2 of 2)

Figure 3 is an example of the National Government Performance and Results Act (GPRA) & Program Assessment Rating Tool (PART) Patient List, another patient list (menu option LST) that exists within CRS. This option allows you to include: (1) patients who met the measure, (2) patients who did not meet the measure, or (3) all patients. Use the list for patients that did not meet the measure to identify all patients in need of screening. The list looks very similar to the list above except it includes only patients meeting the measure or not meeting the measure, depending on the list selected.

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           ***  IHS 2011 GPRA Performance & PART Patient List  ***
                          CRS 2011, Version 11.0
                          DEMO INDIAN HOSPITAL
                 Report Period: Jul 01, 2010 to Jun 30, 2011
                              All Patients


------------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

List of female patients with a Pap Smear documented in the past 3 years.

UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease
CHD=Active Coronary Heart Disease


       ④                                                 ⑨            ⑩
PATIENT NAME              HRN     COMMUNITY    SEX AGE  LAST MEDICAL   LAST VISIT

 DENOMINATOR ⑤                      NUMERATOR ⑥               VISIT
------------------------------------------------------------------------------
PATIENT,CRS              111111 BRAGGS        F   21   11/26/10       11/26/10
UP,AC                          05/05/09 795.0
PATIENT,CRSA1            222222 BRAGGS        F   22   12/01/10       12/01/10
UP,AC                          10/31/09 Lab
PATIENT,CRSA2            333333 BRAGGS        F   22   12/19/10       04/01/11
UP,AC                          07/25/10 Lab
PATIENT,CRSA3            444444 BRAGGS        F   22   12/31/10       12/31/10
UP,AC                          09/10/10 Lab
PATIENT,CRSA4            555555 BRAGGS        F   22   09/30/10       09/30/10
UP,AC                          06/26/10 Lab
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Figure 4: Sample Patient List, National GPRA & PART Patient List Report

Figure 4 is an example of another type of patient list that is available. This list includes *all* patients included in the National GPRA & PART Report who did not meet at least one GPRA or PART performance measure.

In Figure 4, the Not Met/Lst Prvdr column shows all of the GPRA and PART performance measures the patient did not meet, the name of the provider who last had a visit with the patient, the provider's discipline code, and the date of the visit. In Figure 4, the first patient did not meet the following GPRA measures: dental visit, influenza for patients 65 and older, pneumovax for patients 65 and older, and depression screening. The patient's last visit was on 03/16/10 with the provider named "DEMO,DOCTOR", who is an MD.

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          ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
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       ***  IHS 2011 Comprehensive National GPRA Patient List   ***
       ***  List of Patients Not Meeting a National GPRA measure ***
                           CRS 2011, Version 11.0
                           DEMO INDIAN HOSPITAL
                 Report Period: Jul 01, 2010 to Jun 30, 2011
                               All Patients
-------------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart Disease

     ④                                      ⑤              ⑦          ⑧
PATIENT NAME            HRN     COMMUNITY    SEX AGE    DENOMINATOR   NOT MET/LST
PRVDR
-------------------------------------------------------------------------------
PATIENT,CRSA            123456 Kansas        F   101    UP,AC      Dental Visit, AC
65+ Influenza IZ,AC 65+ Pneumovax IZ,AC Depr Scrn/DEMO,DOCTOR, MD,03/16/10
PATIENT,CRSB            888888 Kansas        M   6      UP         Dental
Visit/LITTLE, DO, MD,04/23/10
PATIENT,CRSC            222222 Kansas        M   15     UP         Dental
Visit/LITTLE, DO, MD,12/05/10
PATIENT,CRSD            666666 Kansas        M   19     UP         Dental
Visit/LITTLE, DO, MD,05/27/10
PATIENT,CRSE            444444 Kansas        M   21     UP         Dental
Visit/LITTLE, DO, MD,12/24/09
PATIENT,CRSF            111111 Kansas        M   22     UP         Dental
```

Figure 5: Sample Comprehensive National GPRA & PART Patient List

The GPRA & PART Forecast Patient List is another patient list option. This patient list can be a very effective tool in assisting with improving National GPRA and PART performance. This patient list is linked to the Scheduling package and shows all GPRA and PART performance measures a patient has not met as of the date the list was run. The list can be run for the following four options:

- By a particular **clinic(s)** for all patients with scheduled appointments to the clinic(s).

- For all **patients selected that have at least one scheduled appointment to any clinic** during the chosen time period.

- By a particular **clinic(s)** for all patients with scheduled appointments to the clinic(s), but this list is **limited to one division in a multidivisional site**. This is different from the first option above because the first option includes all patients for all clinics regardless of division.

- For **any patient, even if the patient does not have a scheduled appointment**. This option is good for walk-in patients.

Many facilities run the patient list for each clinic in his/her facility the day before the appointment. The patient lists are then printed out and given to the providers so he/she can see all of the GPRA and PART measures the patient has not met.

In Figure 4, the list contains information for the provider to see what is counted in CRS for each measure. The list also shows the date of the patient's last screening, if any, and when the patient will be overdue for the screening.

This list is different from the clinical reminders in Electronic Health Record (EHR) or Patient Care Component (PCC) and the other lists available in CRS because it uses revised CRS logic for the denominators. To view the definitions for the revised denominators, run the report "GPRA & PART Forecast Denominator Definitions" (menu option **FORD**).

An example of the difference in the denominators is that the GPRA Forecast does not require patients in the Pap Smear measure to meet the Active Clinical denominator definition, which requires the patient to have two medical visits in the past three years. This is because it is not assumed that the patient will *not* meet the Active Clinical denominator definition. If the list is run early in the GPRA year, the patient *could* meet the definition later in the GPRA year. For example if a 24-year old female patient only had one medical visit in the past three years as of July 15, she would not be included in the denominator in the National GPRA & PART Patient List because she did not have two medical visits in the past three years. However, she would be included in the GPRA Forecast list because she *might* have the second visit during the GPRA year, and then she would be included in the National GPRA & PART Report for this measure.

In Figure 5, the patient "PATIENT,CRS" has a scheduled appointment to the "06 Diabetic" clinic on April 28, 2011. The patient will not meet all of the measures listed in the report. For example, the patient will not meet the DM (Diabetes Mellitus) Glycemic Control measure, which requires the patient to have an A1c value less than 7. This patient's last A1c was taken on 09/01/10 and the value was determined not to be ideal control. The patient is due for the next A1c on 09/01/11. In order to meet the GPRA measure, the patient must have an A1c taken during 07/01/10–06/30/11 and the A1c value must be less than 7.

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                    GPRA & PART Forecast Patient List
        GPRA Measures Not Met or Due During Jul 01, 2010-Jun 30, 2011
                        CRS 2011, Version 11.0
```

```
             Patients with an Appointment in 06 DIABETIC on Apr 28, 2011
                          Date Report Run: Apr 19, 2011
                       Site where Run: DEMO INDIAN HOSPITAL
                       Report Generated by: LAST,FIRST
-------------------------------------------------------------------------------
Appt Time  Patient Name                HRN     Sex DOB       Community
GPRA Measure Not Met       Date of Last Screening and Next Due Date
                           Tests Counted for GPRA Measure
-------------------------------------------------------------------------------
10:00 am   PATIENT,CRS                 23456   F   01/01/85  BRAGGS
DM Glycemic Control <7     Last A1c: 09/01/10 value:  - Not Ideal Control
                           Next Due: 09/01/11
                           GPRA counts most recent A1c and where A1c is <7,
                           during 7/1/10-6/30/11
DM Controlled BP <130/80   Last Mean BPs: 0 - Not Controlled BP
                           GPRA counts mean of last 3 non-ER BPs (2 BPs if
                           there are only 2), where mean is <130/80 or CPT
                           3074F AND 3078F during 7/1/10-6/30/11
Annual Dental Exam         Last Dental Exam: 03/01/0
(All Patients)             Overdue as of: 03/01/11
                           GPRA counts visits with ADA 0000 or 0190, V CPT
                           Codes D0000 or D0190, PCC VExam 30,POV V72.2 or
                           any CHS visit with any ADA code
                           during 7/1/10-6/30/11
Pap Smear (every 3 years)  Last Pap: 03/01/08
(21-64)                    Overdue as of: 02/28/11
                           GPRA counts Pap past 3 years from 6/30/11
                           during 7/1/10-6/30/11
Domestic Violence Screen   Last DV Screen: 03/01/10
(Female 15-40)             Overdue as of: 03/01/11
                           GPRA counts PCC Exam 34, BHS IPV/DV Exam,
                           IPV/DV Dx, or IPV/DV patient
                           education during 7/1/10-6/30/11
Depression Screen (18+)    Last Depression Screen: 03/01/10
                           Overdue as of: 03/01/11
                           GPRA counts PCC Exam 36, POV V79.0, BHS
                           problem code 14.1, PCC or BHS V Measurement PHQ2
                           or PHQ9, or 2 mood disorder visits during
                           7/1/10-6/30/11
```

Figure 6: Sample GPRA & PART Forecast Patient List, selected patient with appointment option

1.0   Patient List Formats

Patient lists can be run for the following reports:

- National GPRA & PART/GPRA & PART Performance reports (**LST** menu option)

- Selected Measures report (**COM**, **PP**, or **ALL** menu options)

- Other National Measures (**OST** menu option)

- Executive Order Quality Transparency Measures Report (**EO** menu option)

- Elder Care (**ELD** menu option)

- Patient Education (**PED** menu options **PCM** and **P3**)

The Comprehensive National GPRA & PART Patient List (CMP) and the GPRA & PART Forecast Patient List (FOR) can also be run.

The lists display patients who meet the numerator(s), denominator(s), or both, depending on the type of report run and the performance measure. **Patient List** options include a random list (10% of the total list), a list by primary care provider, and the entire patient list.

For the National GPRA & PART/GPRA & PART Performance and the Other National Measures reports, patient lists can be created for one or more performance measure topics at a time. The patient lists for these reports allow users to include only patients meeting the measure, only patients not meeting the measure, or both for most performance measures.

The GPRA & PART Forecast Patient List identifies all GPRA & PART measures a patient is due for during the current GPRA year as of the report run date and provides information for the provider on how the measures can be met. This list is linked to the Scheduling menu and may be run for the following options:

1. A selected patient with a scheduled appointment

2. All patients with scheduled appointments to a selected clinic(s) or all clinics at a facility

3. All patients with scheduled appointments to an entire facility or division

4. A selected patient or patients even if they do not a scheduled appointment

The Comprehensive National GPRA & PART Patient List shows all patients included in the National GPRA & PART Report who did not meet at least one GPRA & PART measure, and identifies which GPRA & PART measure(s) the patients did not meet. The list also identifies the name of the provider that the patient last had a visit with and the date of the visit.

For the Selected Measures (COM, PP, ALL), Executive Order Quality Transparency Measures, Elder Care, and Patient Education reports, select the performance measure topic(s) for which you want to run patient lists. There is no option to choose to include only patients meeting or not meeting the performance measure.

Patient Lists are organized by:

- Community
- Gender
- Age
- Last name

Key elements of the patient list format are:

1. **Report Type**: Indicates Patient List as the report type.

2. **Patient List Type**: Displays whether the patient list is a Random Patient List, Patient List by Provider, or All Patients, depending on which option you selected.

3. **List Description**: Describes which patients will be included on the list.

4. **List Columns**: All patient lists contain the following columns of information:

   - **Patient Name** displayed as Last, First
   - **Health Record Number** (HRN) of the patient
   - **Community** name
   - **Sex** (M or F) of the patient;
   - **Age** of the patient *(as of the first day of the report period)*

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

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

6. **Numerator Value** column: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In Figure 2, the value column identifies the date a Pap smear was documented and the test code. If no date and code information is displayed, this patient is counted in the denominator only.

> **Note:** This column is not included in the Comprehensive National GPRA & PART Patient List report. Instead, it has the Measure Not Met (#7) and Lst Prvdr (#8) columns. In addition, performance measures are not listed separately; each patient is listed only once with all the measures she/he did not meet and is indicated in the Measure Not Met column.

7. **Measure Not Met** column: Displays only for the Comprehensive National GPRA & PART Patient List. Displays all of the applicable National GPRA & PART Report measures a patient did not meet. If there are more measures than can be listed within this column, the measures will be wrapped to the next line, starting in the Patient Name column.

8. **Lst Prvdr** column: Displays only for the Comprehensive National GPRA & PART Patient List. Displays the name, abbreviated discipline of the provider the patient saw at his/her last visit, and the date of the patient's last visit.

The National GPRA & PART Report also includes the following two columns:

9. **Last Medical Visit** defined as a visit to one of the core or secondary clinics listed in the Active Clinical denominator.

10. **Last Visit** defined as a visit with Service Code of A, H, O, R, or S.