

SAMPLE NATIONAL GPRA & PART REPORT – CRS 2009 V9.0

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*** IHS 2009 National GPRA & PART Report ***
CRS 2009, Version 9.0 Patch 1
Date Report Run: Aug 21, 2009
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: KLEPACKI,STEPHANIE
Report Period: Jul 01, 2008 to Jun 30, 2009
Previous Year Period: Jul 01, 2007 to Jun 30, 2008
Baseline Period: Jul 01, 1999 to Jun 30, 2000

Measures: GPRA, GPRA Developmental, and PART Denominators and Numerators and Selected Other Clinical Denominators and Numerators
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.12.16

This report includes clinical performance measures reported for the Government Performance and Results Act (GPRA); measures reported for the Office of Management and Budget (OMB) Program Assessment Rating Tool (PART); measures that have the potential to become GPRA measures in the future (i.e. GPRA Developmental measures), and non-GPRA measures.

In the denominator and numerator sections 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."
- GPRA Developmental measures are a combination of a denominator prefixed with "GPRA Denominator" and a numerator prefixed with "GPRA Developmental 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: All patients in the User Population, broken down by age groups.

GPRA Developmental Numerator: Patients with documented dental visit during the Report Period. NOTE: This numerator does NOT include refusals.

In the tabular sections of the report for each topic:

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

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	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,778		2,353			2,337		
# w/dental visit in past yr (GPRA Dev.)	208	7.5	190	8.1	-0.6	207	8.9	-1.4

Denominator Definitions used in this Report:

ACTIVE CLINICAL POPULATION:

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

USER POPULATION:

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

See last pages of this report for Performance Summaries.

Community Taxonomy Name: DEMO GPRA COMMUNITIES
 The following communities are included in this report:

BRAGGS	BROKEN ARROW	CHECOTAH
KANSAS	MARBLE CITY	SAND SPRINGS

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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 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	2,729		2,391			2,351		
# w/ any DM DX	227	8.3	213	8.9	-0.6	192	8.2	+0.2
# w/ DM DX w/in past year	132	4.8	116	4.9	+0.0	107	4.6	+0.3

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Diabetes Prevalence (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Male User Pop	1,291		1,113			1,111		
# w/ any DM DX	98	7.6	82	7.4	+0.2	72	6.5	+1.1
# w/DM DX w/in past year	69	5.3	59	5.3	+0.0	47	4.2	+1.1
# Female User Pop	1,438		1,278			1,240		
# w/ any DM DX	129	9.0	131	10.3	-1.3	120	9.7	-0.7
# w/ DM DX w/in past year	63	4.4	57	4.5	-0.1	60	4.8	-0.5

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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	712	234	250	392	357	344	235	205
# w/ DM DX ever	1	4	7	32	45	53	45	40
% w/ DM DX ever	0.1	1.7	2.8	8.2	12.6	15.4	19.1	19.5
# w/DM DX in past yr	1	1	1	10	27	33	31	28
% w/DM DX in past yr	0.1	0.4	0.4	2.6	7.6	9.6	13.2	13.7
PREVIOUS YEAR PERIOD								
Total # User Pop	728	223	238	342	297	264	148	151
# w/ DM DX ever	2	4	7	29	44	53	32	42
% w/ DM DX ever	0.3	1.8	2.9	8.5	14.8	20.1	21.6	27.8
# w/DM DX in past yr	0	3	1	8	22	33	21	28
% w/DM DX in past yr	0.0	1.3	0.4	2.3	7.4	12.5	14.2	18.5
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.1	-0.1	-0.1	-0.3	-2.2	-4.7	-2.5	-8.3
w/DM DX in past yr	+0.1	-0.9	+0.0	+0.2	+0.2	-2.9	-1.0	-4.9
BASELINE REPORT PERIOD								
Total # User Pop	802	208	210	329	292	229	133	148
# w/ DM DX ever	1	5	10	18	37	44	32	45
% w/ DM DX ever	0.1	2.4	4.8	5.5	12.7	19.2	24.1	30.4
# w/DM DX in past yr	1	1	4	6	18	24	20	33
% w/DM DX in past yr	0.1	0.5	1.9	1.8	6.2	10.5	15.0	22.3
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-0.7	-2.0	+2.7	-0.1	-3.8	-4.9	-10.9
w/DM DX in past yr	+0.0	-0.1	-1.5	+0.7	+1.4	-0.9	-1.8	-8.6

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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	373	119	109	154	172	161	116	87
# w/ DM DX ever	0	2	2	7	20	28	26	13
% w/ DM DX ever	0.0	1.7	1.8	4.5	11.6	17.4	22.4	14.9
# w/DM DX in past yr	0	0	0	4	15	19	19	12
% w/DM DX in past yr	0.0	0.0	0.0	2.6	8.7	11.8	16.4	13.8
PREVIOUS YEAR PERIOD								
Total MALE User Pop	384	114	99	132	136	118	70	60
# w/ DM DX ever	1	2	2	6	17	23	19	12
% w/ DM DX ever	0.3	1.8	2.0	4.5	12.5	19.5	27.1	20.0
# w/DM DX in past yr	0	2	1	3	13	14	15	11
% w/DM DX in past yr	0.0	1.8	1.0	2.3	9.6	11.9	21.4	18.3
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.1	-0.2	+0.0	-0.9	-2.1	-4.7	-5.1
w/DM DX in past yr	+0.0	-1.8	-1.0	+0.3	-0.8	-0.1	-5.0	-4.5
BASELINE REPORT PERIOD								
Total MALE User Pop	432	102	84	130	133	106	66	58
# w/ DM DX ever	0	1	3	3	14	21	19	11
% w/ DM DX ever	0.0	1.0	3.6	2.3	10.5	19.8	28.8	19.0
# w/DM DX in past yr	0	0	2	2	7	13	13	10
% w/DM DX in past yr	0.0	0.0	2.4	1.5	5.3	12.3	19.7	17.2
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	+0.7	-1.7	+2.2	+1.1	-2.4	-6.4	-4.0
w/DM DX in past yr	+0.0	+0.0	-2.4	+1.1	+3.5	-0.5	-3.3	-3.4

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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	339	115	141	238	185	183	119	118
# w/ DM DX ever	1	2	5	25	25	25	19	27
% w/ DM DX ever	0.3	1.7	3.5	10.5	13.5	13.7	16.0	22.9
# w/DM DX in past yr	1	1	1	6	12	14	12	16
% w/DM DX in past yr	0.3	0.9	0.7	2.5	6.5	7.7	10.1	13.6
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	344	109	139	210	161	146	78	91
# w/ DM DX ever	1	2	5	23	27	30	13	30
% w/ DM DX ever	0.3	1.8	3.6	11.0	16.8	20.5	16.7	33.0
# w/DM DX in past yr	0	1	0	5	9	19	6	17
% w/DM DX in past yr	0.0	0.9	0.0	2.4	5.6	13.0	7.7	18.7
CHANGE FROM PREV YR %								
w/ DM DX ever	+0.0	-0.1	-0.1	-0.4	-3.3	-6.9	-0.7	-10.1
w/DM DX in past yr	+0.3	+0.0	+0.7	+0.1	+0.9	-5.4	+2.4	-5.1
BASELINE REPORT PERIOD								
Total FEMALE User Pop	370	106	126	199	159	123	67	90
# w/ DM DX ever	1	4	7	15	23	23	13	34
% w/ DM DX ever	0.3	3.8	5.6	7.5	14.5	18.7	19.4	37.8
# w/DM DX in past yr	1	1	2	4	11	11	7	23
% w/DM DX in past yr	0.3	0.9	1.6	2.0	6.9	8.9	10.4	25.6
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.0	-2.0	+3.0	-1.0	-5.0	-3.4	-14.9
w/DM DX in past yr	+0.0	-0.1	-0.9	+0.5	-0.4	-1.3	-0.4	-12.0

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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: Poor Control. Patients with A1c greater than (>) 9.5.

GPRA Numerator: Ideal Control. Patients with A1c less than (<) 7.

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-3047F; 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 2009, achieve the target rate of 18% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

Ideal Glycemic Control: During FY 2009, achieve the target rate of 30% 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 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 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 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)	108		96			90		
# w/A1c done w/ or w/o result	79	73.1	72	75.0	-1.9	62	68.9	+4.3
# w/A1c > 9.5 (GPRA)	10	9.3	12	12.5	-3.2	13	14.4	-5.2
# w/A1c <7 (GPRA)	31	28.7	37	38.5	-9.8	26	28.9	-0.2

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Diabetes: Blood Pressure Control

Denominator(s):

GPRA Denominator: Active Diabetic patients, defined as all Active Clinical patients diagnosed with diabetes prior to 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.

If CRS is not able to calculate a mean BP, it will search for the most recent of any of the following CPT codes documented on non-ER visits during the Report Period: 3074F, 3075F, 3077F, 3078F, 3079F, and 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 numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the numerator.

Performance Measure Description:

During FY 2009, achieve the target rate of 36% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as <130/80).

Past Performance and/or Target:

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Controlled BP: IHS Performance: 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)	108		96			90		
# w/ BPs Documented	86	79.6	85	88.5	-8.9	84	93.3	-13.7
# w/Controlled BP < 130/80 (GPRA)	19	17.6	24	25.0	-7.4	20	22.2	-4.6

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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 (\leq) 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 \leq 100, CPT 3048F will count as meeting the measure.

Performance Measure Description:

During FY 2009, achieve the target rate of 60% 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 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: Lipids Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	108		96			90		
# w/ LDL done (GPRA)	62	57.4	49	51.0	+6.4	24	26.7	+30.7
A. # w/LDL =<100	35	32.4	31	32.3	+0.1	8	8.9	+23.5

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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 2009, achieve the target rate of 47% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Past Performance and/or Target:

Assessment: IHS Performance: 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)	108		96			90		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	21	19.4	4	4.2	+15.3	4	4.4	+15.0

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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, or a documented refusal of a diabetic retinal exam.

A: Patients who refused a diabetic retinal exam during the Report Period.

GPRA Developmental 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 documented refusal 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) or Refusal of Exam 03, 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 (e.g. JVN, Inoveon, EyeTel, etc.) 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 ETDRS, e.g. JVN,

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Inoveon, EyeTel, etc.

Performance Measure Description:

During FY 2009, achieve the target rate of 47% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Past Performance and/or Target:

Eye Exam: IHS Performance: 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)	108		96			90		
# w/Retinal Evaluation or refusal (GPRA)	53	49.1	40	41.7	+7.4	45	50.0	-0.9
A. # w/ Refusal	3	2.8	0	0.0	+2.8	0	0.0	+2.8
# w/Retinal Evaluation (GPRA Dev.)	50	46.3	40	41.7	+4.6	45	50.0	-3.7

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Access to Dental Services

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, including refusals in past year.

A: Patients with documented refusal.

GPRA Developmental Numerator: Patients with documented dental visit during the Report Period. NOTE: This numerator does NOT include refusals.

Logic:

For non-CHS dental visits, searches for V Dental ADA codes 0000 or 0190 or refusal of ADA code 0000 or 0190; VExam 30 or Refusal Exam 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 2009, achieve the target rate of 24% for the proportion of patients who receive dental services.

Past Performance and/or Target:

IHS Performance: 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)	2,729		2,391			2,351		
# w/dental visit or refusal in past yr (GPRA)	222	8.1	198	8.3	-0.1	203	8.6	-0.5
A. # Refusals w/ % of Total Visits	3	1.4	0	0.0	+1.4	0	0.0	+1.4
# w/dental visit in past yr (GPRA Dev.)	219	8.0	198	8.3	-0.3	203	8.6	-0.6

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Access to Dental Services (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	346	244	356	642	357	344	370	70
# w/dental visit or refusal in past yr	17	26	30	67	21	29	30	2
% w/dental visit or refusal in past yr	4.9	10.7	8.4	10.4	5.9	8.4	8.1	2.9
# A. # Refusals w/ % of Total Visits	0	0	1	0	0	2	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	3.3	0.0	0.0	6.9	0.0	0.0
PREVIOUS YEAR PERIOD								
Total # User Pop	359	245	347	580	297	264	241	58
# w/dental visit or refusal in past yr	14	23	30	56	24	31	17	3
% w/dental visit or refusal in past yr	3.9	9.4	8.6	9.7	8.1	11.7	7.1	5.2
# A. # Refusals w/ % of Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREV YR %								
w/dental visit or refusal in past yr	+1.0	+1.3	-0.2	+0.8	-2.2	-3.3	+1.1	-2.3
A. # Refusals w/ % of Total Visits	+0.0	+0.0	+3.3	+0.0	+0.0	+6.9	+0.0	+0.0

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Access to Dental Services (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	385	267	358	539	292	229	231	50
# w/dental visit or refusal								
in past yr	22	29	24	54	28	25	17	4
% w/dental visit or refusal								
in past yr	5.7	10.9	6.7	10.0	9.6	10.9	7.4	8.0
# A. # Refusals w/ % of								
Total Visits	0	0	0	0	0	0	0	0
% A. # Refusals w/ % of								
Total Visits	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASE YR %								
w/dental visit or refusal								
in past yr	-0.8	-0.2	+1.7	+0.4	-3.7	-2.5	+0.7	-5.1
A. # Refusals w/ % of								
Total Visits	+0.0	+0.0	+3.3	+0.0	+0.0	+6.9	+0.0	+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 and refusals during the Report Period.

Number of documented refusals.

GPRA Developmental 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. Sealants defined as V Dental ADA code 1351 or refusal of ADA code 1351. Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. If a patient has multiple refusals, only one refusal will be counted.

Performance Measure Description:

During FY 2009, achieve the target count of 229,147 sealants placed in American Indian and Alaska Native patients.

Past Performance and/or Target:

IHS Performance: 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 or Refusal (GPRA)	78	31	+47	98	-20
# refusals	2	0	+2	0	+2
Total # of Sealants Documented (GPRA Dev.)	76	31	+45	98	-22

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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 or refusal during the Report Period.

A: Patients with documented refusal in past year.

GPRA Developmental 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 defined as: 1) V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; 2) V POV V07.31; or 3) Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. If a patient has multiple refusals, only one refusal will be counted.

Performance Measure Description:

During FY 2009, achieve the target count of 114,716 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Past Performance and/or Target:

IHS Performance: FY 2008 # Patients - 120,754, FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 # Patients - 85,318; # Applications - 113,324

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/at least 1 Topical Fluoride App or refusal (GPRA)	32	20	+12	15	+17
A. # Patients w/ Refusals	2	0	+2	0	+2

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Topical Fluoride (con't)

	REPORT PERIOD	PREV YR PERIOD	CHG from PREV YR	BASE PERIOD	CHG from BASE
Total # of Patients w/ At Least 1 Topical Fluoride App (GPRA Dev.)	30	20	+10	15	+15

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Adult Immunizations: Influenza

Denominator(s):

GPRA Denominator. Active Clinical patients ages 65 and older.

Numerator(s):

GPRA Numerator: Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period.

A: Patients with documented refusal.

B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

GPRA Developmental 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: This numerator does NOT include refusals.

Logic:

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

Influenza vaccine defined as any of the following documented during the Report Period unless otherwise noted:

1) Influenza immunization, defined as: A) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; B) POV: V04.8 (old code), V04.81, or V06.6; C) CPT: 90655-90662, 90724 (old code), G0008, G8108; D) ICD Procedure code: 99.52;

2) Contraindication documented at any time before the end of the Report Period, defined as: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal;

3) Refusal of immunization codes 88, 111, 15, or 16, as documented in PCC Refusal File (i.e. REF) or in the Immunization Package as contraindication of "Patient Refusal."

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 62% 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 2008 - 62%, FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY 2003 - 51%; HP 2010 Goal: 90%

Source:

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

	REPORT	%	PREV YR	%	CHG from	BASE	%	CHG from
	PERIOD		PERIOD		PREV YR %	PERIOD		BASE %
Active Clinical Patients								
65 and older								
(GPRA)	99		67			66		
Total # w/Flu								
vaccine/contra/								
refusal (GPRA)	30	30.3	26	38.8	-8.5	20	30.3	+0.0
A. # Refusals w/ % of								
Total IZ	2	6.7	1	3.8	+2.8	0	0.0	+6.7
B. # w/ Contraind/ NMI								
Ref w/ % of								
Total IZ	0	0.0	0	0.0	+0.0	0	0.0	+0.0
Total # w/Flu								
vaccine/contra								
(GPRA Dev.)	28	28.3	25	37.3	-9.0	20	30.3	-2.0

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Adult Immunizations: Pneumovax

Denominator(s):

GPRA Denominator: All 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 or with a refusal in the past year.

A: Patients with documented refusal.

B: Patients with a contraindication or a documented NMI (not medically indicated) refusal.

GPRA Developmental Numerator: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period. NOTE: This numerator does NOT include refusals.

Logic:

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

Pneumovax defined as any of the following documented anytime before the end of the report period unless otherwise noted:

1) Pneumococcal Immunization, defined as: A) (CVX) codes: 33 Pneumo Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; B) POV: V06.6 or V03.82; C) V Procedure: 99.55; D) CPT: 90669, 90732, G0009, G8115.

2) Contraindication, defined as: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.

3) Refusal during the Report Period: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package as contraindication of "Patient Refusal."

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 82% 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 2008 - 82%, FY 2007 - 79%, FY 2006 - 74%, FY 2005 - 69%, FY 2004 - 69%, FY 2003 - 65%; HP 2010 Goal: 90%

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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)	99		67			66		
Total # w/Pneumovax/ contra/refusal (GPRA)	45	45.5	39	58.2	-12.8	37	56.1	-10.6
A. # Refusals w/ % of Total IZ	2	4.4	0	0.0	+4.4	0	0.0	+4.4
B. # w/ Contraind/ NMI Ref w/ % of Total IZ	3	6.7	1	2.6	+4.1	0	0.0	+6.7
Total # w/Pneumovax/ contra (GPRA Dev.)	43	43.4	39	58.2	-14.8	37	56.1	-12.6

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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):

GPRA Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease.

A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

GPRA Developmental Numerator: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including contraindications and evidence of disease. NOTE: This numerator does NOT include refusals.

GPRA Developmental 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 refusals, contraindications, and evidence of disease.

A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

GPRA Developmental 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: This numerator does NOT include refusals.

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 refusals, contraindications, and evidence of disease.

A: Patients with documented REF refusal in PCC or Parent or Patient refusal in the IZ program.

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: This numerator does NOT include refusals.

Patients who have received 4 doses of DTaP ever, including refusals and contraindications.

Patients who have received 3 doses of Polio ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of MMR ever, including refusals, contraindications, and evidence of disease.

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Patients who have received 3 doses of HiB ever, including refusals and contraindications.

Patients who have received 3 doses of Hepatitis B vaccine ever, including refusals, contraindications, and evidence of disease.

Patients who have received 1 dose of Varicella ever, including refusals, contraindications, and evidence of disease.

Patients who have received 4 doses of Pneumococcal conjugate vaccine ever, including refusals, contraindications, and evidence of disease.

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

Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined

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below.

- Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be either an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations.

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

- 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 a refusal, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be counted as having a refusal for MMR.

- 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: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or 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; 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.

- 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

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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

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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 Polysaccharide; 100 Pneumo Conjugate; 109 Pneumo NOS; 2) POV: V06.6;

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V03.82; 3) CPT: 90669, 90732, G0009, G8115. Pneumococcal
 contraindication definition: 1) Immunization Package contraindication of
 "Anaphylaxis."

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 78% for the proportion of
 American Indian/Alaska Native children ages 19-35 months who have
 received the recommended immunizations.

Past Performance and/or Target:

HP 2010 Goal: for 4:3:1:3:3 80%; for each individual IZ 90%

IHS Performance: 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:

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	40		44			59		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal	6	15.0	2	4.5	+10.5	10	16.9	-1.9
# w/ 4 doses DTaP or w/ Contraind/ Refusal	8	20.0	3	6.8	+13.2	13	22.0	-2.0
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	10	25.0	14	31.8	-6.8	17	28.8	-3.8
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	11	27.5	11	25.0	+2.5	25	42.4	-14.9
# w/ 3 doses HIB or w/ Contraind/ Refusal	11	27.5	10	22.7	+4.8	17	28.8	-1.3
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	12	30.0	11	25.0	+5.0	17	28.8	+1.2

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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 months (GPRA)	22		0			0		
# w/ 43133 combo or w/ Dx/ Contraind/ Refusal (GPRA)	6	27.3	0	0.0	+27.3	0	0.0	+27.3
A. Refusals w/ % of Total 43133	1	16.7	0	0.0	+16.7	0	0.0	+16.7
# w/ 43133 combo-No Refusals (GPRA Dev.)	5	22.7	0	0.0	+22.7	0	0.0	+22.7
# w/ 431331 combo or w/ Dx/Contraind/ Refusal (GPRA Dev.)	5	22.7	0	0.0	+22.7	0	0.0	+22.7
A. # Refusals w/ % of Total 431331	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/ 431331 combo- No Refusals (GPRA Dev.)	5	22.7	0	0.0	+22.7	0	0.0	+22.7
# w/ 4313314 combo or w/Dx/Contraind/ Refusal (GPRA Dev.)	2	9.1	0	0.0	+9.1	0	0.0	+9.1
A. # Refusals w/ % of Total 4313314	1	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/ 4313314 combo- No Refusals (GPRA Dev.)	1	4.5	0	0.0	+4.5	0	0.0	+4.5
# w/ 4 doses DTaP or w/ Contraind/ Refusal	8	36.4	0	0.0	+36.4	0	0.0	+36.4
# w/ 3 doses Polio or w/ Dx/ Contraind/Refusal	10	45.5	0	0.0	+45.5	0	0.0	+45.5
# w/ 1 dose MMR or w/ Dx/Contraind/ Refusal	11	50.0	0	0.0	+50.0	0	0.0	+50.0

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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/ Refusal	11	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/ 3 doses Hep B or w/ Dx/Contraind/ Refusal	11	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	10	45.5	0	0.0	+45.5	0	0.0	+45.5
# w/4 doses Pneumococcal or w/Dx/ Contraind/ Refusal	2	9.1	0	0.0	+9.1	0	0.0	+9.1

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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, including refusals in past year.

A: Patients with documented refusal in past year.

GPRA Developmental 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; 3) V POV 618.5; 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; 8) Refusal (in past year) Lab Test Pap Smear.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 59% 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 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 years (GPRA)	443		338			320		
# w/Pap Smear recorded w/in 3 years or refusal (GPRA)	192	43.3	180	53.3	-9.9	139	43.4	-0.1
A. # Refusals w/ % of Total Pap	1	0.5	0	0.0	+0.5	0	0.0	+0.5
# w/Pap Smear recorded w/in 3 years (GPRA Dev.)	191	43.1	180	53.3	-10.1	139	43.4	-0.3

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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, including documented refusals in past year.

A: Patients with documented refusal in the past year.

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. 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, 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; 5) Refusal (in past year): V Radiology Mammogram for CPT 77053-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 45% 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:

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IHS Performance: FY 2008 - 45%, FY 2007 - 43%, FY 2006 - 41%, FY 2005 - 41%, FY 2004 - 40%, FY 2003 - 40%; IHS 2010 Goal: 70%

Source:
 HP 2010 3-3

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 52-64 (GPRA)	85		55			49		
# w/Mammogram recorded w/in 2 years or refusal (GPRA)	32	37.6	25	45.5	-7.8	21	42.9	-5.2
A. # Refusals w/ % of Total Mammograms	4	12.5	0	0.0	+12.5	0	0.0	+12.5
# w/Mammogram recorded w/in 2 years (GPRA Dev.)	28	32.9	25	45.5	-12.5	21	42.9	-9.9

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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; or 4) a documented refusal in the past year.

A: Patients with documented refusal in the past year.

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 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.

Refusals in past year: 1. FOBT or FIT: Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, or G0394 (old code), 2. Flexible Sigmoidoscopy: Refusal of V Procedure 45.24 or CPT 45330-45345, G0104; 3. Double contrast barium

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enema: Refusal of V Radiology CPT: 74280, G0106, G0120; 4. Colonoscopy:
 Refusal of V Procedure 45.22, 45.23, 45.25, 45.42, 45.43 or V CPT
 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, G0105, or G0121.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 29% for the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening.

Past Performance and/or Target:

IHS Performance: 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:

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)	279		175			155		
# w/ CRC screening or refusal (GPRA)	55	19.7	49	28.0	-8.3	24	15.5	+4.2
A. # Refusals w/ % of Total CRC	5	9.1	0	0.0	+9.1	0	0.0	+9.1
# w/CRC screening (GPRA Dev.)	50	17.9	49	28.0	-10.1	24	15.5	+2.4
# w/FOBT/FIT during Report period	10	3.6	15	8.6	-5.0	0	0.0	+3.6

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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 99406, 99407, G0375 (old code), G0376 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), or 1036F (Current Tobacco Non-User).

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, or 1035F.

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.

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

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

Performance Measure Description:

Increase the rate of screening for tobacco use.

Past Performance and/or Target:

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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	1,215		948			912		
# w/Tobacco Screening	534	44.0	451	47.6	-3.6	324	35.5	+8.4
# Tobacco Users w/ % of Total Screened	242	45.3	143	31.7	+13.6	114	35.2	+10.1
A. # Smokers w/ % of Total Tobacco Users	225	93.0	137	95.8	-2.8	109	95.6	-2.6
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	17	7.0	6	4.2	+2.8	5	4.4	+2.6
# exposed to ETS/ smoker in home w/ % of Total Screened	0	0.0	2	0.4	-0.4	0	0.0	+0.0

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Tobacco Cessation

Denominator(s):

GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period, broken out by age groups and gender.

Numerator(s):

GPRA Numerator: Patients who have received or refused tobacco cessation counseling or received a prescription for a smoking cessation aid during the Report Period.

A: Patients who refused tobacco cessation counseling.

GPRA Developmental 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 or refused tobacco cessation counseling, received a prescription for a smoking cessation aid, or who quit their tobacco use during the Report Period.

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 or 1035F.

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 99406, 99407, G0375 (old code), G0376 (old code), or 4000F;
5. Documented refusal of patient education code containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not

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receive counseling or a prescription for tobacco cessation aid.

Prescription for tobacco cessation aid, defined as any of the following:
 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 2009, maintain the FY 2008 rate of 21% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

Past Performance and/or Target:
 IHS Performance: 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)	255		215			177		
# w/tobacco cessation counseling/refusal or Rx for cess aid (GPRA)	49	19.2	41	19.1	+0.1	42	23.7	-4.5
A. # w/refusal of counseling	1	0.4	0	0.0	+0.4	0	0.0	+0.4
# w/tobacco cessation counseling or Rx for cessation aid (GPRA Dev.)	48	18.8	41	19.1	-0.2	42	23.7	-4.9
# who quit	3	1.2	0	0.0	+1.2	2	1.1	+0.0
# w/ cessation counseling/refusal, cessation aid, or quit	52	20.4	41	19.1	+1.3	43	24.3	-3.9

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Tobacco Cessation (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical Tobacco Users	127		114			95		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	26	20.5	20	17.5	+2.9	26	27.4	-6.9
A. # w/refusal of counseling	1	0.8	0	0.0	+0.8	0	0.0	+0.8
# who quit	1	0.8	0	0.0	+0.8	2	2.1	-1.3
# w/ cessation counseling/refusal, cessation aid, or quit	27	21.3	20	17.5	+3.7	27	28.4	-7.2
Female Active Clinical Tobacco Users	128		101			82		
# w/tobacco cessation counseling/refusal or Rx for cessation aid	23	18.0	21	20.8	-2.8	16	19.5	-1.5
A. # w/refusal of counseling	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# who quit	2	1.6	0	0.0	+1.6	0	0.0	+1.6
# w/ cessation counseling/refusal, cessation aid, or quit	25	19.5	21	20.8	-1.3	16	19.5	+0.0

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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	249
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	49
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.7
A. # w/refusal of counseling	0	0	1
A. % w/refusal of counseling	0.0	0.0	0.4
# who quit	0	1	2
% who quit	0.0	16.7	0.8
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	1	51
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	16.7	20.5

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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	0	3	212
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	41
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	19.3
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	41
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	19.3
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	+0.3
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+16.7	+0.8
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+16.7	+1.1

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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	2	175
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	42
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	24.0
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	1.1
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	43
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	24.6
CHANGE FROM BASE YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-4.3
A. w/refusal of counseling	+0.0	+0.0	+0.4
who quit	+0.0	+16.7	-0.3
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+16.7	-4.1

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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	121
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	26
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	21.5
A. # w/refusal of counseling	0	0	1
A. % w/refusal of counseling	0.0	0.0	0.8
# who quit	0	1	0
% who quit	0.0	16.7	0.0
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	1	26
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	16.7	21.5

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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	0	2	112
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	20
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	17.9
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	20
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	17.9
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	+3.6
A. w/refusal of counseling	+0.0	+0.0	+0.8
who quit	+0.0	+16.7	+0.0
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+16.7	+3.6

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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/refusal or Rx for cessation aid	0	0	26
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	27.4
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	2.1
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	27
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	28.4
CHANGE FROM BASE YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-5.9
A. w/refusal of counseling	+0.0	+0.0	+0.8
who quit	+0.0	+16.7	-2.1
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+16.7	-6.9

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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	128
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	23
% w/ tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	18.0
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	2
% who quit	0.0	0.0	1.6
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	25
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	19.5

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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	1	100
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	21
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	21.0
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	21
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	21.0
CHANGE FROM PREV YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-3.0
A. w/refusal of counseling	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	+1.6
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+0.0	-1.5

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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	2	80
# w/tobacco cessation counseling/refusal or Rx for cessation aid	0	0	16
% w/tobacco cessation counseling/refusal or Rx for cessation aid	0.0	0.0	20.0
A. # w/refusal of counseling	0	0	0
A. % w/refusal of counseling	0.0	0.0	0.0
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	0	0	16
% w/ tobacco cessation counseling/refusal or Rx for cessation aid or quit	0.0	0.0	20.0
CHANGE FROM BASE YR %			
w/tobacco cessation counseling/refusal or Rx for cessation aid	+0.0	+0.0	-2.0
A. w/refusal of counseling	+0.0	+0.0	+0.0
who quit	+0.0	+0.0	+1.6
w/tobacco cessation counseling/refusal or Rx for cessation aid or quit	+0.0	+0.0	-0.5

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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, received alcohol-related patient education, or refused alcohol screening during the Report Period.

D: Patients with documented refusal in past year.

GPRA Developmental 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.

To be counted in the numerator, patient must have any of the following in the past year:

1) Alcohol Screening: A) PCC Exam code 35, B) Any Alcohol 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, or E) V Measurement in PCC or BH of AUDT, AUDC, or CRFT.

2) Alcohol-related Diagnosis or Procedure: 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;

3) Alcohol-related Patient Education: Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*;

4) Refusal of Alcohol Screening: Refusal of A) PCC Exam code 35.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 47% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Past Performance and/or Target:

IHS Performance: 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)	383		319			308		
# w/ alcohol screening/Dx/Proc/Pt Ed/Refusal (GPRA)	12	3.1	1	0.3	+2.8	6	1.9	+1.2
A. # w/ refusal in past year w/% of Total Screened	1	8.3	0	0.0	+8.3	0	0.0	+8.3
# w/ alcohol screening/Dx/Proc/Pt Ed (GPRA Dev.)	11	2.9	1	0.3	+2.6	6	1.9	+0.9

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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, including documented refusals in past year.

D: Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.

GPRA Developmental 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. Refusals defined as: A) Any PCC refusal in past year with Exam Code 34, BHS refusal in past year of IPV/DV exam; B) Any refusal in past year with Patient Education codes containing "DV-" or "-DV".

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 42% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Past Performance and/or Target:

IHS Performance: 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

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Intimate Partner (Domestic) Violence Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	343		288			270		
# w/IPV/DV screening or refusal (GPRA)	2	0.6	1	0.3	+0.2	0	0.0	+0.6
A. # w/ documented refusal w/% of total screened	1	50.0	0	0.0	+50.0	0	0.0	+50.0
# w/IPV/DV screening (GPRA Dev.)	1	0.3	1	0.3	-0.1	0	0.0	+0.3

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Depression Screening

Denominator(s):

GPRA Denominator: Active Clinical patients ages 18 and older, broken out by gender.

Numerator(s):

GPRA Numerator: Patients screened for depression or diagnosed with a mood disorder at any time during the Report period, including documented refusals in past year.

A: Patients screened for depression during the Report period.

B: Patients with a diagnosis of a mood disorder during the Report period.

C: Patients with documented refusal in past year.

GPRA Developmental 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.

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.

Screening refusals defined as: A) Any PCC refusal in past year with Exam Code 36.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 35% for the proportion of adults ages 18 and older who receive annual screening for depression.

Past Performance and/or Target:

IHS Performance: FY 2008 - 35%, FY 2007 - 24%, FY 2006 - 15%

Source:

USPSTF (US Preventive Services Task Force), HP 2010 developmental indicator 18-6

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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)	963		721			654		
# w/ Depression screening, DX or refusal (GPRA)	39	4.0	28	3.9	+0.2	16	2.4	+1.6
A. # screened for depression	1	0.1	0	0.0	+0.1	0	0.0	+0.1
B. # w/mood disorder DX	37	3.8	28	3.9	+0.0	16	2.4	+1.4
C. # w/refusal in past year w/% of total screened/DX	1	2.6	0	0.0	+2.6	0	0.0	+2.6
# w/ Depression screening or DX (GPRA Dev.)	38	3.9	28	3.9	+0.1	16	2.4	+1.5
Male Active Clinical Pts >=18	384		276			236		
# w/ Depression screening, DX or refusal	10	2.6	5	1.8	+0.8	1	0.4	+2.2
A. # screened for depression	0	0.0	0	0.0	+0.0	0	0.0	+0.0
B. # w/Mood Disorder DX	9	2.3	5	1.8	+0.5	1	0.4	+1.9
C. # w/refusal in past year w/% of total screened/DX	1	10.0	0	0.0	+10.0	0	0.0	+10.0

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts >=18	579		445			418		
# w/ Depression screening, DX or refusal	29	5.0	23	5.2	-0.2	15	3.6	+1.4
A. # screened for depression	1	0.2	0	0.0	+0.2	0	0.0	+0.2
B. # w/Mood Disorder DX	28	4.8	23	5.2	-0.3	15	3.6	+1.2
C. # w/refusal in past year w/% of total screened/DX	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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Obesity Assessment

Denominator(s):

Active Clinical patients ages 2 through 74, broken out by gender and age group.

Numerator(s):

Patients for whom a BMI could be calculated, including refusals in the past year.

For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.

For those with a BMI calculated, patients considered obese using BMI and standard tables.

Total of overweight and obese.

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%, FY 2004 - 60%

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): 5%

Source:

HP 2010 19-2 Obesity in Adults 20+, 19-3a Overweight or Obesity in

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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	1,270		1,008			978		
# w/BMI calculated	845	66.5	790	78.4	-11.8	677	69.2	-2.7
A. # Overweight w/ % of Total BMI	236	27.9	223	28.2	-0.3	176	26.0	+1.9
B. # Obese w/ % of Total BMI	349	41.3	334	42.3	-1.0	257	38.0	+3.3
C. # Overweight/Obese w/ % of Total BMI	585	69.2	557	70.5	-1.3	433	64.0	+5.3
D. # w/refusal in past year w/ % of Total BMI	1	0.1	0	0.0	+0.1	0	0.0	+0.1

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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	115	117	152	126	201	179	181	199
# w/ BMI calculated	50	56	87	115	162	132	123	120
% w/BMI calculated	43.5	47.9	57.2	91.3	80.6	73.7	68.0	60.3
# A. Overweight	7	14	16	36	45	33	38	47
% A. Overweight w/ % Total BMI	14.0	25.0	18.4	31.3	27.8	25.0	30.9	39.2
# B. Obese	13	15	23	36	73	83	58	48
% B. Obese w/ % of Total BMI	26.0	26.8	26.4	31.3	45.1	62.9	47.2	40.0
# C. Overweight or Obese	20	29	39	72	118	116	96	95
% C. Overweight or Obese w/ % Total BMI	40.0	51.8	44.8	62.6	72.8	87.9	78.0	79.2
# D. w/refusal in in past yr	0	0	0	0	0	0	1	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	0.8	0.0

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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
PREVIOUS YEAR PERIOD								
Total # Active Clin	115	103	131	119	164	123	133	120
# w/ BMI calculated	58	46	83	109	151	118	119	106
% w/BMI calculated	50.4	44.7	63.4	91.6	92.1	95.9	89.5	88.3
# A. Overweight	12	11	15	33	46	32	34	40
% A. Overweight w/ % Total BMI	20.7	23.9	18.1	30.3	30.5	27.1	28.6	37.7
# B. Obese	12	10	31	37	70	66	58	50
% B. Obese w/ % of Total BMI	20.7	21.7	37.3	33.9	46.4	55.9	48.7	47.2
# C. Overweight or Obese	24	21	46	70	116	98	92	90
% C. Overweight or Obese w/ % Total BMI	41.4	45.7	55.4	64.2	76.8	83.1	77.3	84.9
# 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	-7.0	+3.2	-6.1	-0.3	-11.5	-22.2	-21.5	-28.0
A. Overweight	-6.7	+1.1	+0.3	+1.0	-2.7	-2.1	+2.3	+1.4
B. Obese	+5.3	+5.0	-10.9	-2.6	-1.3	+6.9	-1.6	-7.2
C. Overweight or Obese	-1.4	+6.1	-10.6	-1.6	-4.0	+4.8	+0.7	-5.7
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.0

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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
BASELINE REPORT PERIOD								
Total # Active Clin	122	106	148	107	142	126	119	108
# w/ BMI calculated	47	56	83	92	113	98	95	93
% w/BMI calculated	38.5	52.8	56.1	86.0	79.6	77.8	79.8	86.1
# A. Overweight	8	11	14	20	32	26	34	31
% A. Overweight w/ % Total BMI	17.0	19.6	16.9	21.7	28.3	26.5	35.8	33.3
# B. Obese	10	12	26	26	51	50	44	38
% B. Obese w/ % of Total BMI	21.3	21.4	31.3	28.3	45.1	51.0	46.3	40.9
# C. Overweight or Obese	18	23	40	46	83	76	78	69
% C. Overweight or Obese w/ % Total BMI	38.3	41.1	48.2	50.0	73.5	77.6	82.1	74.2
# 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	+5.0	-5.0	+1.2	+5.3	+1.0	-4.0	-11.9	-25.8
A. Overweight	-3.0	+5.4	+1.5	+9.6	-0.5	-1.5	-4.9	+5.8
B. Obese	+4.7	+5.4	-4.9	+3.0	-0.1	+11.9	+0.8	-0.9
C. Overweight or Obese	+1.7	+10.7	-3.4	+12.6	-0.6	+10.3	-4.1	+5.0
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.8	+0.0

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 Obesity Assessment (con't)

CURRENT REPORT PERIOD	MALE ACTIVE CLINICAL POPULATION							
	Age Distribution							
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
Total MALE AC	57	58	75	41	62	75	77	103
# w/ BMI calculated	25	30	42	37	40	58	50	53
% w/BMI calculated	43.9	51.7	56.0	90.2	64.5	77.3	64.9	51.5
# A. Overweight	4	9	8	12	13	16	18	24
% A. Overweight w/ % Total BMI	16.0	30.0	19.0	32.4	32.5	27.6	36.0	45.3
# B. Obese	6	8	12	10	22	36	25	22
% B. Obese w/ % of Total BMI	24.0	26.7	28.6	27.0	55.0	62.1	50.0	41.5
# C. Overweight or Obese	10	17	20	22	35	52	43	46
% C. Overweight or Obese w/ % Total BMI	40.0	56.7	47.6	59.5	87.5	89.7	86.0	86.8
# D. w/refusal in in past yr	0	0	0	0	0	0	1	0
% D. w/refusal in past yr w/ % Total BMI	0.0	0.0	0.0	0.0	0.0	0.0	2.0	0.0

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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
PREVIOUS YEAR PERIOD								
Total MALE AC	59	52	65	42	45	50	63	53
# w/ BMI calculated	28	18	37	36	40	49	56	47
% w/BMI calculated	47.5	34.6	56.9	85.7	88.9	98.0	88.9	88.7
# A. Overweight	5	4	6	13	14	14	16	17
% A. Overweight w/ % Total BMI	17.9	22.2	16.2	36.1	35.0	28.6	28.6	36.2
# B. Obese	6	5	14	13	21	28	31	24
% B. Obese w/ % of Total BMI	21.4	27.8	37.8	36.1	52.5	57.1	55.4	51.1
# C. Overweight or Obese	11	9	20	26	35	42	47	41
% C. Overweight or Obese w/ % Total BMI	39.3	50.0	54.1	72.2	87.5	85.7	83.9	87.2
# 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	-3.6	+17.1	-0.9	+4.5	-24.4	-20.7	-24.0	-37.2
A. Overweight	-1.9	+7.8	+2.8	-3.7	-2.5	-1.0	+7.4	+9.1
B. Obese	+2.6	-1.1	-9.3	-9.1	+2.5	+4.9	-5.4	-9.6
C. Overweight or Obese	+0.7	+6.7	-6.4	-12.8	+0.0	+3.9	+2.1	-0.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+2.0	+0.0

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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
BASELINE REPORT PERIOD								
Total MALE AC	58	57	68	34	39	45	49	48
# w/ BMI calculated	20	29	31	26	26	34	42	44
% w/BMI calculated	34.5	50.9	45.6	76.5	66.7	75.6	85.7	91.7
# A. Overweight	4	6	3	8	9	10	14	13
% A. Overweight w/ % Total BMI	20.0	20.7	9.7	30.8	34.6	29.4	33.3	29.5
# B. Obese	5	8	11	10	13	17	23	25
% B. Obese w/ % of Total BMI	25.0	27.6	35.5	38.5	50.0	50.0	54.8	56.8
# C. Overweight or Obese	9	14	14	18	22	27	37	38
% C. Overweight or Obese w/ % Total BMI	45.0	48.3	45.2	69.2	84.6	79.4	88.1	86.4
# 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	+9.4	+0.8	+10.4	+13.8	-2.2	+1.8	-20.8	-40.2
A. Overweight	-4.0	+9.3	+9.4	+1.7	-2.1	-1.8	+2.7	+15.7
B. Obese	-1.0	-0.9	-6.9	-11.4	+5.0	+12.1	-4.8	-15.3
C. Overweight or Obese	-5.0	+8.4	+2.5	-9.8	+2.9	+10.2	-2.1	+0.4
D. w/refusal in past yr	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+2.0	+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
CURRENT REPORT PERIOD								
Total FEMALE AC	58	59	77	85	139	104	104	96
# w/ BMI calculated	25	26	45	78	122	74	73	67
% w/BMI calculated	43.1	44.1	58.4	91.8	87.8	71.2	70.2	69.8
# A. Overweight	3	5	8	24	32	17	20	23
% A. Overweight w/ % Total BMI	12.0	19.2	17.8	30.8	26.2	23.0	27.4	34.3
# B. Obese	7	7	11	26	51	47	33	26
% B. Obese w/ % of Total BMI	28.0	26.9	24.4	33.3	41.8	63.5	45.2	38.8
# C. Overweight or Obese	10	12	19	50	83	64	53	49
% C. Overweight or Obese w/ % Total BMI	40.0	46.2	42.2	64.1	68.0	86.5	72.6	73.1
# 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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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
PREVIOUS YEAR PERIOD								
Total FEMALE AC	56	51	66	77	119	73	70	67
# w/ BMI calculated	30	28	46	73	111	69	63	59
% w/BMI calculated	53.6	54.9	69.7	94.8	93.3	94.5	90.0	88.1
# A. Overweight	7	7	9	20	32	18	18	23
% A. Overweight w/ % Total BMI	23.3	25.0	19.6	27.4	28.8	26.1	28.6	39.0
# B. Obese	6	5	17	24	49	38	27	26
% B. Obese w/ % of Total BMI	20.0	17.9	37.0	32.9	44.1	55.1	42.9	44.1
# C. Overweight or Obese	13	12	26	44	81	56	45	49
% C. Overweight or Obese w/ % Total BMI	43.3	42.9	56.5	60.3	73.0	81.2	71.4	83.1
# 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	-10.5	-10.8	-11.3	-3.0	-5.5	-23.4	-19.8	-18.3
A. Overweight	-11.3	-5.8	-1.8	+3.4	-2.6	-3.1	-1.2	-4.7
B. Obese	+8.0	+9.1	-12.5	+0.5	-2.3	+8.4	+2.3	-5.3
C. Overweight or Obese	-3.3	+3.3	-14.3	+3.8	-4.9	+5.3	+1.2	-9.9
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	64	49	80	73	103	81	70	60
# w/ BMI calculated	27	27	52	66	87	64	53	49
% w/BMI calculated	42.2	55.1	65.0	90.4	84.5	79.0	75.7	81.7
# A. Overweight	4	5	11	12	23	16	20	18
% A. Overweight w/ % Total BMI	14.8	18.5	21.2	18.2	26.4	25.0	37.7	36.7
# B. Obese	5	4	15	16	38	33	21	13
% B. Obese w/ % of Total BMI	18.5	14.8	28.8	24.2	43.7	51.6	39.6	26.5
# C. Overweight or Obese	9	9	26	28	61	49	41	31
% C. Overweight or Obese w/ % Total BMI	33.3	33.3	50.0	42.4	70.1	76.6	77.4	63.3
# 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	+0.9	-11.0	-6.6	+1.4	+3.3	-7.9	-5.5	-11.9
A. Overweight	-2.8	+0.7	-3.4	+12.6	-0.2	-2.0	-10.3	-2.4
B. Obese	+9.5	+12.1	-4.4	+9.1	-1.9	+12.0	+5.6	+12.3
C. Overweight or Obese	+6.7	+12.8	-7.8	+21.7	-2.1	+9.9	-4.8	+9.9
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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Childhood Weight Control

Denominator(s):

Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups and gender.

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 Overweight or Obese.

Low-High Ages	SEX	BMI	BMI	DATA CHECK LIMITS	
		>= (Overwt)	>= (Obese)	BMI >	BMI <
2-2	MALE	17.7	18.7	36.8	7.2
	FEMALE	17.5	18.6	37.0	7.1
3-3	MALE	17.1	18.0	35.6	7.1
	FEMALE	17.0	18.1	35.4	6.8
4-4	MALE	16.8	17.8	36.2	7.0
	FEMALE	16.7	18.1	36.0	6.9
5-5	MALE	16.9	18.1	36.0	6.9
	FEMALE	16.9	18.5	39.2	6.8

Performance Measure Description:

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In FY 2009, this measure is eliminated as an annual measure and is changed to a long term measure and has no annual target.

Past Performance and/or Target:

IHS Performance: 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	43		43			36		
# w/BMI 85-94%	6	14.0	7	16.3	-2.3	6	16.7	-2.7
# w/BMI =>95%	11	25.6	7	16.3	+9.3	6	16.7	+8.9
# w/BMI =>85%	17	39.5	14	32.6	+7.0	12	33.3	+6.2
Active Clinical Pts								
Age 2	4		8			5		
# w/BMI 85-94%	1	25.0	2	25.0	+0.0	1	20.0	+5.0
# w/BMI =>95%	0	0.0	1	12.5	-12.5	1	20.0	-20.0
# w/BMI =>85%	1	25.0	3	37.5	-12.5	2	40.0	-15.0
Active Clinical Pts								
Age 3	22		18			11		
# w/BMI 85-94%	3	13.6	3	16.7	-3.0	1	9.1	+4.5
# w/BMI =>95%	6	27.3	2	11.1	+16.2	2	18.2	+9.1
# w/BMI =>85%	9	40.9	5	27.8	+13.1	3	27.3	+13.6
Active Clinical Pts								
Age 4	13		12			18		
# w/BMI 85-94%	1	7.7	1	8.3	-0.6	3	16.7	-9.0
# w/BMI =>95%	3	23.1	2	16.7	+6.4	3	16.7	+6.4
# w/BMI =>85%	4	30.8	3	25.0	+5.8	6	33.3	-2.6

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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 5	4		5			2		
# w/BMI 85-94%	1	25.0	1	20.0	+5.0	1	50.0	-25.0
# w/BMI =>95%	2	50.0	2	40.0	+10.0	0	0.0	+50.0
# w/BMI =>85%	3	75.0	3	60.0	+15.0	1	50.0	+25.0
Male Active Clinical Pts Age 2								
	2		4			1		
# w/BMI 85-94%	1	50.0	1	25.0	+25.0	0	0.0	+50.0
# w/BMI =>95%	0	0.0	1	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	50.0	+0.0	0	0.0	+50.0
Male Active Clinical Pts Age 3								
	10		11			6		
# w/BMI 85-94%	1	10.0	2	18.2	-8.2	1	16.7	-6.7
# w/BMI =>95%	3	30.0	1	9.1	+20.9	1	16.7	+13.3
# w/BMI =>85%	4	40.0	3	27.3	+12.7	2	33.3	+6.7
Male Active Clinical Pts Age 4								
	6		5			9		
# w/BMI 85-94%	1	16.7	0	0.0	+16.7	1	11.1	+5.6
# w/BMI =>95%	1	16.7	1	20.0	-3.3	2	22.2	-5.6
# w/BMI =>85%	2	33.3	1	20.0	+13.3	3	33.3	+0.0
Male Active Clinical Pts Age 5								
	3		2			1		
# w/BMI 85-94%	1	33.3	1	50.0	-16.7	0	0.0	+33.3
# w/BMI =>95%	2	66.7	0	0.0	+66.7	0	0.0	+66.7
# w/BMI =>85%	3	100.0	1	50.0	+50.0	0	0.0	+100.0

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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 2	2		4			4		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	1	25.0	-25.0
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	25.0	-25.0
# w/BMI =>85%	0	0.0	1	25.0	-25.0	2	50.0	-50.0
Female Active Clinical								
Pts Age 3	12		7			5		
# w/BMI 85-94%	2	16.7	1	14.3	+2.4	0	0.0	+16.7
# w/BMI =>95%	3	25.0	1	14.3	+10.7	1	20.0	+5.0
# w/BMI =>85%	5	41.7	2	28.6	+13.1	1	20.0	+21.7
Female Active Clinical								
Pts Age 4	7		7			9		
# w/BMI 85-94%	0	0.0	1	14.3	-14.3	2	22.2	-22.2
# w/BMI =>95%	2	28.6	1	14.3	+14.3	1	11.1	+17.5
# w/BMI =>85%	2	28.6	2	28.6	+0.0	3	33.3	-4.8
Female Active Clinical								
Pts Age 5	1		3			1		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	1	100.0	-100.0
# w/BMI =>95%	0	0.0	2	66.7	-66.7	0	0.0	+0.0
# w/BMI =>85%	0	0.0	2	66.7	-66.7	1	100.0	-100.0

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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):

BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.

LDL Assessed: Patients with LDL completed in past five years, regardless of result.

Tobacco Use Assessed: Patients who have been screened for tobacco use during the Current Report period.

BMI Available: Patients for whom a BMI could be calculated, including refusals in the past year.

A: BMI Available: Patients who refused a height or weight measurement and for whom a BMI could not be calculated.

Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Current Report period.

GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated or refusal, and lifestyle counseling. NOTE: This does NOT include depression screening.

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.

BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.

Depression Screening: 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,

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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 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, or 1036F.

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. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.

Medical Nutrition Counseling: 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 counseling 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,

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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 2009, maintain the FY 2008 rate of 30% for the proportion of at-risk patients who have a comprehensive assessment.

Past Performance and/or Target:
IHS Performance: Comprehensive CVD Assessment: 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%

REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
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Comprehensive CVD-Related Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	53		44			31		
# w/ BPs documented w/in 2 yrs	53	100.0	44	100.0	+0.0	31	100.0	+0.0
# w/LDL done w/in 5 yrs	46	86.8	36	81.8	+5.0	27	87.1	-0.3
# w/Tobacco Screening w/in 1 yr	41	77.4	38	86.4	-9.0	30	96.8	-19.4
# w/BMI calculated or refusal	53	100.0	44	100.0	+0.0	30	96.8	+3.2
# w/BMI refusal w/ % of total screened	1	1.9	0	0.0	+1.9	0	0.0	+1.9
# w/ lifestyle educ w/in 1 yr	26	49.1	18	40.9	+8.1	19	61.3	-12.2
# w/ BP, LDL, tobacco, BMI/Refusal and life counseling (GPRA)	20	37.7	17	38.6	-0.9	16	51.6	-13.9
# w/ BP, LDL, tobacco, BMI and life counseling (GPRA Dev.)	20	37.7	17	38.6	-0.9	16	51.6	-13.9
# w/BMI calculated	52	98.1	44	100.0	-1.9	30	96.8	+1.3
# w/ Depression screening, DX, or refusal	6	11.3	3	6.8	+4.5	2	6.5	+4.9

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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 or refused an HIV test during the past 20 months.

A: Number of documented refusals.

GPRA Developmental 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 V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period and with no documented miscarriage or abortion occurring after the second pregnancy POV. 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; or Refusal of any lab test in site-populated taxonomy BGP HIV TEST TAX.

NOTE: The timeframe for both screening and refusals for the pregnant patients denominator is anytime during the past 20 months. Refusals are allowed during the past 20 months for pregnant patients (vs. only during the Report Period) in the event the patient is at the end of her pregnancy at the beginning of the Report Period and refused the HIV test earlier in her pregnancy during the previous year.

Performance Measure Description:

During FY 2009, maintain the FY 2008 rate of 75% for the proportion of pregnant patients who are screened for HIV.

Past Performance and/or Target:

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IHS Performance: FY 2008 - 75%, FY 2007 - 74%, FY 2006 - 65%, FY 2005 - 54%

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA)	40		37			37		
# w/HIV Screening or Refusal (GPRA)	10	25.0	1	2.7	+22.3	0	0.0	+25.0
A. # refusals w/ % of total screened	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/HIV screening (GPRA Dev.)	10	25.0	1	2.7	+22.3	0	0.0	+25.0

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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

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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 FY09, maintain the baseline rate 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	40		22			37		
# w/infant feeding choice screening	6	15.0	0	0.0	+15.0	0	0.0	+15.0
# w/screening @ 2 mos	1	2.5	0	0.0	+2.5	0	0.0	+2.5
# w/screening @ 6 mos	2	5.0	0	0.0	+5.0	0	0.0	+5.0
# w/screening @ 9 mos	3	7.5	0	0.0	+7.5	0	0.0	+7.5
# w/screening @ 1 yr	2	5.0	0	0.0	+5.0	0	0.0	+5.0
AC Pts 45-394 days screened @ 2 mos (PART)	1		0			0		
# @ 2 mos exclusive/ mostly breastfed (PART)	1	100.0	0	0.0	+100.0	0	0.0	+100.0

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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	2		0			0		
# @ 6 mos exclusive/mostly breastfed	2	100.0	0	0.0	+100.0	0	0.0	+100.0
AC Pts 45-394 days screened at 9 mos	3		0			0		
# @ 9 mos exclusive/mostly breastfed	3	100.0	0	0.0	+100.0	0	0.0	+100.0
AC Pts 45-394 days screened @ 1 yr	2		0			0		
# @ 1 year exclusive/mostly breastfed	1	50.0	0	0.0	+50.0	0	0.0	+50.0

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 SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2008	2010 Target
DIABETES					
Diabetes DX Ever*	8.3%	8.9%	8.2%	12%	N/A
Documented Alc*	73.1%	75.0%	68.9%	79%	50.0%
BP Assessed	79.6%	88.5%	93.3%	89%	95%
IMMUNIZATIONS					
Active Clinical 4:3:1:3:3	15.0%	4.5%	16.9%	68%	80.0%
CANCER					
Tobacco Assessment 5+	44.0%	47.6%	35.5%	54%	N/A
Tobacco Use Prevalence	45.3%	31.7%	35.2%	29%	12.4%
Tobacco Cessation Counsel or quit	20.4%	19.1%	24.3%	N/A	N/A
CARDIOVASCULAR DISEASE					
BMI Measured 2-74	66.5%	78.4%	69.2%	74%	N/A
Assessed as Obese	41.3%	42.3%	38.0%	46%	N/A
Children 2-5 w/BMI =>95%	25.6%	16.3%	16.7%	24%	22%
IHD: Comp CVD Assessment					
IHD: BP Assessed	100.0%	100.0%	100.0%	98%	95.0%
IHD: LDL Assessed	86.8%	81.8%	87.1%	90%	85.0%
IHD: Tobacco Assessed	77.4%	86.4%	96.8%	79%	50.0%
IHD: BMI Assessed/ Refused					
Refusal of BMI	100.0%	100.0%	96.8%	85%	45.0%
Refusal of BMI	1.9%	0.0%	0.0%	N/A	N/A
IHD: BMI-No Refusal	98.1%	100.0%	96.8%	N/A	N/A
IHD: Lifestyle Counsel	49.1%	40.9%	61.3%	38%	75.0%
IHD: Depression Screen	11.3%	6.8%	6.5%	53%	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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GPRA DEVELOPMENTAL & PART MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2008
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GPRA DEVELOPMENTAL MEASURES

DIABETES

Retinopathy w/o Refusal	46.3%	41.7%	50.0%	49%
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DENTAL

Dental Access w/o Refusal	8.0%	8.3%	8.6%	25%
# Sealants w/o Refusal	76	31	98	241,206
# Top Fluoride w/o Refusal	30	20	15	120,754

IMMUNIZATIONS

Influenza 65+ w/o Refusal	28.3%	37.3%	30.3%	58%
Pneumovax 65+ w/o Refusal	43.4%	58.2%	56.1%	81%

Active IMM 43133 w/o Refusal	22.7%	0.0%	0.0%	N/A
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Active IMM 431331	22.7%	0.0%	0.0%	N/A
Refusal of IMM 431331*	0.0%	0.0%	0.0%	N/A
Active IMM 431331 w/o Ref	22.7%	0.0%	0.0%	N/A

Active IMM 4313314	9.1%	0.0%	0.0%	N/A
Refusal of IMM 4313314*	50.0%	0.0%	0.0%	N/A
Active IMM 4313314 w/o Refusal	4.5%	0.0%	0.0%	N/A

CANCER

Pap Smear 21-64 w/o Refusal	43.1%	53.3%	43.4%	59%
Mammogram 52-64 w/o Refusal	32.9%	45.5%	42.9%	44%
Colo Cancer w/o Refusal	17.9%	28.0%	15.5%	28%
Tobacco Cess w/o Refusal	18.8%	19.1%	23.7%	21%

BEHAVIORAL HEALTH

FAS Prevention w/o Refusal	2.9%	0.3%	1.9%	47%
IPV/DV Screen w/o Refusal	0.3%	0.3%	0.0%	42%
Depression Scrn w/o Refusal	3.9%	3.9%	2.4%	35%

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GPRA DEVELOPMENTAL & PART MEASURES CLINICAL PERFORMANCE SUMMARY				
	Site	Site	Site	Nat'l
	Current	Previous	Baseline	2008

CARDIOVASCULAR DISEASE

Comp CVD w/o BMI Refusal	37.7%	38.6%	51.6%	N/A
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OTHER CLINICAL

Prenatal HIV w/o Refusal	25.0%	2.7%	0.0%	75%
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* Not GPRA Developmental measure but included to show percentage of refusals with respect to GPRA Developmental measure.

*** IHS 2009 GPRA & PART Performance Report ***
DEMO INDIAN HOSPITAL

Report Period: Jul 01, 2008 to Jun 30, 2009
Previous Year Period: Jul 01, 2007 to Jun 30, 2008
Baseline Period: Jul 01, 1999 to Jun 30, 2000

GPRA DEVELOPMENTAL & PART MEASURES CLINICAL PERFORMANCE SUMMARY						
	Site	Site	Site	PART09	Nat'l	2010
	Current	Previous	Baseline	Target	2008	Target

PART MEASURE

Breastfeed Rates @ 2mos**	100.0%	0.0%	0.0%	28%	28%	33%
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* Federally Administered Activities measure. National 2008 rate is for federal sites only.

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OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA09 Target	Nat'l 2008	2010 Target
DIABETES						
Poor Glycemic Control >9.5	9.3%	12.5%	14.4%	18%	17%	10.0%
Ideal Glycemic Control <7	28.7%	38.5%	28.9%	30%	32%	40.0%
Controlled BP <130/80	17.6%	25.0%	22.2%	36%	38%	50.0%
LDL Assessed	57.4%	51.0%	26.7%	60%	63%	70.0%
Nephropathy Assessed*	19.4%	4.2%	4.4%	47%	50%	70.0%
Retinopathy	49.1%	41.7%	50.0%	47%	50%	75.0%
Refusal of Retinal Exam**	2.8%	0.0%	0.0%	N/A	1%	N/A
DENTAL						
Dental Access General	8.1%	8.3%	8.6%	24%	25%	40.0%
Refusal of Dental Exam**	1.4%	0.0%	0.0%	N/A	0%	N/A
# Sealants	78	31	98	229,147	241,207	N/A
# Refusals of Sealant**	2	0	0	N/A	1	N/A
Topical Fluoride-# Pts	32	20	15	114,716	120,754	N/A
# Refusals of Fluoride**	2	0	0	N/A	0	N/A
IMMUNIZATIONS						
Influenza 65+	30.3%	38.8%	30.3%	62%	62%	90.0%
Refusal of Influenza IZ**	6.7%	3.8%	0.0%	N/A	4%	N/A
Pneumovax Ever 65+	45.5%	58.2%	56.1%	82%	82%	90.0%
Refusal of Pneumovax IZ**	4.4%	0.0%	0.0%	N/A	1%	N/A
Active IMM 43133+	27.3%	0.0%	0.0%	78%	78%	80.0%
Refusal of IMM 43133**	16.7%	0.0%	0.0%	N/A	N/A	N/A
CANCER						
Pap Smear Rates 21-64	43.3%	53.3%	43.4%	59%	59%	90.0%
Refusal of Pap Smear**	0.5%	0.0%	0.0%	N/A	0%	N/A
Mammogram Rates 52-64	37.6%	45.5%	42.9%	45%	45%	70.0%
Refusal of Mammogram**	12.5%	0.0%	0.0%	N/A	1%	N/A
Colorectal Cancer 51-80	19.7%	28.0%	15.5%	29%	29%	33.0%
Refusal of CRC Screen**	9.1%	0.0%	0.0%	N/A	1%	N/A
Tobacco Cessation Counsel	19.2%	19.1%	23.7%	21%	21%	N/A
Refusal of Cess Counsel**	0.4%	0.0%	0.0%	N/A	0%	N/A

BEHAVIORAL HEALTH

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OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA09 Target	Nat'l 2008	2010 Target
FAS Prevention 15-44	3.1%	0.3%	1.9%	47%	47%	25.0%
Refusal of Alcohol Scrn**	8.3%	0.0%	0.0%	N/A	0%	N/A
IPV/DV Screen 15-40	0.6%	0.3%	0.0%	42%	42%	40.0%
Refusal of IPV/DV Scrn**	50.0%	0.0%	0.0%	N/A	0%	N/A
Depression Screen 18+	4.0%	3.9%	2.4%	35%	35%	N/A
Refusal of Depr Scrn**	2.6%	0.0%	0.0%	N/A	0%	N/A
CARDIOVASCULAR DISEASE						
IHD: Comp CVD Assessment	37.7%	38.6%	51.6%	30%	30%	N/A
OTHER CLINICAL						
Prenatal HIV Testing	25.0%	2.7%	0.0%	75%	75%	N/A
Refusal of HIV Test**	0.0%	0.0%	0.0%	N/A	0%	N/A

* Measure definition changed in 2007.
 ** Not official GPRA measure but included to show percentage of refusals with respect to GPRA measure.
 + Site Previous and Site Baseline values are not applicable for this measure.