SADULE NATIONAL GPRA & PART REPORT – CRS 2012 V12.0

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*** IHS 2012 National GPRA & PART Report ***
CRS 2012, Version 12.0
Date Report Run: Nov 30, 2011
Site where Run: DEMO INDIAN HOSPITAL
Report Generated by: USER,DEMO
Report Period: Jul 01, 2011 to Jun 30, 2012
Previous Year Period: Jul 01, 2010 to Jun 30, 2011
Baseline Period: Jul 01, 1999 to Jun 30, 2000

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

Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.10.43

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

This report has been split into two sections:
- GPRA Developmental section w/GPRA Developmental Summary
- GPRA & PART (and non-GPRA for context to GPRA) section w/non-GPRA summary and GPRA & PART Summary

In the denominator and numerator sections of the GPRA Developmental section of the report for each topic:

- GPRA Developmental measures are a combination of a denominator prefixed with "GPRA Denominator" or "GPRA Developmental Denominator" and a numerator prefixed with "GPRA Developmental Numerator."

In the denominator and numerator sections of the GPRA & PART section of the report for each topic:

- GPRA measures are a combination of a denominator prefixed with "GPRA Denominator" and a numerator prefixed with "GPRA Numerator."
- PART measures are a combination of a denominator prefixed with "PART Denominator" and a numerator prefixed with "PART Numerator."

An example of a GPRA Developmental measure is shown below.

GPRA Denominator: Active Clinical patients ages 18 and older.
GPRA Developmental Denominator: Active Clinical patients ages 12-18.
GPRA Developmental Numerator: Patients screened for depression or diagnosed with a mood disorder or suicide ideation at any time during the Report Period. NOTE: This numerator does NOT include refusals.

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In the tabular sections of the report for each topic:

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

An example of a GPRA Developmental measure in the tabular section is shown below.

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR	%	BASE PERIOD	%	CHG from BASE	%
# Active Clinical Pts => 18 (GPRA)	7		10				654			
# w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.)	0	0	0	0	0		16	2.4	-2.4	
# Active Clinical Pts 12-18 (GPRA Dev)	6		9				418			
# w/depression Screening or Mood disorder or suicide ideation DX- No Refusals (GPRA Dev.)	0	0	0	0	0		15	3.6	-3.6	

Denominator Definitions used in this Report:

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ACTIVE CLINICAL POPULATION:
1. Must reside in a community specified in the community taxonomy used for this report.
2. Must be alive on the last day of the Report period.
3. Indian/Alaska Natives Only - based on Classification of 01.
4. Must have 2 visits to medical clinics in the 3 years prior to the end of the Report period. At least one visit must include: 01 General, 06 Diabetic, 10 GYN, 12 Immunization, 13 Internal Med, 20 Pediatrics, 24 Well Child, 28 Family Practice, 57 EPSDT, 70 Women's Health, 80 Urgent, 89 Evening. See User Manual for complete description of medical clinics.

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

The report Performance Summaries are split into two sections.
- GPRA Developmental Summary located at the end of the GPRA Developmental section
- Non-GPRA Summary and Official GPRA & PART Summary are located on the last pages of this report following the GPRA & PART section.

A delimited output file called GPRAREPORT2010
has been placed in the public directory for your use in Excel or some other software package. See your site manager to access this file.

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

BRAGGS	BROKEN ARROW	CHECOTAH
KANSAS	MARBLE CITY	SAND SPRINGS

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

Diabetes: Blood Pressure Control

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

Numerator(s):
- Patients with Blood Pressure documented during the Report Period.
- GPRA Developmental 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.
- GPRA Developmental Numerator: Patients with BP < 140/90, i.e., the mean systolic value is less than 140 AND the mean diastolic value is less than 90.

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

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

BP documented definition: CRS uses mean of last 3 Blood Pressures documented during the Report Period. If 3 BPs are not available, uses mean of last 2 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.

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F-3080F or POV V81.1 documented on a non-ER visit during the report period.

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.

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BP documented and Controlled BP: If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented during the Report Period: BP Documented: CPT 0001F or 2000F or POV V81.1; OR Systolic: CPT 3074F, 3075F, or 3077F WITH Diastolic: CPT 3078F, 3079F, or 3080F. The systolic and diastolic values do NOT have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the Controlled BP numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the Controlled BP numerator.

Diabetes: Blood Pressure Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA Dev)	146		98			87		
# w/ BPs Documented	118	80.8	77	78.6	+2.3	72	82.8	-1.9
# w/Controlled BP <130/80 (GRPA Dev)	27	18.5	21	21.4	-2.9	13	14.9	+3.6
# w/ BP <140/90 (GPRA Dev)	52	35.6	38	38.8	-3.2	34	39.1	-3.5

Diabetic Retinopathy

Denominator(s):
- GPRA Developmental 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, without a documented history of bilateral blindness.

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

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

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

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Bilateral blindness defined as: 1) V POV: 369.01, 369.03, 369.04.

Diabetic Retinopathy

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA Dev)	143		96			87		
# w/Retinal Evaluation -No Refusals (GPRA Dev)	53	37.1	38	39.6	-2.5	44	50.6	-13.5

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Access to Dental Service

Denominator(s):
- GPRA Developmental Denominator: User Population patients with dental exam during the Report Period.

Numerator(s):
- GPRA Developmental Numerator: Patients with all treatment completed.

Logic:
Dental Exam: V Dental ADA codes 0120, 0150, 0145, or 9990; V CPT codes D0120, D0150, or D0145.

All Treatment Completed: V Dental ADA code 9990.

Access to Dental Service

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop w/ exam (GPRA Dev)	86		56			63		
# /all treatment completed (GPRA Dev)	37	43.0	17	30.4	+12.7	20	31.7	+11.3

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Dental Sealants

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

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

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

Intact dental sealant defined as V Dental ADA codes 1351 or 1352 or V CPT codes D1351 or D1352 documented during the Report Period or V Dental ADA code 0007 documented during the past three years. If both ADA and CPT codes are found on the same visit, only the ADA will be counted.

Dental Sealants

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
User Pop Pts 6-15 (GPRA Dev.)	426		421			467		
# w/intact dental sealants (GPRA Dev.)	14	3.3	9	2.1	+1.1	14	3.0	+0.3

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Topical Fluoride

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

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

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

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

Topical Fluoride

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
User Pop Pts 2-15 (GPRA Dev.)	620		625			669		
# w/topical fluoride application (GPRA Dev.)	20	3.2	5	0.8	+2.4	2	0.3	+2.9

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Adult Immunizations

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

Numerator(s):
- GPRA Developmental Numerator: Patients with Pneumococcal vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of pneumovax after the age of 65 or a dose of pneumovax in the past 5 years. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

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

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

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

Adult Immunizations

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 65 & older (GPRA Dev)	119		69			65		
Total # w/up to date/ Pneumovax/ contra/NMI Refusal (GPRA Dev)	47	39.5	38	55.1	-15.6	29	44.6	-5.1

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 Developmental Numerator: Patients who have received the 4:3:1:3/4:3:1:4 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 or 4 HiB, 3 Hepatitis B, 1 Varicella, and 4 Pneumococcal), including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 or 4 doses of HiB ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 2 doses of Hepatitis A vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 2 or 3 doses of Rotavirus vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 2 doses of Influenza ever, including contraindications. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.
- Patients who have received 3 doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease. NOTE: The only refusals included in this numerator are NMI (not medically indicated) refusals.

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

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

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

- 3 or 4 doses of HIB, depending on the vaccine administered

- 1 dose of Varicella

- 4 doses of Pneumococcal

- 2 doses of Hep A

- 2 or 3 doses of Rotavirus, depending on the vaccine administered

- 2 doses of Influenza

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

For immunizations that allow a different number of doses (e.g. 2 or 3 Rotavirus): To count toward the numerator with the smaller number of doses, all of the patient's vaccinations must be part of the smaller dose series. For example, for a patient to count toward the Rotavirus numerator with only 2 doses, all two doses must be included in the 2-dose series codes listed in the Rotavirus definition. A patient with a mix of 2-dose and 3-dose series codes will need 3 doses to count toward the numerator. An exception to this is for the HIB vaccine: if the first two doses are CVX code 49, then the patient only needs 3 doses (even if

the third dose is included in the 4-dose series).

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

- For immunizations where required number of doses is >1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI 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 evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

- Refusal Definitions: PCC Refusal type NMI for any of the following: A) IZ codes: DTaP: 20, 50, 106, 107, 110, 120, 130, 132, 146; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Acellular Pertussis: 11; OPV: 2, 89; IPV: 10, 89, 110, 120, 130, 132, 146; MMR: 3, 94; M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120, 132, 146; Hepatitis B: 8, 42-45, 51, 102, 104, 110, 132, 146; Varicella: 21, 94; Pneumococcal: 33, 100, 109, 133; Hepatitis A: 31, 52, 83, 84, 85, 104; Rotavirus: 74, 116, 119, 122; Influenza: 15, 16, 88, 111, 135, 140, 141, 144; B) CPT codes: DTaP: 90696, 90698, 90700, 90721, 90723, DTP: 90701, 90711 (old code), 90720; Tdap: 90715; DT: 90702; Td: 90714, 90718; Diptheria: 90719; Tetanus: 90703; OPV: 90712; IPV: 90696, 90698, 90711 (old code), 90713, 90723; MMR: 90707, 90710; M/R: 90708; R/M: 90709 (old code); Measles: 90705; Mumps: 90704; Rubella: 90706; HiB: 90645-90648, 90698, 90720-90721, 90737 (old code), 90748; Hepatitis B: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code); Varicella: 90710, 90716; Pneumococcal: 90669, 90670, 90732, G0009, G8115 (old code); Hepatitis A: 90632-90634, 90636, 90730 (old code); Rotavirus: 90680; Influenza: 90654-90658, 90659 (old code), 90660-90662, 90724 (old code),

G0008, G8108 (old code).

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120, 130, 132, 146; 2) POV V06.1; 3) CPT: 90696, 90698, 90700, 90721, 90723. DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

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

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

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

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

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

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

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

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

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120, 130, 132, 146; 2) POV V04.0, V06.3; 3) CPT: 90696, 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease

definitions: POV or PCC Problem List (active or inactive): 730.70-730.79. IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

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

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

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

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

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

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

- Hib definitions: 3-dose series: 1) Immunization (CVX) codes: 49, 51; 2) CPT: 90647, 90748; 4-dose series: 1) Immunization (CVX) codes: 17, 22, 46-48, 50, 102, 120, 132, 146; 2) POV V03.81; 3) CPT: 90645-90646, 90648, 90698, 90720-90721, 90737 (old code). Hib contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis B definitions: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110, 132, 146; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code). Hepatitis B

evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Varicella definitions: 1) Immunization (CVX) codes: 21, 94; 2) POV V05.4; 3) CPT: 90710, 90716. Varicella evidence of disease definitions: 1) POV or PCC Problem List (active or inactive) 052*, 053*; or 2) Immunization Package contraindication of "Hx of Chicken Pox" or "Immune." Varicella contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."
- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo Polysaccaride; 100 Pneumo Conjugate; 109 Pneumo NOS; 133 Pneumo Conjugate; 2) POV: V06.6; V03.82; 3) CPT: 90669, 90670, 90732, G0009, G8115 (old code). Pneumococcal contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

- Hepatitis A definitions: 1) Immunization (CVX) codes: 31, 52, 83, 84, 85, 104; 2) CPT: 90632-90634, 90636, 90730 (old code). Hepatitis A evidence of disease definitions: POV or PCC Problem List (active or inactive): 070.0, 070.1. Hepatitis A contraindication definition: Immunization Package contraindication of "Anaphylaxis".

- Rotavirus definitions: 2-dose series: 1) Immunization (CVX) codes: 119; 2) CPT: 90681; 3-dose series: 1) Immunization (CVX) codes: 74, 116, 122; 2) POV: V05.8; 3) CPT: 90680. Rotavirus contraindication definition: Immunization Package contraindication of "Anaphylaxis" or "Immune Deficiency".

- Influenza definitions: 1) Immunizations (CVX) codes: 15, 16, 88, 111, 135, 140, 141, 144; 2) POV: V04.8 (old code), V04.81, V06.6; 3) CPT: 90654-90658, 90659 (old code), 90660-90662, 90724 (old code), G0008, G8108 (old code); 4) ICD Procedure code 99.52. Influenza contraindication definition: Immunization Package contraindication of "Egg Allergy" or "Anaphylaxis".

Childhood Immunizations

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	59		40			55		
# w/2 doses Hep A or w/ Dx/ Contraind/ NMI Refusal	15	25.4	0	0.0	+25.4	1	1.8	+23.6
# w/ 2-3 doses Rotavirus or w/ Dx/ Contraind/ NMI Refusal	12	20.3	0	0.0	+20.3	0	0.0	+20.3
# w/ 2 doses Influenza or w/ Contraind/ NMI Refusal	22	37.3	0	0.0	+37.3	0	0.0	+37.3
Active Imm Pkg Pts 19-35 mos (GPRA)	48		0			0		
# w/ 4:3:1:3/4:3:1:4 combo or w/ Dx/ Contraind/ NMI Refusal	4	8.3	0	0.0	+8.3	0	0.0	+8.3
# w/ 3-4 doses HiB or w/ Contraind/ NMI Refusal	25	52.1	0	0.0	+52.1	0	0.0	+52.1
# w/2 doses Hep A or w/ Dx/ Contraind/ NMI Refusal	10	20.8	0	0.0	+20.8	0	0.0	+20.8
# w/ 2-3 doses Rotavirus or w/ Dx/ Contraind/ NMI Refusal	9	18.8	0	0.0	+18.8	0	0.0	+18.8
# w/ 2 doses Influenza or w/ Contraind/ NMI Refusal	20	41.7	0	0.0	+41.7	0	0.0	+41.7
# w/3 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	16	33.3	0	0.0	+33.3	0	0.0	+33.3

Cancer Screening: Pap Smear Rates

Denominator(s):
- GPRA Developmental Denominator: Female Active Clinical patients ages 25 through 64 without documented history of Hysterectomy.

Numerator(s):
- GPRA Developmental Numerator: Patients with a Pap Smear documented in the past 4 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 25 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), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; 3) V POV 618.5, V88.01, V88.03; or 4) Women's Health procedure called Hysterectomy.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX.

Cancer Screening: Pap Smear Rates

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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 25-64 yrs (GRPA Dev)	447		313			264		
# w/Pap Smear recorded w/in 4 years - No Refusals (GPRA Dev)	182	40.7	145	46.3	-5.6	125	47.3	-6.6

Cancer Screening: Mammogram Rates

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

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

Logic:
Age of the patient is calculated at the beginning of the Report period. Patients must be at least 42 years of age as of the beginning of the Report Period.

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

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

Screening Mammogram definitions: 1) V Radiology or V CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Cancer Screening: Mammogram Rates

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Cancer Screening: Mammogram Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical 42+ (GPRA Dev.)	300		190			163		
# w/Mammogram recorded w/in 2 years-No Refusals (GPRA Dev.)	63	21.0	62	32.6	-11.6	54	33.1	-12.1

Colorectal Cancer Screening (Revised Logic #1-HEDIS)

Denominator(s):
- GPRA Developmental Denominator: All Active Clinical patients ages 50-75 without a documented history of colorectal cancer or total colectomy. Broken down by gender.

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

Logic:
GPRA Developmental Logic (HEDIS):

Age is calculated at the beginning of the Report period.

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

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

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

Colorectal Cancer Screening (Revised Logic #1-HEDIS)

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 50-75 w/o colorectal cancer or total colectomy (GPRA Dev.)	316		198			157		
# w/CRC Screening -No Refusals (GPRA Dev.)	57	18.0	40	20.2	-2.2	19	12.1	+5.9
Male Active Clinical 50-75	157		96			72		
# w/CRC Screening -No Refusals (GPRA Dev.)	25	15.9	18	18.8	-2.8	9	12.5	+3.4
Female Active Clinical 50-75	159		102			85		
# w/CRC Screening -No Refusals (GPRA Dev.)	32	20.1	22	21.6	-1.4	10	11.8	+8.4

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Colorectal Cancer Screening (Revised Logic #2-USPSTF)

Denominator(s):
- GPRA Developmental Denominator: All Active Clinical patients ages 50-75. Broken down by gender.

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

Logic:
GPRA Developmental Logic (USPSTF):

Age is calculated at the beginning of the Report period.

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

Colorectal Cancer Screening (Revised Logic #2-USPSTF)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 50-75 (GPRA Dev.)	326		202			158		
# w/CRC Screening -No Refusals (GPRA Dev.)	58	17.8	41	20.3	-2.5	19	12.0	+5.8

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Male Active Clinical 50-75	161		97			73		
# w/CRC Screening -No Refusals (GPRA Dev.)	25	15.5	18	18.6	-3.0	9	12.3	+3.2
Female Active Clinical 50-75	165		105			85		
# w/CRC Screening -No Refusals (GPRA Dev.)	33	20.0	23	21.9	-1.9	10	11.8	+8.2

Comprehensive Cancer Screening

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients ages 21-80 who are eligible for cervical cancer, breast cancer, and/or colorectal cancer screening.
- A. Active Clinical female patients ages 21-80.
- B. Active Clinical male patients ages 51-80.

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

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

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

A) Hysterectomy defined as any of the following ever: 1) V Procedure: 68.4-68.8; 2) CPT 51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; 3) V POV 618.5, V88.01, V88.03; or 4) Women's Health procedure called Hysterectomy.
B) Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX.

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

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

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

C) Screening Mammogram definitions: 1) V Radiology or V CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Colorectal Cancer Screening: To be eligible for this screening, patients must be Active Clinical ages 51-80 and not have a documented history ever of colorectal cancer or total colectomy. To be counted as having the screening, patients must have had any of the following: 1) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period; 2) flexible sigmoidoscopy or double contrast barium enema in the past 5 years; or 3) colonoscopy in the past 10 years.

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

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

C) Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT): CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old

code); LOINC taxonomy; or site-populated taxonomy BGP GPRA FOB TESTS.

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

E) Double contrast barium enema: Refusal of V Radiology CPT: 74280, G0106, G0120

F) 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.

Comprehensive Cancer Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical 21-80 (GPRA Dev.)	754		520			424		
# w/ Comprehensive Cancer Screening-No Refusals (GPRA Dev.)	229	30.4	195	37.5	-7.1	153	36.1	-5.7
A. Female 21-80	597		423			359		
A. # Female w/all Screens	202	33.8	177	41.8	-8.0	144	40.1	-6.3
B. Male 51-80	157		97			65		
B. # Male w/CRC Screen	27	17.2	18	18.6	-1.4	9	13.8	+3.4

Tobacco Cessation (Developmental Logic)

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

Numerator(s):
- GPRA Developmental Numerator: Patients who have received tobacco cessation counseling or received a prescription for a smoking cessation aid anytime during the Report Period.
- Patients identified as having quit their tobacco use anytime during the Report Period
- GPRA Developmental Numerator: Patients who received tobacco cessation counseling, received a prescription for a tobacco cessation aid, or quit their tobacco use anytime during the Report Period.

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

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

1. CRS will search first for all health factors in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS - CHEWING/DIP) categories documented during the Report Period.

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

Tobacco User Health Factors (TUHFs)
Cessation-Smoker
Cessation-Smokeless
Current Smoker
Current Smokeless
Current Smoker and Smokeless
Current Smoker, status unknown
Current Smoker, every day
Current Smoker, some day

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

2. If no TUHF was found, CRS will then search for any of the following codes documented during the Report Period:

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

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

If any of these codes are found, the patient will be considered a tobacco user.

3. If no TUHF or other tobacco user-defining code listed above was found during the specified timeframe, CRS will then search for the most recent health factor documented during an EXPANDED timeframe of anytime prior to the report period. For example, a patient with the most recent health factor being documented five years prior to the report period.

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

A. If a health factor is found during the expanded timeframe, and is a TUHF, the patient will be considered a potential tobacco user.

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

4. If no health factor was found, CRS will then search for any of the following codes documented through the beginning of the Report Period:

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

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

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

5. If the patient is considered a potential tobacco user, CRS will then

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

Numerator Logic:

Tobacco Cessation Counseling: Any of the following documented anytime during the Report Period.

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

Prescription for Tobacco Cessation Aid: Any of the following documented anytime during the Report Period:

1. Prescription for medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy that does not have a comment of RETURNED TO STOCK.
2. Prescription for any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY" that does not have a comment of RETURNED TO STOCK.
3. CPT 4001F

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

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

Tobacco Cessation (Developmental Logic)

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

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Tobacco Cessation (Developmental Logic) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users/In Cessation (GPRA Dev.)	495		306			230		
# w/tobacco cessation counseling or RX for cessation aid-No Refusals (GPRA Dev.)	120	24.2	72	23.5	+0.7	69	30.0	-5.8
# who quit	12	2.4	2	0.7	+1.8	1	0.4	+2.0
# w/tobacco cessation counseling, Rx for cessation aid, or quit-No Refusals (GPRA Dev.)	131	26.5	73	23.9	+2.6	70	30.4	-4.0
Male Active Clinical Tobacco Users/In Cessation	227		146			115		
# w/tobacco cessation counseling, or RX for cessation aid-No Refusals	65	28.6	35	24.0	+4.7	40	34.8	-6.1
# who quit	5	2.2	2	1.4	+0.8	1	0.9	+1.3
# w/tobacco cessation counseling, Rx or cessation aid, or quit-No Refusals	70	30.8	36	24.7	+6.2	41	35.7	-4.8
Female Active Clinical Tobacco Users/In Cessation	268		160			115		
# w/tobacco cessation counseling, or RX for cessation aid-No Refusals	55	20.5	37	23.1	-2.6	29	25.2	-4.7
# who quit	7	2.6	0	0.0	+2.6	0	0.0	+2.6
# w/tobacco cessation counseling, Rx for cessation aid, or quit-No Refusals	61	22.8	37	23.1	-0.4	29	25.2	-2.5

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Tobacco Cessation (Developmental Logic) (con't)

ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
CURRENT REPORT PERIOD			
AC Tob Users/in Cess	3	18	474
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	1	3	116
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	33.3	16.7	24.5
# who quit	0	1	11
% who quit	0.0	5.6	2.3
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	1	4	126
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	33.3	22.2	26.6

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Tobacco Cessation (Developmental Logic) (con't)

ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
AC Tob Users/in Cess	1	9	296
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	2	70
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	22.2	23.6
# who quit	0	0	2
% who quit	0.0	0.0	0.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	2	71
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	22.2	24.0
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+33.3	-5.6	+0.8
# who quit	+0.0	+5.6	+1.6
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+33.3	+0.0	+2.6

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Tobacco Cessation (Developmental Logic) (con't)

ACTIVE CLINICAL TOBACCO USERS/IN CESSATION
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
AC Tob Users/in Cess	0	7	223
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	69
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	30.9
# who quit	0	0	1
% who quit	0.0	0.0	0.4
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	70
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	31.4
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+33.3	+16.7	-6.5
# who quit	+0.0	+5.6	+1.9
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+33.3	+22.2	-4.8

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Tobacco Cessation (Developmental Logic) (con't)

MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Male AC Tob Users/in Cess	0	14	213
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	2	63
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	14.3	29.6
# who quit	0	1	4
% who quit	0.0	7.1	1.9
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	3	67
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	21.4	31.5

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Tobacco Cessation (Developmental Logic) (con't)

MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Male AC Tob Users/in Cess	1	7	138
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	2	33
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	28.6	23.9
# who quit	0	0	2
% who quit	0.0	0.0	1.4
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	2	34
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	28.6	24.6
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	-14.3	+5.7
# who quit	+0.0	+7.1	+0.4
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	-7.1	+6.8

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Tobacco Cessation (Developmental Logic) (con't)

MALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
BASELINE REPORT PERIOD			
Male AC Tob Users/in Cess	0	0	115
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	40
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	34.8
# who quit	0	0	1
% who quit	0.0	0.0	0.9
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	41
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	35.7
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+0.0	+14.3	-5.2
# who quit	+0.0	+7.1	+1.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+0.0	+21.4	-4.2

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
CURRENT REPORT PERIOD			
Female AC Tob Users/in Cess	3	4	261
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	1	1	53
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	33.3	25.0	20.3
# who quit	0	0	7
% who quit	0.0	0.0	2.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	1	1	59
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	33.3	25.0	22.6

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Female AC Tob Users/in Cess	0	2	158
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	37
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	23.4
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	37
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	23.4
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+33.3	+25.0	-3.1
# who quit	+0.0	+0.0	+2.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+33.3	+25.0	-0.8

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Tobacco Cessation (Developmental Logic) (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS/IN CESSATION

	Age Distribution		
	<12	12-17	=>18
BASELINE REPORT PERIOD			
Female AC Tob Users/in Cess	0	7	108
# w/tobacco cessation counseling or RX for cessation aid- No Refusals	0	0	29
% w/ tobacco cessation counseling or Rx for cessation aid- No Refusals	0.0	0.0	26.9
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0	0	29
% w/ tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	0.0	0.0	26.9
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or RX for cessation aid- No Refusals	+33.3	+25.0	-6.5
# who quit	+0.0	+0.0	+2.7
# w/tobacco cessation counseling, Rx for cessation aid or quit- No Refusals	+33.3	+25.0	-4.2

Alcohol Screening

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

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

Logic:
Ages are calculated at beginning of Report period.

Alcohol Screening: Any of the following during the Report Period: A) PCC Exam code 35, B) Any CAGE Health Factor, C) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); D) CPT 99408, 99409, G0396, G0397, H0049, H0050, 3016F, or E) V Measurement in PCC or BH of AUDT, AUDC, or CRFT.

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

Alcohol-related Patient Education: Any of the following during the Report Period: Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.*, 357.5*, 99408, 99409, G0396, G0397, H0049, H0050, or 3016F.

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

Alcohol Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical ages 15-44 (GPRA)	471		354			304		
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed (GPRA Dev.)	43	9.1	2	0.6	+8.6	1	0.3	+8.8
# w/alcohol related education	10	2.1	0	0.0	+2.1	0	0.0	+2.1
Female Active Clinical ages 15-44 w/ Alcohol Screening (GPRA Dev.)	40		1			0		
# w/ positive alcohol screen (GPRA Dev.)	21	52.5	0	0.0	+52.5	0	0.0	+52.5
Active Clinical ages 12-75 (GPRA Dev.)	1,256		879			753		
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed (GPRA Dev.)	92	7.3	12	1.4	+6.0	3	0.4	+6.9
# w/alcohol related education	13	1.0	1	0.1	+0.9	0	0.0	+1.0

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Alcohol Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical ages 12-75 w/ Alcohol Screening (GPRA Dev.)	75		1			0		
# w/ positive alcohol screen (GPRA Dev.)	34	45.3	0	0.0	+45.3	0	0.0	+45.3

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Alcohol Screening (con't)

ACTIVE CLINICAL POPULATION
Age Distribution

	12-19	20-24	25-34	35-44	45-54	55-75
CURRENT REPORT PERIOD						
# Active Clinical	173	142	251	233	223	234
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	17	15	21	21	13	5
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	9.8	10.6	8.4	9.0	5.8	2.1
# w/alcohol related education	4	5	3	1	0	0
% w/alcohol related education	2.3	3.5	1.2	0.4	0.0	0.0
# Active Clinical w/ Alcohol Screening	16	12	20	15	8	4
# w/ positive alcohol screen	8	8	8	6	4	0
% w/ positive alcohol screen	50.0	66.7	40.0	40.0	50.0	0.0
PREVIOUS YEAR PERIOD						
# Active Clinical	137	129	173	157	141	142
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0	2	2	4	3	1
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0.0	1.6	1.2	2.5	2.1	0.7
# w/alcohol related education	0	0	0	0	1	0
% w/alcohol related education	0.0	0.0	0.0	0.0	0.7	0.0
# Active Clinical w/ Alcohol Screening	0	0	0	1	0	0
# w/ positive alcohol screen	0	0	0	0	0	0
% w/ positive alcohol screen	0.0	0.0	0.0	0.0	0.0	0.0

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Alcohol Screening (con't)

	ACTIVE CLINICAL POPULATION Age Distribution					
	12-19	20-24	25-34	35-44	45-54	55-75
CHANGE FROM PREV YR %						
w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	+9.8	+9.0	+7.2	+6.5	+3.7	+1.4
w/ alcohol related education	+2.3	+3.5	+1.2	+0.4	-0.7	+0.0
w/ positive alcohol screen	+50.0	+66.7	+40.0	+40.0	+50.0	+0.0
BASELINE REPORT PERIOD						
# Active Clinical	135	112	152	126	123	105
# w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0	0	1	1	1	0
% w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	0.0	0.0	0.7	0.8	0.8	0.0
# w/alcohol related education	0	0	0	0	0	0
% w/alcohol related education	0.0	0.0	0.0	0.0	0.0	0.0
# Active Clinical w/ Alcohol Screening	0	0	0	0	0	0
# w/ positive alcohol screen	0	0	0	0	0	0
% w/ positive alcohol screen	0.0	0.0	0.0	0.0	0.0	0.0

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Alcohol Screening (con't)

ACTIVE CLINICAL POPULATION
Age Distribution

	12-19	20-24	25-34	35-44	45-54	55-75
CHANGE FROM BASE YR %						
w/ alcohol screening/Dx/ Proc-No Refusals or Pt Ed	+9.8	+10.6	+7.7	+8.2	+5.0	+2.1
w/ alcohol related education	+2.3	+3.5	+1.2	+0.4	+0.0	+0.0
w/ positive alcohol screen	+50.0	+66.7	+40.0	+40.0	+50.0	+0.0

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Intimate Partner (Domestic) Violence Screening

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

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

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

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

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

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

4) IPV/DV Counseling: V61.11.

Intimate Partner (Domestic) Violence Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	412		317			267		
# w/IPV/DV Exam, Dx, Procedure or Counseling-No Refusals or Pt Ed (GPRA Dev.)	8	1.9	0	0.0	+1.9	0	0.0	+1.9
# w/IPV/DV education	4	1.0	1	0.3	+0.7	0	0.0	+1.0

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Depression Screening

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

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

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

Depression Screening is defined as any of the following: 1) Exam Code 36, 2) POV V79.0, 3) CPT 1220F, 4) BHS problem code 14.1 (screening for depression), or 4) V Measurement in PCC or BH of PHQ2 or PHQ9.

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

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

Depression Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 (GPRA)	1,175		807			666		
# w/ Depression Screening or mood disorder or suicide ideation DX-No Refusals (GPRA Dev.)	86	7.3	42	5.2	+2.1	17	2.6	+4.8

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 12-18 (GPRA Dev.)	146		118			124		
# w/ Depression Screening or mood disorder or suicide ideation DX-No Refusals (GPRA Dev.)	6	4.1	0	0.0	+4.1	0	0.0	+4.1

Comprehensive CVD-Related Assessment

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

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

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

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

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

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

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

A) CABG Procedure: V POV V45.81; V CPT: 33510-33514, 33516-33519,

33521-33523, 33533-33536, S2205-S2209; V Procedure: 36.1* or 36.2*.

B) PCI Procedure: V POV: V45.82; V CPT: 92980, 92982, 92995, G0290; V Procedure: 00.66, 36.01 (old code), 36.02 (old code), 36.05, (old code), 36.06-36.07.

Blood Pressure Documented: Having a minimum of 2 Blood Pressures documented in past 2 years. If CRS does not find 2 BPs, it will search for CPT 0001F, 2000F, 3074F-3080F or POV V81.1 documented during the past 2 years. The following visits will be excluded: 1) Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation); 2) Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), C1 (Neurosurgery), or D4 (Anesthesiology).

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

Tobacco Screening: Defined as at least one of the following: 1. Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS - CHEWING/DIP), or TOBACCO (EXPOSURE) 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, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code); 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code).

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

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

(lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.

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

1) Depression Screening: A) Exam Code 36, B) POV V79.0, C) CPT 1220F, D) BHS problem code 14.1 (screening for depression), D) V Measurement in PCC or BH of PHQ2 or PHQ9.

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

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

Comprehensive CVD-Related Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active CHD Pts 22+ (GPRA Dev.)	71		40			31		
# w/ BPs documented w/in 2 yrs	53	74.6	38	95.0	-20.4	31	100.0	-25.4
# w/ LDL done	49	69.0	25	62.5	+6.5	14	45.2	+23.9
# w/Tobacco Screening w/in 1 yr	57	80.3	32	80.0	+0.3	23	74.2	+6.1
# w/BMI calculated -No Refusals	58	81.7	38	95.0	-13.3	31	100.0	-18.3
# w/ lifestyle educ w/in 1 yr	38	53.5	21	52.5	+1.0	20	64.5	-11.0
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Scrn (GPRA Dev.)	19	26.8	15	37.5	-10.7	6	19.4	+7.4
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	26	36.6	4	10.0	+26.6	6	19.4	+17.3

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Comprehensive CVD-Related Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
A. Active CHD Pts 22+ and are NOT Active Diabetic	39		19			13		
# w/ BPs documented w/in 2 yrs	25	64.1	18	94.7	-30.6	13	100.0	-35.9
# w/LDL done	22	56.4	13	68.4	-12.0	8	61.5	-5.1
# w/Tobacco Screening w/in 1 yr	27	69.2	13	68.4	+0.8	10	76.9	-7.7
# w/BMI calculated -No Refusals	29	74.4	18	94.7	-20.4	13	100.0	-25.6
# w/ lifestyle educ w/in 1 yr	20	51.3	7	36.8	+14.4	5	38.5	+12.8
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Screen (GPRA Dev.)	9	23.1	6	31.6	-8.5	2	15.4	+7.7
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	16	41.0	2	10.5	+30.5	1	7.7	+33.3
B. Active CHD Pts 22+ who ARE Active Diabetic	32		21			18		
# w/ BPs documented w/in 2 yrs	28	87.5	20	95.2	-7.7	18	100.0	-12.5
# w/LDL done	27	84.4	12	57.1	+27.2	6	33.3	+51.0
# w/Tobacco Screening w/in 1 yr	30	93.8	19	90.5	+3.3	13	72.2	+21.5
# w/BMI calculated -No Refusals	29	90.6	20	95.2	-4.6	18	100.0	-9.4
# w/ lifestyle educ w/in 1 yr	18	56.3	14	66.7	-10.4	15	83.3	-27.1
# w/ BP, LDL, tobacco, BMI and life counseling-No Refusals or Dep Scrn (GPRA Dev.)	10	31.3	9	42.9	-11.6	4	22.2	+9.0
# w/ Depression screening, or mood disorder or suicide ideation DX-No Refusals	10	31.3	2	9.5	+21.7	5	27.8	+3.5

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HIV Screening

Denominator(s):
- GPRA Developmental Denominator: User Population patients ages 13-64 with no recorded HIV diagnosis prior to the Report Period. Broken down by gender and age groups.
- No denominator. This measure is a total count only, not a percentage.

Numerator(s):
- GPRA Developmental Numerator: Patients who were screened for HIV during the Report Period. NOTE: This numerator does NOT include refusals.
- A: Patients with a positive result.
- B. Patients with a negative result.
- C. Patients with no result.
- Patients with documented HIV screening refusal during the Report Period.
- GPRA Developmental Numerator: Number of HIV screens provided to User Population patients during the Report Period, where the patient was not diagnosed with HIV anytime prior to the screen. NOTE: This numerator does not include refusals.

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

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

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

Positive HIV Result is defined as: 1) Positive result for HIV Screening test, defined as "Positive", "P", "Pos", "R", "Reactive", "Repeatedly Reactive", "+", or containing ">" or 2) HIV diagnosis defined as any of the following documented any time AFTER the HIV screening: POV or Problem List codes 042, 042.0-044.9 (old codes), 079.53, V08, or 795.71

Negative HIV result defined as: Negative result for HIV Screening test, defined as "Negative", "N", "Neg", "NR", "Non Reactive", "Non-Reactive", or "-"

No result defined as any screening that does not have a positive or negative result.

HIV Screening

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

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HIV Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
User Pop Pts 13-64 w/ no HIV (GPRA Dev.)	2,096		1,726			1,526		
# w/HIV screening -No Refusals (GPRA Dev.)	45	2.1	21	1.2	+0.9	0	0.0	+2.1
A. # w/ positive result w/ % of Total Screened	8	17.8	1	4.8	+13.0	0	0.0	+17.8
B. # w/ negative result w/ % of Total Screened	24	53.3	17	81.0	-27.6	0	0.0	+53.3
C. # w/ no result w/ % of Total Screened	12	26.7	3	14.3	+12.4	0	0.0	+26.7
# w/HIV screening refusal	4	0.2	0	0.0	+0.2	0	0.0	+0.2
# Male User Pop 13-64	968		773			693		
# w/HIV screening -No Refusals (GPRA Dev.)	5	0.5	1	0.1	+0.4	0	0.0	+0.5
A. # w/ positive result w/ % of Total Screened	2	40.0	0	0.0	+40.0	0	0.0	+40.0
B. # w/ negative result w/ % of Total Screened	2	40.0	1	100.0	-60.0	0	0.0	+40.0
C. # w/ no result w/ % of Total Screened	1	20.0	0	0.0	+20.0	0	0.0	+20.0
# w/ HIV screening refusal	0	0.0	0	0.0	+0.0	0	0.0	+0.0

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HIV Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female User Pop 13-64	1,128		953			833		
# w/HIV screening -No Refusals (GPRA Dev.)	40	3.5	20	2.1	+1.4	0	0.0	+3.5
A. # w/ positive result w/ % of Total Screened	6	15.0	1	5.0	+10.0	0	0.0	+15.0
B. # w/ negative result w/ % of Total Screened	22	55.0	16	80.0	-25.0	0	0.0	+55.0
C. # w/ no result w/ % of Total Screened	11	27.5	3	15.0	+12.5	0	0.0	+27.5
# w/ HIV screening refusal	1	0.1	0	0.0	+0.1	0	0.0	+0.1
# HIV screens for User Pop Pts w/ no prior HIV-No Refusals (GPRA Dev.)	49		21		+28	0		+49

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
CURRENT REPORT PERIOD								
Total # User Pop	655	91	254	270	230	191	216	191
# w/HIV screening-No Refusals (GPRA Dev.)	0	2	9	9	8	6	1	6
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	2.2	3.5	3.3	3.5	3.1	0.5	3.1
A. # w/ positive result w/ % of Total Screened	0	0	1	0	1	2	0	2
% A. w/ positive result w/ % of Total Screened	0.0	0.0	11.1	0.0	12.5	33.3	0.0	33.3
B. # w/ negative result w/ % of Total Screened	0	0	6	7	5	2	0	3
% B. w/ negative result w/ % of Total Screened	0.0	0.0	66.7	77.8	62.5	33.3	0.0	50.0
C. # w/ No result w/ % of Total Screened	0	1	2	2	2	2	1	1
% C. # w/ No result w/ % of Total Screened	0.0	50.0	22.2	22.2	25.0	33.3	100.0	16.7
# w/HIV screening Refusal	0	0	0	0	1	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.4	0.0	0.0	0.0

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
CURRENT REPORT PERIOD					
Total # User Pop	229	168	174	93	225
# w/HIV screening-No Refusals (GPRA Dev.)	3	0	0	1	0
% w/HIV screening-No Refusals (GPRA Dev.)	1.3	0.0	0.0	1.1	0.0
A. # w/ positive result w/ % of Total Screened	1	0	0	1	0
% A. # w/positive result w/ % of Total Screened	33.3	0.0	0.0	100.0	0.0
B. # w/ negative result w/ % of Total Screened	1	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	33.3	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	1	0	0	0	0
% C. # w/ No result w/ % of Total Screened	33.3	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening

	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
PREVIOUS REPORT PERIOD								
Total # User Pop	654	75	237	250	185	181	163	169
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	5	7	4	2	2	1
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	2.1	2.8	2.2	1.1	1.2	0.6
A. # w/ positive result w/ % of Total Screened	0	0	1	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	3	6	4	2	2	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	60.0	85.7	100.0	100.0	100.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	1	1	0	0	0	1
% C. # w/ No result w/ % of Total Screened	0.0	0.0	20.0	14.3	0.0	0.0	0.0	100.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+2.2	+1.4	+0.5	+1.3	+2.0	-0.8	+2.5
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	-8.9	+0.0	+12.5	+33.3	+0.0	+33.3
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+6.7	-7.9	-37.5	-66.7	-100.0	+50.0
C. # w/ No result w/ % of Total Screened	+0.0	+50.0	+2.2	+7.9	+25.0	+33.3	+100.0	-83.3
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.4	+0.0	+0.0	+0.0

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
PREVIOUS REPORT PERIOD					
Total # User Pop	164	120	111	76	161
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+1.3	+0.0	+0.0	+1.1	+0.0
A. # w/ positive result w/ % of Total Screened	+33.3	+0.0	+0.0	+100.0	+0.0
B. # w/ negative result w/ % of Total Screened	+33.3	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+33.3	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
BASELINE REPORT PERIOD								
Total # User Pop	682	107	209	217	173	158	150	143
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0	0	0	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+2.2	+3.5	+3.3	+3.5	+3.1	+0.5	+3.1
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+11.1	+0.0	+12.5	+33.3	+0.0	+33.3
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+66.7	+77.8	+62.5	+33.3	+0.0	+50.0
C. # w/ No result w/ % of Total Screened	+0.0	+50.0	+22.2	+22.2	+25.0	+33.3	+100.0	+16.7
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.4	+0.0	+0.0	+0.0

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HIV Screening (con't)

USER POPULATION PATIENTS

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
BASELINE REPORT PERIOD					
Total # User Pop	129	99	78	67	143
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+1.3	+0.0	+0.0	+1.1	+0.0
A. # w/ positive result w/ % of Total Screened	+33.3	+0.0	+0.0	+100.0	+0.0
B. # w/ negative result w/ % of Total Screened	+33.3	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+33.3	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
CURRENT REPORT PERIOD								
Total MALE User Pop	332	53	119	113	90	82	104	81
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	1	1	0	0	1
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.9	1.1	0.0	0.0	1.2
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	1	0	0	0	1
% B. w/ negative result w/ % of Total Screened	0.0	0.0	0.0	100.0	0.0	0.0	0.0	100.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	1	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
CURRENT REPORT PERIOD					
Total MALE User Pop	117	74	89	50	99
# w/HIV screening-No Refusals (GPRA Dev.)	1	0	0	1	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.9	0.0	0.0	2.0	0.0
A. # w/ positive result w/ % of Total Screened	1	0	0	1	0
% A. # w/positive result w/ % of Total Screened	100.0	0.0	0.0	100.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
PREVIOUS REPORT PERIOD								
Total MALE User Pop	343	36	119	105	65	76	76	77
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	1	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	1.5	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	1	0	0	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	100.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+0.0	+0.0	+0.9	-0.4	+0.0	+0.0	+1.2
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+0.0	+100.0	-100.0	+0.0	+0.0	+100.0
C. # w/ No result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+100.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
PREVIOUS REPORT PERIOD					
Total MALE User Pop	83	52	53	35	68
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+0.9	+0.0	+0.0	+2.0	+0.0
A. # w/ positive result w/ % of Total Screened	+100.0	+0.0	+0.0	+100.0	+0.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
BASELINE REPORT PERIOD								
Total MALE User Pop	361	63	104	86	65	72	66	67
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0	0	0	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+0.0	+0.0	+0.9	+1.1	+0.0	+0.0	+1.2
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+0.0	+100.0	+0.0	+0.0	+0.0	+100.0
C. # w/ No result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+100.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

MALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
BASELINE REPORT PERIOD					
Total MALE User Pop	59	48	31	35	54
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+0.9	+0.0	+0.0	+2.0	+0.0
A. # w/ positive result w/ % of Total Screened	+100.0	+0.0	+0.0	+100.0	+0.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
CURRENT REPORT PERIOD								
Total FEMALE User Pop	323	38	135	157	140	109	112	110
# w/HIV screening-No Refusals (GPRA Dev.)	0	2	9	8	7	6	1	5
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	5.3	6.7	5.1	5.0	5.5	0.9	4.5
A. # w/ positive result w/ % of Total Screened	0	0	1	0	1	2	0	2
% A. w/ positive result w/ % of Total Screened	0.0	0.0	11.1	0.0	14.3	33.3	0.0	40.0
B. # w/ negative result w/ % of Total Screened	0	0	6	6	5	2	0	2
% B. w/ negative result w/ % of Total Screened	0.0	0.0	66.7	75.0	71.4	33.3	0.0	40.0
C. # w/ No result w/ % of Total Screened	0	1	2	2	1	2	1	1
% C. # w/ No result w/ % of Total Screened	0.0	50.0	22.2	25.0	14.3	33.3	100.0	20.0
# w/HIV screening Refusal	0	0	0	0	1	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.7	0.0	0.0	0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
CURRENT REPORT PERIOD					
Total FEMALE User Pop	112	94	85	43	126
# w/HIV screening-No Refusals (GPRA Dev.)	2	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	1.8	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	1	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	50.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	1	0	0	0	0
% C. # w/ No result w/ % of Total Screened	50.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
PREVIOUS REPORT PERIOD								
Total FEMALE User Pop	311	39	118	145	120	105	87	92
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	5	7	3	2	2	1
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	4.2	4.8	2.5	1.9	2.3	1.1
A. # w/ positive result w/ % of Total Screened	0	0	1	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	20.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	3	6	3	2	2	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	60.0	85.7	100.0	100.0	100.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	1	1	0	0	0	1
% C. # w/ No result w/ % of Total Screened	0.0	0.0	20.0	14.3	0.0	0.0	0.0	100.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+5.3	+2.4	+0.3	+2.5	+3.6	-1.4	+3.5
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	-8.9	+0.0	+14.3	+33.3	+0.0	+40.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+6.7	-10.7	-28.6	-66.7	-100.0	+40.0
C. # w/ No result w/ % of Total Screened	+0.0	+50.0	+2.2	+10.7	+14.3	+33.3	+100.0	-80.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.7	+0.0	+0.0	+0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
PREVIOUS REPORT PERIOD					
Total FEMALE User Pop	81	68	58	41	93
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM PREVIOUS YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+1.8	+0.0	+0.0	+0.0	+0.0
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
B. # w/ negative result w/ % of Total Screened	+50.0	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+50.0	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	<13	13-14	15-19	20-24	25-29	30-34	35-39	40-44
BASELINE REPORT PERIOD								
Total FEMALE User Pop	321	44	105	131	108	86	84	76
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0	0	0	0
% A. w/ positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0	0	0	0
% B. w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %								
# w/HIV screening-No Refusals (GPRA Dev.)	+0.0	+5.3	+6.7	+5.1	+5.0	+5.5	+0.9	+4.5
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+11.1	+0.0	+14.3	+33.3	+0.0	+40.0
B. # w/ negative result w/ % of Total Screened	+0.0	+0.0	+66.7	+75.0	+71.4	+33.3	+0.0	+40.0
C. # w/ No result w/ % of Total Screened	+0.0	+50.0	+22.2	+25.0	+14.3	+33.3	+100.0	+20.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.7	+0.0	+0.0	+0.0

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HIV Screening (con't)

FEMALE USER POPULATION

Age Specific HIV Screening	45-49	50-54	55-59	60-64	65+
BASELINE REPORT PERIOD					
Total FEMALE User Pop	70	51	47	32	89
# w/HIV screening-No Refusals (GPRA Dev.)	0	0	0	0	0
% w/HIV screening-No Refusals (GPRA Dev.)	0.0	0.0	0.0	0.0	0.0
A. # w/ positive result w/ % of Total Screened	0	0	0	0	0
% A. # w/positive result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
B. # w/ negative result w/ % of Total Screened	0	0	0	0	0
% B. # w/ negative result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
C. # w/ No result w/ % of Total Screened	0	0	0	0	0
% C. # w/ No result w/ % of Total Screened	0.0	0.0	0.0	0.0	0.0
# w/HIV screening Refusal	0	0	0	0	0
% w/HIV screening Refusal	0.0	0.0	0.0	0.0	0.0
CHANGE FROM BASELINE YR %					
# w/HIV screening-No Refusals (GPRA Dev.)	+1.8	+0.0	+0.0	+0.0	+0.0
A. # w/ positive result w/ % of Total Screened	+0.0	+0.0	+0.0	+0.0	+0.0
B. # w/ negative result w/ % of Total Screened	+50.0	+0.0	+0.0	+0.0	+0.0
C. # w/ No result w/ % of Total Screened	+50.0	+0.0	+0.0	+0.0	+0.0
% w/HIV screening Refusal	+0.0	+0.0	+0.0	+0.0	+0.0

HIV Screening (Developmental pregnancy logic #1)

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

Numerator(s):
- 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 or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) during the past 20 months from the end of the Report Period, where the primary provider is not a CHR (Provider code 53). Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49.

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

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

NOTE: The calculation for past months in this logic is 30.4167 days/month instead of 30 days/month.

HIV Screening (Developmental pregnancy logic #1)

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HIV Screening (Dev pregnancy logic #1) (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA Dev.)	59		39			32		
# w/HIV screening-No Refusals (GPRA Dev.)	16	27.1	6	15.4	+11.7	0	0.0	+27.1

HIV Screening (Developmental pregnancy logic #2)

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

Numerator(s):
- 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 or Problem diagnosis (640.03, 640.83, 640.93, 641.03, 641.13, 641.23, 641.33, 641.83, 641.93, 642.03, 642.13, 642.23, 642.33, 642.43, 642.53 642.63, 642.73, 642.93, 643.03, 643.13, 643.23, 643.83, 643.93, 644.03, 644.13, 645.13, 645.23, 646.03, 646.13, 646.23, 646.33, 646.43, 646.53, 646.63, 646.73, 646.83, 646.93, 647.03, 647.13, 647.23, 647.33, 647.43, 647.53, 647.63, 647.83, 647.93, 648.03, 648.13, 648.23, 648.33, 648.43, 648.53, 648.63, 648.73, 648.83, 648.93, 649.03, 649.13, 649.23, 649.33, 649.43, 649.53, 649.63, 649.73, 651.03, 651.13, 651.23, 651.33, 651.43, 651.53, 651.63, 651.73, 651.83, 651.93, 652.03, 652.13, 652.23, 652.33, 652.43, 652.53, 652.63, 652.73, 652.83, 652.93, 653.03, 653.13, 653.23, 653.33, 653.43, 653.53, 653.63, 653.73, 653.83, 653.93, 654.03, 654.13, 654.23, 654.33, 654.43, 654.53, 654.63, 654.73, 654.83, 654.93, 655.03, 655.13, 655.23, 655.33, 655.43, 655.53, 655.63, 655.73, 655.83, 655.93, 656.03, 656.13, 656.23, 656.33, 656.43, 656.53, 656.63, 656.73, 656.83, 656.93, 657.03, 658.03, 658.13, 658.23, 658.33, 658.43, 658.83, 658.93, 659.03, 659.13, 659.23, 659.33, 659.43, 659.53, 659.63, 659.73, 659.83, 659.93, 660.03, 660.13, 660.23, 660.33, 660.43, 660.53, 660.63, 660.73, 660.83, 660.93, 661.03, 661.13, 661.23, 661.33, 661.43, 661.93, 662.03, 662.13, 662.23, 662.33, 663.03, 663.13, 663.23, 663.33, 663.43, 663.53, 663.63, 663.83, 663.93, 665.03, 665.83, 665.93, 668.03, 668.13, 668.23, 668.83, 668.93, 669.03, 669.13, 669.23, 669.43, 669.83, 669.93, 671.03, 671.13, 671.23, 671.33, 671.53, 671.83, 671.93, 673.03, 673.13, 673.23, 673.33, 673.83, 674.03, 674.53, 675.03, 675.13, 675.23, 675.83, 675.93, 676.03, 676.13, 676.23, 676.33, 676.43, 676.53, 676.63, 676.83, 676.93, 678.03, 678.13, 679.03, 679.13, V22.0 - V23.9, V28.81, V28.82, V28.89, V72.42, V89.01-V89.09) during the past 20 months from the end of the Report Period.
Pharmacy-only visits (clinic code 39) will not count toward these two

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

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

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

HIV Screening (Developmental pregnancy logic #2)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA Dev.)	47		39			31		
# w/HIV screening-No Refusals (GPRA Dev.)	16	34.0	6	15.4	+18.7	0	0.0	+34.0

Sexually Transmitted Infection (STI) Screening

Denominator(s):
- GPRA Developmental Denominator: HIV/AIDS screenings needed for key STI incidents for Active Clinical patients that occurred during the defined period.

Numerator(s):
- GPRA Developmental Denominator: Number of needed HIV/AIDS screenings performed from one month prior to the date of first STI diagnosis of each incident through two months after. NOTE: This numerator does NOT include refusals.

Logic:
Key sexually transmitted infections (STIs) are Chlamydia, gonorrhea, HIV/AIDS, and syphilis. Key STIs defined with the following POVS:
- Chlamydia: 079.88, 079.98, 099.41, 099.50-099.59
- Gonorrhea: 098.0-098.89
- HIV/AIDS: 042, 042.0-044.9, 079.53, 795.71, V08
- Syphilis: 090.0-093.9, 094.1-097.9

Logic for Identifying Patients Diagnosed with Key STI:

Any patient with one or more diagnoses of any of the key STIs defined above during the period 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period.

Logic for Identifying Separate Incidents of Key STIs:

One patient may have one or multiple occurrences of one or multiple STIs during the year, except for HIV. An occurrence of HIV is only counted if it is the initial HIV diagnosis for the patient ever. Incidents of an STI are identified beginning with the date of the first key STI diagnosis (see definition above) occurring between 60 days prior to the beginning of the Report Period through the first 300 days of the Report Period. A second incident of the same STI (other than HIV) is counted if another diagnosis with the same STI occurs two months or more after the initial diagnosis. A different STI diagnosis that occurs during the same 60-day time period as the first STI counts as a separate incident.

Example of Patient with Multiple Incidents of Single STI

Visit
Total Incidents

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08/01/10: Patient screened for Chlamydia 0
08/08/10: Patient diagnosed with Chlamydia 1
10/15/10: Patient diagnosed with Chlamydia 2
10/25/10: Follow-up for Chlamydia 2
11/15/10: Patient diagnosed with Chlamydia 2
03/01/11: Patient diagnosed with Chlamydia 3

Denominator Logic for Needed Screenings:

One patient may need multiple screening tests based on one or more STI incidents occurring during the time period.

To be included in the needed screening tests denominator, the count will be derived from the number of separate STI incidents and the type(s) of screenings recommended for each incident. The recommended screenings for each key STI are listed below.

STI	Screenings Needed
Chlamydia	Gonorrhea, HIV/AIDS, Syphilis
Gonorrhea	Chlamydia, HIV/AIDS, Syphilis
HIV/AIDS	Chlamydia, Gonorrhea, Syphilis
Syphilis	Chlamydia, Gonorrhea, HIV/AIDS

"Needed" screenings are recommended screenings that are further evaluated for contraindications. The following are reasons that a recommended screening is identified as not needed (i.e. contraindicated).

1) The patient has a documented STI diagnosis corresponding to the screening type in the same time period. For example, a patient with both a Chlamydia and a gonorrhea diagnosis on the same visit does not need the recommended Chlamydia screening based on the gonorrhea diagnosis.

2) Only one screening for each type of STI is needed during the relevant time period, regardless of the number of different STI incidents identified. For example, if a patient is diagnosed with Chlamydia and Gonorrhea on the same visit, only one screening each is needed for HIV/AIDS and Syphilis.

3) A patient with HIV/AIDS diagnosis prior to any STI diagnosis that triggers a recommended HIV/AIDS screening does not need the screening ever.

Numerator Logic:
To be counted in the numerator, each needed screening in the denominator

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must have a corresponding lab test or test refusal documented in the period from one month prior to the relevant STI diagnosis date through two months after the STI incident.
Chlamydia Screening: Any of the following during the specified time period: 1) POV V73.88, V73.98; 2) CPT 86631-86632, 87110, 87270, 87320, 87490-87492, 87810, 3511F; 3) site-populated taxonomy BGP CHLAMYDIA TESTS TAX; or 4) LOINC taxonomy.

Gonorrhea Screening: Any of the following during the specified time period: 1) CPT 87590-87592, 87850, 3511F; 2) site-populated taxonomy BKM GONORRHEA TEST TAX; or 3) LOINC taxonomy.

HIV/AIDS Screening: Any of the following during the specified time period: 1) CPT 86689, 86701-86703, 87390-87391, 87534-87539; 2) site-populated taxonomy BGP HIV TEST TAX; or 3) LOINC taxonomy.

Syphilis Screening: Any of the following during the specified time period: 1) CPT 86592-86593, 86781, 87285, 3512F; 2) site-populated taxonomy BKM FTA-ABS TESTS TAX or BKM RPR TESTS TAX; 3) LOINC taxonomy.

Sexually Transmitted Infection (STI) Screening

	REPORT PERIOD		PREV YR PERIOD		CHG from PREV YR	BASE PERIOD		CHG from BASE
# HIV/AIDS Screens Needed for Key STIs-AC Pts (GPRA Dev.)	22		8			8		
# Needed HIV/AIDS Screens Performed-No Refusals (GPRA Dev.)	6	27.3	0	0.0	+27.3	0	0.0	+27.3

Use of High-Risk Medications in the Elderly

Denominator(s):
- GPRA Developmental Denominator: Active Clinical patients ages 65 and older. Broken down by gender.

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

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

(Amitriptyline-Chlordiazepoxide, Chlordiazepoxide,
Chlordiazepoxide-clidinium, Diazepam, Flurazepam)
- BGP HEDIS CALCIUM CHANNEL MEDS (Nifedipine - short acting only)
- BGP HEDIS GASTRO ANTISPASM MED (Dicyclomine, Propantheline)
- BGP HEDIS BELLADONNA ALKA MEDS (Includes combination drugs)
(Atropine, Atropine/CPM/hyoscyamine/PE/scopolamine,
Atropine/hyoscyamine/PB/scopolamine, Atropine-difenoxin,
Atropine-diphenoxylate, Atropine-edrophonium,
Belladonna, Belladonna/caffeine/ergotamine/pentobarbital,
Belladonna/ergotamine/phenobarbital,
Butabarbital/hyoscyamine/phenazopyridine,
Digestive enzymes/hyoscyamine/phenyltoloxamine,
Hyoscyamine, Hyoscyamine/methenam/m-blue/phenyl salicyl,
Hyoscyamine-phenobarbital)
- BGP HEDIS SKL MUSCLE RELAX MED (Includes combination drugs)
(ASA/caffeine/orphenadrine, ASA/carisoprodol/codeine,
Aspirin-carisoprodol, Aspirin-meprobamate, Aspirin-methocarbamol,
Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol,
Orphenadrine)
- BGP HEDIS ORAL ESTROGEN MEDS (Includes combination drugs) (Conjugated
estrogen, Conjugated estrogen-medroxyprogesterone, Esterified estrogen,
Esterified estrogen-methyltestosterone, Estropipate)
- BGP HEDIS ORAL HYPOGLYCEMIC RX (Chlorpropamide)
- BGP HEDIS NARCOTIC MEDS (Includes combination drugs)
(ASA/caffeine/propoxyphene, Acetaminophen-pentazocine,
Acetaminophen-propoxyphene, Belladonna-opium, Meperidine,
Meperidine-promethazine, Naloxone-pentazocine, Pentazocine,
Propoxyphene hydrochloride, Propoxyphene napsylate
- BGP HEDIS VASODILATOR MEDS (Cyclandelate, Dipyridamole-short acting
only, Ergot mesyloid, Isoxsuprine)
- BGP HEDIS OTHER MEDS AVOID ELD (Includes androgens and anabolic
steroids, thyroid drugs, and urinary anti-infectives)
(Methyltestosterone, Nitrofurantoin, Nitrofurantoin macrocrystals,
Nitrofurantoin macrocrystals-monohydrate, Thyroid desiccated)

For each medication, the days supply must be >0. If the medication was started and then discontinued, CRS will recalculate the # Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. Example: Rx Date=11/15/2012, Discontinued Date=11/19/2012, Recalculated # Days Prescribed=4. Medications must not have a comment of RETURNED TO STOCK.

Use of High-Risk Medications in the Elderly

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

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

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>65	119		69			65		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	24	20.2	13	18.8	+1.3	19	29.2	-9.1
# w/exposure to multiple high-risk meds (GPRA Dev.)	11	9.2	2	2.9	+6.3	8	12.3	-3.1
Male Active Clinical =>65	55		32			27		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	11	20.0	5	15.6	+4.4	7	25.9	-5.9
# w/exposure to multiple high-risk meds (GPRA Dev.)	4	7.3	1	3.1	+4.1	2	7.4	-0.1
Female Active Clinical =>65	64		37			38		
# w/exposure to at least 1 high-risk med (GPRA Dev.)	13	20.3	8	21.6	-1.3	12	31.6	-11.3
# w/exposure to multiple high-risk meds (GPRA Dev.)	7	10.9	1	2.7	+8.2	6	15.8	-4.9

Visit Statistics

Denominator(s):
- Active Clinical patients.
- Active Clinical Patients ages 2 through 18.
- Active Clinical patients ages 5 and older.
- Active Clinical Patients ages 12 through 18.
- Active Clinical Patients ages 12 through 75.
- Female Active Clinical Patients ages 15 through 40.
- Female Active Clinical Patients ages 15 through 44.
- Active Clinical patients ages 18 and older.
- Active Clinical patients ages 65 and older.
- Active Clinical patients identified as current tobacco users prior to the Report Period.

Numerator(s):
- Patients who do not have a qualifying visit during the Report Period.
- Patients who qualify as Active Clinical patients with Urgent Care as their only core clinic.

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

Qualifying visits are defined as visits with Service Category A, H, O, R, or S. Qualifying visits will not include those with a clinic code of 42 (Mail), 51 (Telephone Call), 52 (Chart Review), or 53 (Follow-up Letter).

Tobacco users defined as any of the following documented prior to the Report Period:

1. Health Factors (looks at the last documented health factor in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS - CHEWING/DIP) categories): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Current Smoker, status unknown, Current smoker, every day, or Current smoker, some day;
2. Last documented tobacco-related POV or active Problem List diagnoses 305.1, 305.10-305.12 (old codes), or 649.00-649.04.

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

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

Urgent Care visits are defined as visits with clinic code 80.

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Visit Statistics (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients	1,646		1,224			1,101		
# w/ no qualifying visit	156	9.5	221	18.1	-8.6	266	24.2	-14.7
Active Clinical Pts 2-18	378		349			356		
# w/ no qualifying visit	63	16.7	91	26.1	-9.4	112	31.5	-14.8
Active Clinical Pts =>5	1,439		1,045			911		
# w/ no qualifying visit	135	9.4	181	17.3	-7.9	211	23.2	-13.8
Active Clinical Pts 12-18	146		118			124		
# w/ no qualifying visit	14	9.6	29	24.6	-15.0	42	33.9	-24.3
Active Clinical Pts 12-75	1,256		879			753		
# w/ no qualifying visit	101	8.0	140	15.9	-7.9	172	22.8	-14.8
Female Active Clinical Pts 15-40	412		317			267		
# w/ no qualifying visit	35	8.5	67	21.1	-12.6	57	21.3	-12.9

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Visit Statistics (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical Pts 15-44	471		354			304		
# w/ no qualifying visit	37	7.9	71	20.1	-12.2	68	22.4	-14.5
Active Clinical Pts =>18	1,175		807			666		
# w/ no qualifying visit	89	7.6	120	14.9	-7.3	136	20.4	-12.8
Active Clinical Pts =>65	119		69			65		
# w/ no qualifying visit	1	0.8	11	15.9	-15.1	8	12.3	-11.5
Active Clinical Tobacco Users	303		237			183		
# w/ no qualifying visit	40	13.2	40	16.9	-3.7	31	16.9	-3.7
Active Clinical Pts	1,646		1,224			1,101		
# w/ Urgent Care core clinic	113	6.9	344	28.1	-21.2	1,101	100.0	-93.1

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
GPRA DEVELOPMENTAL MEASURES			
DIABETES			
BP Assessed	80.8%	78.6%	82.8%
Controlled BP <130/80	18.5%	21.4%	14.9%
BP <140/90	35.6%	38.8%	39.1%
Retinopathy Assessed	37.1%	39.6%	50.6%
DENTAL			
Treatment Completed	43.0%	30.4%	31.7%
Intact Sealants	3.3%	2.1%	3.0%
Top Fluoride	3.2%	0.8%	0.3%
IMMUNIZATIONS			
Adult			
Pneumovax 65+	39.5%	55.1%	44.6%
Childhood 19-35mos			
Active IMM 4:3:1:3/4:3:1:4	8.3%	0.0%	0.0%
Active IMM 3-4 Doses HiB	52.1%	0.0%	0.0%
Active IMM 2 Doses Hep A	20.8%	0.0%	0.0%
Active IMM 2-3 Doses Rotavirus	18.8%	0.0%	0.0%
Active IMM 2 Doses Influenza	41.7%	0.0%	0.0%
Active IMM 3 Doses Pneumococcal	33.3%	0.0%	0.0%
CANCER			
Pap Smear 25-64	40.7%	46.3%	47.3%
Mammogram 42+	21.0%	32.6%	33.1%
Colo Cancer 50-75			
(#1 HEDIS)	18.0%	20.2%	12.1%
Male 50-75	15.9%	18.8%	12.5%
Female 50-75	20.1%	21.6%	11.8%

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DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2011 to Jun 30, 2012
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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
Colo Cancer 50-75			
(#2 USPSTF)	17.8%	20.3%	12.0%
Male 50-75	15.5%	18.6%	12.3%
Female 50-75	20.0%	21.9%	11.8%
Comp Cancer Screen			
21-80yrs	30.4%	37.5%	36.1%
Female 21-80yrs	33.8%	41.8%	40.1%
Male 51-80yrs	17.2%	18.6%	13.8%
Tobacco Cessation	24.2%	23.5%	30.0%
Tobacco Users Quit	2.4%	0.7%	0.4%
Tobacco Cess or Quit	26.5%	23.9%	30.4%
BEHAVIORAL HEALTH			
Alcohol Screening			
Female 15-44yrs	9.1%	0.6%	0.3%
w/ Alcohol-Related Ed	2.1%	0.0%	0.0%
w/ Positive Alcohol Screen	52.5%	0.0%	0.0%
Active Clinical 12-75yrs	7.3%	1.4%	0.4%
w/ Alcohol-Related Ed	1.0%	0.1%	0.0%
w/ Positive Alcohol Screen	45.3%	0.0%	0.0%
IPV/DV Screen 15-40yrs	1.9%	0.0%	0.0%
w/IPV/DV Related Ed	1.0%	0.3%	0.0%
Depression Scrn			
18yrs and older	7.3%	5.2%	2.6%
12-18yrs	4.1%	0.0%	0.0%
CARDIOVASCULAR DISEASE			
Comp CVD Assess 22+			
CHD: BP Assessed	74.6%	95.0%	100.0%
Not Diabetic	64.1%	94.7%	100.0%
Active Diabetic	87.5%	95.2%	100.0%
CHD: LDL Assessed	69.0%	62.5%	45.2%
Not Diabetic	56.4%	68.4%	61.5%
Active Diabetic	84.4%	57.1%	33.3%
CHD: Tobacco Assessed	80.3%	80.0%	74.2%

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
Not Diabetic	69.2%	68.4%	76.9%
Active Diabetic	93.8%	90.5%	72.2%
CHD: BMI Assessed	81.7%	95.0%	100.0%
Not Diabetic	74.4%	94.7%	100.0%
Active Diabetic	90.6%	95.2%	100.0%
CHD: Lifestyle Counsel	53.5%	52.5%	64.5%
Not Diabetic	51.3%	36.8%	38.5%
Active Diabetic	56.3%	66.7%	83.3%
CHD: BP, LDL, Tob, BMI, LStyle	26.8%	37.5%	19.4%
Not Diabetic	23.1%	31.6%	15.4%
Active Diabetic	31.3%	42.9%	22.2%
CHD: Depression Screen	36.6%	10.0%	19.4%
Not Diabetic	41.0%	10.5%	7.7%
Active Diabetic	31.3%	9.5%	27.8%
OTHER CLINICAL			
HIV Scrn No Prev Diag 13-64yrs	2.1%	1.2%	0.0%
# w/ Positive Result	17.8%	4.8%	0.0%
# w/ Negative Result	53.3%	81.0%	0.0%
# w/ No Result	26.7%	14.3%	0.0%
# w/ HIV Screen Refusal*	0.2%	0.0%	0.0%
# HIV Screens	49	21	0
Prenatal HIV Scrn (Preg #1)	27.1%	15.4%	0.0%
Prenatal HIV Scrn (Preg #2)	34.0%	15.4%	0.0%
STI Pts w/HIV Screen	27.3%	0.0%	0.0%
Use of High-Risk Meds 65+			
One High-Risk Med	20.2%	18.8%	29.2%
Male One High-Risk Med	20.0%	15.6%	25.9%
Female One High-Risk Med	20.3%	21.6%	31.6%
Two or More High Risk Med	9.2%	2.9%	12.3%
Male Two High-Risk Med	7.3%	3.1%	7.4%
Female Two High-Risk Med	10.9%	2.7%	15.8%
Visit Statistics			
AC w/no visit in Rpt Period	9.5%	18.1%	24.2%

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GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline
AC w/Urgent Care core clinic	6.9%	28.1%	100.0%

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

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

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Diabetes Prevalence

Denominator(s):
- All User Population patients. Broken down 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 2011 - 12.8%, FY 2010 - 12%, FY 2009 - 12%, FY 2008 - 12%, FY 2007 - 11%, FY 2006 - 11%, FY 2005 - 11%, FY 2004 - 10%

Source:
HP 2010 5-2, 5-3

Diabetes Prevalence

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop	2,987		2,546			2,355		
# w/ any DM DX	268	9.0	246	9.7	-0.7	198	8.4	+0.6
# w/ DM DX w/in past year	175	5.9	148	5.8	+0.0	101	4.3	+1.6

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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	1,403		1,188			1,111		
# w/ any DM DX	117	8.3	107	9.0	-0.7	73	6.6	+1.8
# w/DM DX w/in past year	84	6.0	80	6.7	-0.7	49	4.4	+1.6
# Female User Pop	1,584		1,358			1,244		
# w/ any DM DX	151	9.5	139	10.2	-0.7	125	10.0	-0.5
# w/ DM DX w/in past year	91	5.7	68	5.0	+0.7	52	4.2	+1.6

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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	746	254	270	421	407	397	267	225
# w/ DM DX ever	1	3	7	37	57	68	51	44
% w/ DM DX ever	0.1	1.2	2.6	8.8	14.0	17.1	19.1	19.6
# w/DM DX in past yr	0	2	3	14	42	50	35	29
% w/DM DX in past yr	0.0	0.8	1.1	3.3	10.3	12.6	13.1	12.9
PREVIOUS YEAR PERIOD								
Total # User Pop	729	237	250	366	332	284	187	161
# w/ DM DX ever	3	4	9	31	54	58	46	41
% w/ DM DX ever	0.4	1.7	3.6	8.5	16.3	20.4	24.6	25.5
# w/DM DX in past yr	1	3	3	9	33	38	31	30
% w/DM DX in past yr	0.1	1.3	1.2	2.5	9.9	13.4	16.6	18.6
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-0.5	-1.0	+0.3	-2.3	-3.3	-5.5	-5.9
w/DM DX in past yr	-0.1	-0.5	-0.1	+0.9	+0.4	-0.8	-3.5	-5.7
BASELINE REPORT PERIOD								
Total # User Pop	789	209	217	331	293	228	145	143
# w/ DM DX ever	2	4	12	20	38	46	32	44
% w/ DM DX ever	0.3	1.9	5.5	6.0	13.0	20.2	22.1	30.8
# w/DM DX in past yr	2	1	3	7	18	21	21	28
% w/DM DX in past yr	0.3	0.5	1.4	2.1	6.1	9.2	14.5	19.6
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.1	-0.7	-2.9	+2.7	+1.0	-3.0	-3.0	-11.2
w/DM DX in past yr	-0.3	+0.3	-0.3	+1.2	+4.2	+3.4	-1.4	-6.7

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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	385	119	113	172	185	191	139	99
# w/ DM DX ever	0	2	1	9	25	34	30	16
% w/ DM DX ever	0.0	1.7	0.9	5.2	13.5	17.8	21.6	16.2
# w/DM DX in past yr	0	1	1	7	21	25	20	9
% w/DM DX in past yr	0.0	0.8	0.9	4.1	11.4	13.1	14.4	9.1
PREVIOUS YEAR PERIOD								
Total MALE User Pop	379	119	105	141	153	135	88	68
# w/ DM DX ever	1	2	3	6	24	31	26	14
% w/ DM DX ever	0.3	1.7	2.9	4.3	15.7	23.0	29.5	20.6
# w/DM DX in past yr	0	1	2	3	18	21	22	13
% w/DM DX in past yr	0.0	0.8	1.9	2.1	11.8	15.6	25.0	19.1
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	+0.0	-2.0	+1.0	-2.2	-5.2	-8.0	-4.4
w/DM DX in past yr	+0.0	+0.0	-1.0	+1.9	-0.4	-2.5	-10.6	-10.0
BASELINE REPORT PERIOD								
Total MALE User Pop	424	104	86	137	133	107	66	54
# w/ DM DX ever	1	1	3	5	14	21	18	10
% w/ DM DX ever	0.2	1.0	3.5	3.6	10.5	19.6	27.3	18.5
# w/DM DX in past yr	1	0	1	4	9	10	14	10
% w/DM DX in past yr	0.2	0.0	1.2	2.9	6.8	9.3	21.2	18.5
CHANGE FROM BASE YR %								
w/ DM DX ever	-0.2	+0.7	-2.6	+1.6	+3.0	-1.8	-5.7	-2.4
w/DM DX in past yr	-0.2	+0.8	-0.3	+1.2	+4.6	+3.7	-6.8	-9.4

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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	361	135	157	249	222	206	128	126
# w/ DM DX ever	1	1	6	28	32	34	21	28
% w/ DM DX ever	0.3	0.7	3.8	11.2	14.4	16.5	16.4	22.2
# w/DM DX in past yr	0	1	2	7	21	25	15	20
% w/DM DX in past yr	0.0	0.7	1.3	2.8	9.5	12.1	11.7	15.9
PREVIOUS YEAR PERIOD								
Total FEMALE User Pop	350	118	145	225	179	149	99	93
# w/ DM DX ever	2	2	6	25	30	27	20	27
% w/ DM DX ever	0.6	1.7	4.1	11.1	16.8	18.1	20.2	29.0
# w/DM DX in past yr	1	2	1	6	15	17	9	17
% w/DM DX in past yr	0.3	1.7	0.7	2.7	8.4	11.4	9.1	18.3
CHANGE FROM PREV YR %								
w/ DM DX ever	-0.3	-1.0	-0.3	+0.1	-2.3	-1.6	-3.8	-6.8
w/DM DX in past yr	-0.3	-1.0	+0.6	+0.1	+1.1	+0.7	+2.6	-2.4
BASELINE REPORT PERIOD								
Total FEMALE User Pop	365	105	131	194	160	121	79	89
# w/ DM DX ever	1	3	9	15	24	25	14	34
% w/ DM DX ever	0.3	2.9	6.9	7.7	15.0	20.7	17.7	38.2
# w/DM DX in past yr	1	1	2	3	9	11	7	18
% w/DM DX in past yr	0.3	1.0	1.5	1.5	5.6	9.1	8.9	20.2
CHANGE FROM BASE YR %								
w/ DM DX ever	+0.0	-2.1	-3.0	+3.5	-0.6	-4.2	-1.3	-16.0
w/DM DX in past yr	-0.3	-0.2	-0.3	+1.3	+3.8	+3.0	+2.9	-4.4

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-3046F, 3047F (old code); LOINC taxonomy; or site-populated taxonomy DM AUDIT HGB A1C TAX. CPT 3044F represents A1c < 7 and will be included in the Ideal Control numerator.

Performance Measure Description:
Poor Glycemic Control: During FY 2012, achieve the target rate of 18.6% for the proportion of patients with diagnosed diabetes who have poor glycemic control (defined as A1c > 9.5).

Ideal Glycemic Control: During FY 2012, achieve the target rate of 32.7% 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 2011 - 83.0%, FY 2010 - 82%, FY 2009 - 80%, FY 2008 - 79%, FY 2007 - 79%, FY 2006 - 79%, FY 2005 - 78%, FY 2004 - 77%, FY 2003 - 75%; HP 2020 Goal: 71.1%

Ideal Glycemic Control (<7): IHS Performance: FY 2011 - 31.9%, FY 2010 - 32%, FY 2009 - 31%, FY 2008 - 32%, FY 2007 - 31%, FY 2006 - 31%, FY 2005 - 30%, FY 2004 - 27%, FY 2003 - 28%; HP 2020 Goal: 58.9%

Poor Glycemic Control (>9.5): FY 2011 - 19.1%, FY 2010 - 18%, FY 2009 - 18%, FY 2008 - 17%, FY 2007 - 16%, FY 2006 - 16%, FY 2005 - 15%, FY 2004

- 17%

Source:
HEDIS; HP 2020 D-11, D-5

Diabetes: Glycemic Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	146		98			87		
# w/A1c done w/ or w/o result	93	63.7	70	71.4	-7.7	52	59.8	+3.9
# w/A1c > 9.5 (GPRA)	18	12.3	4	4.1	+8.2	11	12.6	-0.3
# w/A1c <7 (GPRA)	35	24.0	31	31.6	-7.7	22	25.3	-1.3

Diabetes: Blood Pressure Control

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

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

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

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

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F-3080F or POV V81.1 documented on a non-ER visit during the Report Period.

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

BP documented and Controlled BP: If CRS is not able to calculate a mean BP from blood pressure measurements, it will search for the most recent of any of the following codes documented on non-ER visits during the Report Period: BP Documented: CPT 0001F or 2000F or POV V81.1; OR Systolic: CPT 3074F, 3075F, or 3077F WITH Diastolic: CPT 3078F, 3079F, or 3080F. The systolic and diastolic values do NOT have to be recorded on the same day. If there are multiple values on the same day, the CPT indicating the lowest value will be used. The following combination represents BP <130/80 and will be included in the Controlled BP

numerator: CPT 3074F AND 3078F. All other combinations will NOT be included in the Controlled BP numerator.

Performance Measure Description:
During FY 2012, achieve the target rate of 38.7% for the proportion of patients with diagnosed diabetes who have achieved blood pressure control (defined as <130/80).

Past Performance and/or Target:
Past Performance and/or Target:
Controlled BP: IHS Performance: FY 2011 - 37.8%, FY 2010 - 38%, FY 2009 - 37%, FY 2008 - 38%, FY 2007 - 39%, FY 2006 - 37%, FY 2005 - 37%, FY 2004 - 35%, FY 2003 - 37%; HP 2020 Goal: 57%

BP Assessed: IHS Performance: FY 2011 - 87.9%, FY 2010 - 89%, FY 2009 - 88%, FY 2008 - 89%, FY 2005 - 89%

Source:
HP 2020 D-7

Diabetes: Blood Pressure Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	146		98			87		
# w/ BPs Documented	121	82.9	78	79.6	+3.3	74	85.1	-2.2
# w/Controlled BP < 130/80 (GPRA)	28	19.2	20	20.4	-1.2	13	14.9	+4.2

Diabetes: LDL Assessment

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

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 70.3% 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 2011 - 68.7%, FY 2010 - 67%, FY 2009 - 65%, FY 2008 - 63%, FY 2007 - 61%, FY 2006 - 60%, FY 2005 - 53%, FY 2004 - 53%, FY 2003 - 47.5%

Source:
HP 2010 12-15

Diabetes: LDL Assessment

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Diabetes: LDL Assessment (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	146		98			87		
# w/ LDL done (GPRA)	78	53.4	46	46.9	+6.5	23	26.4	+27.0
A. # w/LDL =<100	35	24.0	30	30.6	-6.6	8	9.2	+14.8

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, 36147, 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 (old codes), G0392 (old code), G0393 (old code), 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 2012, achieve the target rate of 57.8% for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

Past Performance and/or Target:
Assessment: IHS Performance: FY 2011 - 56.5%, FY 2010 - 55%, FY 2009 - 50%, FY 2008 - 50%, FY 2007 - 40% (new baseline established; revised

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standards of care resulted in revised measure definition)

Assessment (former definition): FY 2006 - 55%, FY 2005 - 47%, FY 2004 - 42%, FY 2003 - 37.5%

Source:
HP 2010 5-11

Diabetes: Nephropathy Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	146		98			87		
# w/ est GFR & quant UP assmt or w/ESRD (GPRA)	53	36.3	11	11.2	+25.1	6	6.9	+29.4

Diabetic Retinopathy

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

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

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

Qualified retinal evaluation is defined as: (1) diabetic retinal exam or (2) other eye exam. The following methods are qualifying for this measure:
- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated to seven standard fields (ETDRS).

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 54.8% for the proportion of patients with diagnosed diabetes who receive an annual retinal examination.

Past Performance and/or Target:

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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Eye Exam: IHS Performance: FY 2011 - 53.5%, FY 2010 - 53%, FY 2009 - 51%, FY 2008 - 50%, FY 2007 (only National Rate reported from hereafter) - 49%, FY 2006 National Rate - 49%, Designated Site Rate - 52%, FY 2005 National Rate - 50%, Designated Site Rate - 50%, FY 2004 National Rate - 47%, Designated Site Rate - 55%, FY 2003 - 49%; HP 2020 Goal: 58.7%

Source:
HP 2020 D-10

Diabetic Retinopathy

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Diabetic Pts (GPRA)	146		98			87		
# w/Retinal Evaluation -No Refusals (GPRA)	54	37.0	39	39.8	-2.8	44	50.6	-13.6

*** IHS 2012 National GPRA & PART Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2011 to Jun 30, 2012
Previous Year Period: Jul 01, 2010 to Jun 30, 2011
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Access to Dental Service

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 26.9% for the proportion of patients who receive dental services.

Past Performance and/or Target:
IHS Performance: FY 2011 - 26.9%, FY 2010 - 25%, FY 2009 - 25%, FY 2008 - 25%, FY 2007 - 25%, FY 2006 - 23%, FY 2005 - 24%, FY 2004 - 24%, FY 2003 - 25%; HP 2020 Goal: 49.0%

Source:
HP 2020 OH-7

Access to Dental Service

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# User Pop (GPRA)	2,987		2,546			2,355		
# w/dental visit in past yr-No Refusals (GPRA)	252	8.4	201	7.9	+0.5	207	8.8	-0.4

*** IHS 2012 National GPRA & PART Report ***
DEMO INDIAN HOSPITAL
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Baseline Period: Jan 01, 2000 to Dec 31, 2000

Access to Dental Service (con't)

	TOTAL USER POPULATION Age Distribution						
	0-5	6-21	22-34	35-44	45-54	55-74	>74 yrs
CURRENT REPORT PERIOD							
Total # User Pop	355	759	577	407	397	411	81
# w/dental visit in past yr-No Refusals (GPRA)	25	71	63	35	32	25	1
% w/dental visit in past yr-No Refusals (GPRA)	7.0	9.4	10.9	8.6	8.1	6.1	1.2
PREVIOUS YEAR PERIOD							
Total # User Pop	361	704	517	332	284	292	56
# w/dental visit in past yr-No Refusals (GPRA)	19	59	46	24	24	25	4
% w/dental visit in past yr-No Refusals (GPRA)	5.3	8.4	8.9	7.2	8.5	8.6	7.1
CHANGE FROM PREV YR % w/dental visit in past yr-No Refusals (GPRA)	+1.8	+1.0	+2.0	+1.4	-0.4	-2.5	-5.9

*** IHS 2012 National GPRA & PART Report ***
DEMO INDIAN HOSPITAL
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Access to Dental Service (con't)

	TOTAL USER POPULATION Age Distribution						
	0-5	6-21	22-34	35-44	45-54	55-74	>74 yrs
BASELINE REPORT PERIOD							
Total # User Pop	363	728	455	293	228	236	52
# w/dental visit in past yr-No Refusals (GPRA)	17	70	39	31	27	20	3
% w/dental visit in past yr-No Refusals (GPRA)	4.7	9.6	8.6	10.6	11.8	8.5	5.8
CHANGE FROM BASE YR % w/dental visit in past yr-No Refusals (GPRA)	+2.4	-0.3	+2.3	-2.0	-3.8	-2.4	-4.5

Dental Sealants

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target count of 276,893 sealants placed in American Indian and Alaska Native patients.

Past Performance and/or Target:
IHS Performance: FY 2011 - 276,893, FY 2010 - 275,459, FY 2009 - 257,067, FY 2008 - 241,207, FY 2007 - 245,449, FY 2006 - 246,645, FY 2005 - 249,882 (now being reported from CRS), FY 2004 - 230,295 (reported from CRS 2004 report), FY 2004 - 287,158 (reported from NPIRS)

Source:
HP 2010 21-8

Dental Sealants

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

Topical Fluoride

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

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

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

Performance Measure Description:
During FY 2012, achieve the target count of 161,461 American Indian and Alaska Native patients who receive at least one topical fluoride application.

Past Performance and/or Target:
IHS Performance: FY 2011 # Patients - 161,461, FY 2010 # Patients - 145,181, FY 2009 # Patients - 136,794, FY 2008 # Patients - 120,754, FY 2007 # Patients - 107,934, FY 2006 # Patients - 95,439, FY 2005 # Patients - 85,318; # Applications - 113,324

ONM Performance, # Applications: FY 2011 - 199,972, FY 2010 - 176,960, FY 2009 - 173,839, FY 2008 - 142,424

Source:

Topical Fluoride

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

Influenza

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

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

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

Influenza Vaccine: Any of the following documented during the Report Period: A) Immunization (CVX) codes: 88-Influenza Virus Vaccine, NOS; 15 Inf Virus Vac SV; 16 Inf Virus Vac WV; 111 Inf Virus Vac Intranasal; 135 Inf High Dose Seasonal; 140 Inf Virus Vac SV Preservative Free; 141 Inf Virus Vac SV; 144 Inf Virus Vac SV Intradermal; B) POV: V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142, or V06.6 NOT documented with 90663, 90664, 90666-90668, 90470, G9141 or G9142; C) CPT: 90654-90662, 90724 (old code), G0008, G8108 (old code); D) ICD Procedure code: 99.52.

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

Performance Measure Description:
During FY 2012, achieve the target rate of 63.4% 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 2011 - 62.0%, FY 2010 - 62%, FY 2009 - 59%, FY 2008 - 62%, FY 2007 - 59%, FY 2006 - 58%, FY 2005 - 59%, FY 2004 - 54%, FY 2003 - 51%; HP 2020 Goal: 90%

ONM Performance, Active Diabetics w/Influenza Vaccine: FY 2011 - 59.7%, FY 2010 - 61%, FY 2009 - 63%, FY 2008 - 60%

Source:
HP 2020 IID-12.7

Influenza

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Previous Year Period: Jul 01, 2010 to Jun 30, 2011
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Influenza (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Patients 65 and older (GPRA)	119		69			65		
Total # w/Flu vaccine/contra/ NMI Refusal (GPRA)	34	28.6	25	36.2	-7.7	15	23.1	+5.5
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	1	2.9	0	0.0	+2.9	0	0.0	+2.9

Adult Immunizations

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

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 87.5% for the proportion of adult patients age 65 years and older who receive a pneumococcal immunization.

Past Performance and/or Target:
Pneumovax: >65 Vaccine Rate: IHS Performance: FY 2011 - 85.5%, FY 2010 - 84%, FY 2009 - 82%, FY 2008 - 82%, FY 2007 - 79%, FY 2006 - 74%, FY 2005 - 69%, FY 2004 - 69%, FY 2003 - 65%; HP 2020 Goal: 90%

ONM Performance, Active Diabetics w/Pneumovax: FY 2011 - 79.1%, FY 2010 - 80%, FY 2009 - 82%, FY 2008 - 79%

Source:
HP 2020 IID-13.1

Adult Immunizations

*** IHS 2012 National GPRA & PART Report ***
DEMO INDIAN HOSPITAL
Report Period: Jul 01, 2011 to Jun 30, 2012
Previous Year Period: Jul 01, 2010 to Jun 30, 2011
Baseline Period: Jan 01, 2000 to Dec 31, 2000

Adult Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 65 & older (GPRA)	119		69			65		
Total # w/Pneumovax/ contra/NMI Refusal (GPRA)	50	42.0	44	63.8	-21.8	37	56.9	-14.9
A. # w/ Contraind/ NMI Ref w/ % of Total IZ	4	8.0	2	4.5	+3.5	0	0.0	+8.0

Childhood Immunizations

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

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

Logic:

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

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

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

Dosage and types of immunization definitions:

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

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

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

- 3 doses of Hep B

- 3 doses of HIB

- 1 dose of Varicella

- 4 doses of Pneumococcal

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

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

- For immunizations where required number of doses is >1, only one NMI refusal is necessary to be counted in the numerator. For example, if there is a single NMI 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 evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.

- Refusal Definitions: PCC Refusal type NMI for any of the following: A) IZ codes: DTaP: 20, 50, 106, 107, 110, 120, 130, 132, 146; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Acellular Pertussis: 11; OPV: 2, 89; IPV: 10, 89, 110, 120, 130, 132, 146; MMR: 3, 94; M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: 17, 22, 46-49; 50, 51, 102, 120, 132, 146; Hepatitis B: 8, 42-45, 51, 102, 104, 110, 132, 146; Varicella: 21, 94; Pneumococcal: 33, 100, 109, 133; B) CPT codes: DTaP: 90696, 90698, 90700, 90721, 90723, DTP: 90701, 90711 (old code), 90720; Tdap: 90715; DT: 90702; Td: 90714, 90718; Diptheria: 90719; Tetanus: 90703; OPV: 90712; IPV: 90696, 90698, 90711 (old code), 90713, 90723; MMR: 90707, 90710; M/R: 90708; R/M: 90709 (old code); Measles: 90705; Mumps: 90704; Rubella: 90706; HiB: 90645-90648, 90698, 90720-90721, 90737 (old code), 90748; Hepatitis B: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code); Varicella: 90710, 90716; Pneumococcal: 90669, 90670, 90732, G0009, G8115 (old code).

- DTaP IZ definitions: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120, 130, 132, 146; 2) POV V06.1; 3) CPT: 90696, 90698, 90700, 90721, 90723. DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

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

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

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

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

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

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

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

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

- IPV definitions: 1) Immunization (CVX) codes: 10, 89, 110, 120, 130, 132, 146; 2) POV V04.0, V06.3; 3) CPT: 90696, 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): 730.70-730.79. IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."

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

- M/R definitions: 1) Immunization (CVX) code 4; 2) CPT 90708. M/R

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

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

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

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

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

- Hib definitions: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120, 132, 146; 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, 132, 146; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code). Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."

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

- Pneumococcal definitions: 1) Immunization (CVX) codes: 33 Pneumo

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

Performance Measure Description:
During FY 2012, achieve the target rate of 77.8% 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 2020 Goal: for 4:3:1:3:3:1:4 80%; for each individual IZ 90%

IHS Performance: FY 2011 - 75.9%, FY 2010 - 79%, FY 2009 - 79%, FY 2008 - 78%, FY 2007 - 78%, FY 2006 CRS - 78%, IZ Program - 80%; (beginning in 2007 CRS reports for GPRA), FY 2005 IZ Program - 75%, FY 2004 IZ Program - 72%

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

Non-GPRA Active Clinical 4:3:1:3:3:1 Performance: FY 2009 - 78%

Non-GPRA Active Clinical 4:3:1:3:3:1:4 Performance: FY 2011 - 65.2%, FY 2010 - 74%

Source:
CDC; HP 2020 IID-7, IID-8; HEDIS

Childhood Immunizations

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 19-35 months	59		40			55		
# w/ 43133 combo or w/ Dx/ Contraind/ NMI Refusal	12	20.3	3	7.5	+12.8	6	10.9	+9.4
# w/ 431331 combo or w/ Dx/ Contraind/ NMI Refusal	10	16.9	3	7.5	+9.4	5	9.1	+7.9
# w/ 4313314 combo or w/Dx/Contraind/ NMI Refusal	4	6.8	0	0.0	+6.8	0	0.0	+6.8
# w/ 4 doses DTaP or w/ Contraind/ NMI Refusal	22	37.3	3	7.5	+29.8	9	16.4	+20.9

# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	30	50.8	11	27.5	+23.3	13	23.6	+27.2
# w/ 1 dose MMR or w/ Dx/Contraind/ NMI Refusal	25	42.4	11	27.5	+14.9	19	34.5	+7.8
# w/ 3 doses HIB or w/ Contraind/ NMI Refusal	29	49.2	9	22.5	+26.7	14	25.5	+23.7
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	29	49.2	10	25.0	+24.2	14	25.5	+23.7
# w/ 1 dose Varicella or w/ Dx/Contraind/ NMI Refusal	23	39.0	10	25.0	+14.0	15	27.3	+11.7
# w/4 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	5	8.5	0	0.0	+8.5	0	0.0	+8.5

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Imm Pkg Pts 19-35 mos (GPRA)	48		0			0		
# w/ 43133 combo or w/ Dx/ Contraind/ NMI Refusal	12	25.0	0	0.0	+25.0	0	0.0	+25.0
# w/ 431331 combo or w/ Dx/ Contraind/ NMI Refusal	10	20.8	0	0.0	+20.8	0	0.0	+20.8
# w/ 4313314 combo or w/ Dx/ Contraind/ NMI Refusal (GPRA)	4	8.3	0	0.0	+8.3	0	0.0	+8.3
# w/ 4 doses Dtap or w/ Dx/ Contraind/ NMI Refusal	22	45.8	0	0.0	+45.8	0	0.0	+45.8
# w/ 3 doses Polio or w/ Dx/ Contraind/ NMI Refusal	30	62.5	0	0.0	+62.5	0	0.0	+62.5
# w/ 1 dose MMR or w/ Dx/ Contraind/ NMI Refusal	21	43.8	0	0.0	+43.8	0	0.0	+43.8

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Childhood Immunizations (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# w/ 3 doses HIB or w/ Contraind/ NMI Refusal	29	60.4	0	0.0	+60.4	0	0.0	+60.4
# w/ 3 doses Hep B or w/ Dx/Contraind/ NMI Refusal	28	58.3	0	0.0	+58.3	0	0.0	+58.3
# w/ 1 dose Varicella or w/ Dx/Contraind/ Refusal	18	37.5	0	0.0	+37.5	0	0.0	+37.5
# w/4 doses Pneumococcal or w/Dx/ Contraind/ NMI Refusal	5	10.4	0	0.0	+10.4	0	0.0	+10.4

Cancer Screening: Pap Smear Rates

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

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

Logic:
Age of the patient is calculated at the beginning of the Report Period. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period. Hysterectomy defined as any of the following ever: 1) V Procedure: 68.4-68.8; 2) CPT 51925, 56308 (old code), 57540, 57545, 57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135; 3) V POV 618.5, V88.01, V88.03; or 4) Women's Health procedure called Hysterectomy.

Pap Smear definitions: 1) V Lab: Pap Smear; 2) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear, V72.3 Gynecological Examination, Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, 795.0*, 795.10-16, 795.19; 3) V Procedure: 91.46; 4) V CPT: 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091; 5) Women's Health: procedure called Pap Smear and where the result does NOT have "ERROR/DISREGARD"; 6) LOINC taxonomy; 7) site-populated taxonomy BGP PAP SMEAR TAX.

Performance Measure Description:
During FY 2012, achieve the target rate of 59.5% for the proportion of female patients ages 21 through 64 without a documented history of hysterectomy who have had a Pap screen within the previous three years.

Past Performance and/or Target:
IHS Performance - FY 2011 - 58.1%, FY 2010 - 59%, FY 2009 - 59%, FY 2008 - 59%, FY 2007 - 59%, FY 2006 - 59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; HP 2020 Goal: 93%

Source:
HP 2020 C-15

Cancer Screening: Pap Smear Rates

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Cancer Screening: Pap Smear Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 21-64 yrs (GPRA)	525		384			320		
# w/Pap Smear recorded w/in 3 years-No Refusals (GPRA)	205	39.0	179	46.6	-7.6	147	45.9	-6.9

Cancer Screening: Mammogram Rates

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

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

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

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

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

Screening Mammogram definitions: 1) V Radiology or V CPT: 77052-77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202; 2) POV: V76.11 screening mammogram for high risk patient; V76.12 other screening mammogram; 793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast; 3) V Procedure: 87.36 Xerography of breast, 87.37 Other Mammography; 4) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does NOT have "ERROR/DISREGARD".

Performance Measure Description:
During FY 2012, achieve the target rate of 51.7% for the proportion of female patients ages 52 through 64 who have had mammography screening within the last 2 years.

Past Performance and/or Target:
IHS Performance: FY 2011 - 49.8%, FY 2010 - 48%, FY 2009 - 45%, FY 2008 - 45%, FY 2007 - 43%, FY 2006 - 41%, FY 2005 - 41%, FY 2004 - 40%, FY 2003 - 40%; HP 2020 Goal: 81.1%

Source:

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HP 2020 C-17

Cancer Screening: Mammogram Rates

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Female Active Clinical 52-64 (GPRA)	99		60			47		
# w/Mammogram recorded w/in 2 years-No Refusals (GPRA)	31	31.3	22	36.7	-5.4	22	46.8	-15.5

Colorectal Cancer Screening

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

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

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 43.2% for the proportion of clinically appropriate patients ages 51-80 who have received colorectal screening.

Past Performance and/or Target:
IHS Performance: FY 2011 - 41.7%, FY 2010 - 37%, FY 2009 - 33%, FY 2008 - 29%, FY 2007 - 26%, FY 2006 - 22%, FY 2005 (non-GPRA in 2005) - 23%; HP 2020 Goal: 70.5%

Source:

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HEDIS, HP 2020 C-16

Colorectal Cancer Screening

	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)	326		200			152		
# w/ CRC screening -No Refusals (GPRA)	64	19.6	49	24.5	-4.9	28	18.4	+1.2
# w/FOBT/FIT during Report period	12	3.7	11	5.5	-1.8	0	0.0	+3.7

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, TOBACCO (SMOKING), TOBACCO (SMOKELESS - CHEWING/DIP), or TOBACCO (EXPOSURE) 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, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455 - G8457 (old codes), G8402 (old code), or G8453 (old code); or 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8455-G8457 (old codes), G8402 (old code), G8453 (old code), 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), or 1000F (Tobacco Use Assessed).

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

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

or G8453 (old code).

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

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:
Screening: IHS Performance: FY 2011 - 62.0%, FY 2010 - 60%, FY 2009 - 57%, FY 2008 - 54%, FY 2005 - 34.0%, FY 2004 - 27.0%

Tobacco Users: IHS Performance: FY 2011 - 31.6%, FY 2010 - 27%, FY 2009 - 26%, FY 2008 - 29%

HP 2020 Goals: TU-1.1 (Cigarette smoking 18 and older): - 12%, TU-1.2 (Smokeless tobacco use 18 and older): 0.3%, TU-11 (Exposure to ETS-non smokers 18 and older): 68%

Source:
HP 2020 TU-1.1 Cigarette smoking 18 and older, TU-1.2 Smokeless tobacco use 18 and older, TU-11 Exposure to ETS-nonsmokers 3 and older

Tobacco Use and Exposure Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Active Clinical Pts => 5	1,439		1,045			911		
# w/Tobacco Screening	664	46.1	426	40.8	+5.4	328	36.0	+10.1
# Tobacco Users w/ % of Total Screened	327	49.2	165	38.7	+10.5	130	39.6	+9.6
A. # Smokers w/ % of Total Tobacco Users	305	93.3	164	99.4	-6.1	130	100.0	-6.7
B. # Smokeless Tobacco Users w/ % of Total Tobacco Users	34	10.4	5	3.0	+7.4	3	2.3	+8.1
# exposed to ETS/ smoker in home w/ % of Total Screened	4	0.6	2	0.5	+0.1	1	0.3	+0.3

Tobacco Cessation

Denominator(s):
- GPRA Denominator: Active Clinical patients identified as current tobacco users prior to the Report Period. Broken down by age groups and gender.

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

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 in the Tobacco, TOBACCO (SMOKING) and TOBACCO (SMOKELESS - CHEWING/DIP) categories): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless, Current Smoker, status unknown, Current smoker, every day, or Current smoker, some day;

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

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

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), 649.00-649.04, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402 (old code) or G8453 (old code);
2. Clinic code 94 (tobacco cessation clinic);
3. Dental code 1320;
4. CPT code D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, G8402 (old code) or G8453 (old code).

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, Previous (Former) Smoker, Previous (Former) Smokeless.

Performance Measure Description:
During FY 2012, achieve the target rate of 30.0% for the proportion of tobacco-using patients who receive tobacco cessation intervention.

Past Performance and/or Target:
IHS Performance: FY 2011 - 29.4%, FY 2010 - 25%, FY 2009 - 24%, FY 2008 - 21%, FY 2007 - 16%, FY 2006 - 12.0%

Smoking Cessation Attempts, HP 2020 Target: 80%

Source:
Smoking Cessation Attempts: HP 2020 TU-4
Smoking Cessation Counseling: HP 2020 TU-10

Tobacco Cessation

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Tobacco Users (GPRA)	303		236			182		
# w/tobacco cessation counseling or Rx for cessation-No Refusals (GPRA)	54	17.8	46	19.5	-1.7	48	26.4	-8.6
# who quit	13	4.3	3	1.3	+3.0	1	0.5	+3.7
# w/ cessation counseling, cessation aid, or quit -No Refusals	66	21.8	48	20.3	+1.4	49	26.9	-5.1

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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	141		117			94		
# w/tobacco cessation counseling or RX for cessation-No Refusals	29	20.6	20	17.1	+3.5	25	26.6	-6.0
# who quit	5	3.5	1	0.9	+2.7	1	1.1	+2.5
# w/ cessation counseling, cessation aid, or quit -No Refusals	34	24.1	21	17.9	+6.2	26	27.7	-3.5
Female Active Clinical Tobacco Users	162		119			88		
# w/tobacco cessation counseling or RX for cessation-No Refusals	25	15.4	26	21.8	-6.4	23	26.1	-10.7
# who quit	8	4.9	2	1.7	+3.3	0	0.0	+4.9
# w/ cessation counseling, cessation aid, or quit -No Refusals	32	19.8	27	22.7	-2.9	23	26.1	-6.4

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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	297
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	54
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	18.2
# who quit	0	1	12
% who quit	0.0	16.7	4.0
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	1	65
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	16.7	21.9

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Tobacco Cessation (con't)

ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Active Clin Tobacco Users	1	4	231
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	46
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	19.9
# who quit	0	0	3
% who quit	0.0	0.0	1.3
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	48
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	20.8
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-1.7
who quit	+0.0	+16.7	+2.7
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+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	1	181
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	48
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.5
# who quit	0	0	1
% who quit	0.0	0.0	0.6
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	49
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	27.1
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-8.3
who quit	+0.0	+16.7	+3.5
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	-5.2

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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	135
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	29
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	21.5
# who quit	0	1	4
% who quit	0.0	16.7	3.0
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	1	33
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	16.7	24.4

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Tobacco Cessation (con't)

MALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Male AC Tobacco Users	1	4	112
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	20
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	17.9
# who quit	0	0	1
% who quit	0.0	0.0	0.9
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	21
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	18.8
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	+3.6
who quit	+0.0	+16.7	+2.1
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	+5.7

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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	94
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	25
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.6
# who quit	0	0	1
% who quit	0.0	0.0	1.1
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	26
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	27.7
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-5.1
who quit	+0.0	+16.7	+1.9
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+16.7	-3.2

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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	162
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	25
% w/ tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	15.4
# who quit	0	0	8
% who quit	0.0	0.0	4.9
# w/tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0	0	32
% w/ tobacco cessation counseling, or Rx for cessation aid or quit -No Refusals	0.0	0.0	19.8

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
PREVIOUS YEAR PERIOD			
Female AC Tobacco Users	0	0	119
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	26
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	21.8
# who quit	0	0	2
% who quit	0.0	0.0	1.7
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	27
% w/ tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0.0	0.0	22.7
CHANGE FROM PREV YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-6.4
who quit	+0.0	+0.0	+3.3
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+0.0	-2.9

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Tobacco Cessation (con't)

FEMALE ACTIVE CLINICAL TOBACCO USERS
Age Distribution

	<12	12-17	=>18
BASELINE REPORT PERIOD			
Female AC Tobacco Users	0	1	87
# w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0	0	23
% w/tobacco cessation counseling or Rx for cessation aid -No Refusals	0.0	0.0	26.4
# who quit	0	0	0
% who quit	0.0	0.0	0.0
# w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	0	0	23
% w/ tobacco cessation counseling Rx for cessation aid or quit -No Refusals	0.0	0.0	26.4
CHANGE FROM BASE YR %			
w/tobacco cessation counseling or Rx for cessation aid -No Refusals	+0.0	+0.0	-11.0
who quit	+0.0	+0.0	+4.9
w/tobacco cessation counseling, Rx for cessation aid or quit -No Refusals	+0.0	+0.0	-6.7

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Alcohol Screening (FAS Prevention)

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

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

Logic:
Ages are calculated at beginning of Report period.

Alcohol Screening: Any of the following during the Report Period: A) PCC Exam code 35, B) Any CAGE Health Factor, C) Screening diagnosis V11.3 (history of alcoholism), V79.1 or BHS problem code 29.1 (screening for alcoholism); D) CPT 99408, 99409, G0396, G0397, H0049, H0050, 3016F, or E) V Measurement in PCC or BH of AUDT, AUDC, or CRFT.

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

Alcohol-related Patient Education: Any of the following during the Report Period: Patient education codes containing "AOD-" or "-AOD", "CD-" or "-CD" (old codes), or V11.3, V79.1, 303.*, 305.0*, 291.*, 357.5*, 99408, 99409, G0396, G0397, H0049, H0050, or 3016F.

Performance Measure Description:
During FY 2012, achieve the target rate of 58.7% for the proportion of female patients ages 15 to 44 who receive screening for alcohol use.

Past Performance and/or Target:
IHS Performance: FY 2011 - 57.8%, FY 2010 - 55%, FY 2009 - 52%, FY 2008 - 47%, FY 2007 - 41%, FY 2006 - 28%, FY 2005 - 11%, FY 2004 - 7%

Source:
HP 2010 16-17a

Alcohol Screening (FAS Prevention)

	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)	471		354			304		
# w/ alcohol screening/ Dx/Proc/Pt Ed -No Refusals (GPRA)	50	10.6	2	0.6	+10.1	1	0.3	+10.3

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Intimate Partner (Domestic) Violence Screening

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 55.3% for the proportion of female patients ages 15 to 40 who receive screening for domestic violence.

Past Performance and/or Target:
IHS Performance: FY 2011 - 55.3%, FY 2010 - 53%, FY 2009 - 48%, FY 2008 - 42%, FY 2007 - 36%, FY 2006 - 28%, FY 2005 - 13%, FY 2004 - 4% (not comparable since measure age range changed in 2005 from 16-24 to 15-40)

Source:
HP 2010 15-34

Intimate Partner (Domestic) Violence Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
# Female Active Clinical ages 15-40 (GPRA)	412		317			267		
# w/IPV/DV screening -No Refusals (GPRA)	11	2.7	1	0.3	+2.4	0	0.0	+2.7

Depression Screening

Denominator(s):
- GPRA Denominator: Active Clinical patients ages 18 and older. Broken down by gender.

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

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) CPT 1220F, 4) BHS problem code 14.1 (screening for depression), or 4) V Measurement in PCC or BH of PHQ2 or PHQ9.

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

Performance Measure Description:
During FY 2012, achieve the target rate of 56.5% for the proportion of adults ages 18 and older who receive annual screening for depression.

Past Performance and/or Target:
IHS Performance: FY 2011 - 56.5%, FY 2010 - 52%, FY 2009 - 44%, FY 2008 - 35%, FY 2007 - 24%, FY 2006 - 15%

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

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

Depression Screening

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Depression Screening (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts =>18 (GPRA)	1,175		807			666		
# w/Depression screening or Mood Disorder DX-No Refusals (GPRA)	82	7.0	42	5.2	+1.8	17	2.6	+4.4
A. # screened for depression	40	3.4	0	0.0	+3.4	0	0.0	+3.4
B. # w/mood disorder DX	43	3.7	42	5.2	-1.5	17	2.6	+1.1
Male Active Clinical Pts >=18	476		314			250		
# w/ Depression screening or Mood Disorder DX-No Refusals	26	5.5	7	2.2	+3.2	1	0.4	+5.1
A. # screened for depression	15	3.2	0	0.0	+3.2	0	0.0	+3.2
B. # w/Mood Disorder DX	11	2.3	7	2.2	+0.1	1	0.4	+1.9
Female Active Clinical Pts >=18	699		493			416		
# w/ Depression screening or Mood Disorder DX-No Refusals	56	8.0	35	7.1	+0.9	16	3.8	+4.2
A. # screened for depression	25	3.6	0	0.0	+3.6	0	0.0	+3.6
B. # w/Mood Disorder DX	32	4.6	35	7.1	-2.5	16	3.8	+0.7

Obesity Assessment

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

Numerator(s):
- Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.
- A. For those with a BMI calculated, patients considered overweight but not obese using BMI and standard tables.
- B. For those with a BMI calculated, patients considered obese using BMI and standard tables.
- C. Total of overweight and obese.

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.

Patients whose BMI either is greater or less than the Data Check Limit range shown in the BMI Standard Reference Data Table in PCC will not be included in the report counts for Overweight or Obese.

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 2011 - 78.0%, FY 2010 - 76%, FY 2009 - 75%, FY 2008 74%, FY 2005 - 64%, FY 2004 - 60%

Assessed as Obese: IHS Performance: FY 2011 - 46.9%, FY 2010 - 47%, FY 2009 - 47%, FY 2008 - 46%

HP 2020 Goals: NWS-9 (Obesity in Adults 20+): 30.6%, NWS-10.1 (Obesity in Children 2-5): 9.6%, NWS-10.2 (Obesity in Children 6-11): 15.7%, NWS-10.3 (Obesity in Adolescents 12-19): 16.1%, NWS-10.4 (Obesity in Children 2-19): 14.6%

Source:

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HP 2020 NWS-9 Obesity in Adults 20+, NWS-10.1 (Obesity in Children 2-5), NWS-10.2 Overweight or Obesity in Children 6-11, NWS-10.3 Overweight or Obesity in Adolescents 12-19, NWS-10.4 Overweight or Obesity in Children 2 - 19

Obesity Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts ages 2-74	1,487		1,108			982		
# w/BMI calculated -No Refusals	899	60.5	824	74.4	-13.9	712	72.5	-12.0
A. # Overweight w/ % of Total BMI	243	27.0	237	28.8	-1.7	191	26.8	+0.2
B. # Obese w/ % of Total BMI	385	42.8	339	41.1	+1.7	267	37.5	+5.3
C. # Overweight/Obese w/ % of Total BMI	628	69.9	576	69.9	+0.0	458	64.3	+5.5

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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	114	118	173	142	251	233	223	233
# w/BMI calculated -No Refusals	52	47	94	120	185	147	129	125
% w/BMI calculated -No Refusals	45.6	39.8	54.3	84.5	73.7	63.1	57.8	53.6
# A. Overweight	9	10	21	33	44	40	38	48
% A. Overweight w/ % Total BMI	17.3	21.3	22.3	27.5	23.8	27.2	29.5	38.4
# B. Obese	7	16	31	42	87	86	62	54
% B. Obese w/ % of Total BMI	13.5	34.0	33.0	35.0	47.0	58.5	48.1	43.2
# C. Overweight or Obese	16	26	52	75	131	126	100	102
% C. Overweight or Obese w/ % Total BMI	30.8	55.3	55.3	62.5	70.8	85.7	77.5	81.6

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total # Active Clin	111	120	137	129	173	157	141	140
# w/BMI calculated -No Refusals	49	56	88	114	155	129	113	120
% w/BMI calculated -No Refusals	44.1	46.7	64.2	88.4	89.6	82.2	80.1	85.7
# A. Overweight	7	11	20	38	47	33	36	45
% A. Overweight w/ % Total BMI	14.3	19.6	22.7	33.3	30.3	25.6	31.9	37.5
# B. Obese	14	14	26	35	65	77	56	52
% B. Obese w/ % of Total BMI	28.6	25.0	29.5	30.7	41.9	59.7	49.6	43.3
# C. Overweight or Obese	21	25	46	73	112	110	92	97
% C. Overweight or Obese w/ % Total BMI	42.9	44.6	52.3	64.0	72.3	85.3	81.4	80.8
CHANGE FROM PREV YR % w/BMI calculated -No Refusals	+1.5	-6.8	-9.9	-3.9	-15.9	-19.1	-22.3	-32.1
A. Overweight	+3.0	+1.6	-0.4	-5.8	-6.5	+1.6	-2.4	+0.9
B. Obese	-15.1	+9.0	+3.4	+4.3	+5.1	-1.2	-1.5	-0.1
C. Overweight or Obese	-12.1	+10.7	+3.0	-1.5	-1.4	+0.4	-3.9	+0.8

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Obesity Assessment (con't)

	TOTAL ACTIVE CLINICAL POPULATION	Age Distribution					
	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total # Active Clin	116	116	135	112	152	126	123	102
# w/BMI calculated -No Refusals	45	58	77	99	128	109	103	93
% w/BMI calculated -No Refusals	38.8	50.0	57.0	88.4	84.2	86.5	83.7	91.2
# A. Overweight	9	7	18	23	38	29	35	32
% A. Overweight w/ % Total BMI	20.0	12.1	23.4	23.2	29.7	26.6	34.0	34.4
# B. Obese	7	13	19	32	58	55	44	39
% B. Obese w/ % of Total BMI	15.6	22.4	24.7	32.3	45.3	50.5	42.7	41.9
# C. Overweight or Obese	16	20	37	55	96	84	79	71
% C. Overweight or Obese w/ % Total BMI	35.6	34.5	48.1	55.6	75.0	77.1	76.7	76.3
CHANGE FROM BASE YR % w/BMI calculated -No Refusals	+6.8	-10.2	-2.7	-3.9	-10.5	-23.4	-25.9	-37.5
A. Overweight	-2.7	+9.2	-1.0	+4.3	-5.9	+0.6	-4.5	+4.0
B. Obese	-2.1	+11.6	+8.3	+2.7	+1.7	+8.0	+5.3	+1.3
C. Overweight or Obese	-4.8	+20.8	+7.3	+6.9	-4.2	+8.7	+0.8	+5.3

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
CURRENT REPORT PERIOD								
Total MALE AC	53	52	82	45	86	89	100	123
# w/BMI calculated -No Refusals	22	21	46	40	51	59	51	59
% w/BMI calculated -No Refusals	41.5	40.4	56.1	88.9	59.3	66.3	51.0	48.0
# A. Overweight	3	4	13	10	13	18	19	24
% A. Overweight w/ % Total BMI	13.6	19.0	28.3	25.0	25.5	30.5	37.3	40.7
# B. Obese	4	8	16	15	29	36	25	29
% B. Obese w/ % of Total BMI	18.2	38.1	34.8	37.5	56.9	61.0	49.0	49.2
# C. Overweight or Obese	7	12	29	25	42	54	44	53
% C. Overweight or Obese w/ % Total BMI	31.8	57.1	63.0	62.5	82.4	91.5	86.3	89.8

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Obesity Assessment (con't)

MALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
PREVIOUS YEAR PERIOD								
Total MALE AC	55	60	68	41	48	65	64	69
# w/BMI calculated -No Refusals	21	31	41	36	41	56	51	54
% w/BMI calculated -No Refusals	38.2	51.7	60.3	87.8	85.4	86.2	79.7	78.3
# A. Overweight	4	5	8	14	14	15	17	21
% A. Overweight w/ % Total BMI	19.0	16.1	19.5	38.9	34.1	26.8	33.3	38.9
# B. Obese	5	7	10	11	20	35	30	23
% B. Obese w/ % of Total BMI	23.8	22.6	24.4	30.6	48.8	62.5	58.8	42.6
# C. Overweight or Obese	9	12	18	25	34	50	47	44
% C. Overweight or Obese w/ % Total BMI	42.9	38.7	43.9	69.4	82.9	89.3	92.2	81.5
CHANGE FROM PREV YR % w/BMI calculated -No Refusals	+3.3	-11.3	-4.2	+1.1	-26.1	-19.9	-28.7	-30.3
A. Overweight	-5.4	+2.9	+8.7	-13.9	-8.7	+3.7	+3.9	+1.8
B. Obese	-5.6	+15.5	+10.4	+6.9	+8.1	-1.5	-9.8	+6.6
C. Overweight or Obese	-11.0	+18.4	+19.1	-6.9	-0.6	+2.2	-5.9	+8.3

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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	61	63	35	47	46	53	47
# w/BMI calculated -No Refusals	23	33	32	29	36	39	46	45
% w/BMI calculated -No Refusals	39.7	54.1	50.8	82.9	76.6	84.8	86.8	95.7
# A. Overweight	4	4	6	9	9	12	16	13
% A. Overweight w/ % Total BMI	17.4	12.1	18.8	31.0	25.0	30.8	34.8	28.9
# B. Obese	4	10	9	11	20	18	20	25
% B. Obese w/ % of Total BMI	17.4	30.3	28.1	37.9	55.6	46.2	43.5	55.6
# C. Overweight or Obese	8	14	15	20	29	30	36	38
% C. Overweight or Obese w/ % Total BMI	34.8	42.4	46.9	69.0	80.6	76.9	78.3	84.4
CHANGE FROM BASE YR % w/BMI calculated -No Refusals	+1.9	-13.7	+5.3	+6.0	-17.3	-18.5	-35.8	-47.8
A. Overweight	-3.8	+6.9	+9.5	-6.0	+0.5	-0.3	+2.5	+11.8
B. Obese	+0.8	+7.8	+6.7	-0.4	+1.3	+14.9	+5.5	-6.4
C. Overweight or Obese	-3.0	+14.7	+16.2	-6.5	+1.8	+14.6	+8.0	+5.4

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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	61	66	91	97	165	144	123	110
# w/BMI calculated -No Refusals	30	26	48	80	134	88	78	66
% w/BMI calculated -No Refusals	49.2	39.4	52.7	82.5	81.2	61.1	63.4	60.0
# A. Overweight	6	6	8	23	31	22	19	24
% A. Overweight w/ % Total BMI	20.0	23.1	16.7	28.8	23.1	25.0	24.4	36.4
# B. Obese	3	8	15	27	58	50	37	25
% B. Obese w/ % of Total BMI	10.0	30.8	31.3	33.8	43.3	56.8	47.4	37.9
# C. Overweight or Obese	9	14	23	50	89	72	56	49
% C. Overweight or Obese w/ % Total BMI	30.0	53.8	47.9	62.5	66.4	81.8	71.8	74.2

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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	60	69	88	125	92	77	71
# w/BMI calculated -No Refusals	28	25	47	78	114	73	62	66
% w/BMI calculated -No Refusals	50.0	41.7	68.1	88.6	91.2	79.3	80.5	93.0
# A. Overweight	3	6	12	24	33	18	19	24
% A. Overweight w/ % Total BMI	10.7	24.0	25.5	30.8	28.9	24.7	30.6	36.4
# B. Obese	9	7	16	24	45	42	26	29
% B. Obese w/ % of Total BMI	32.1	28.0	34.0	30.8	39.5	57.5	41.9	43.9
# C. Overweight or Obese	12	13	28	48	78	60	45	53
% C. Overweight or Obese w/ % Total BMI	42.9	52.0	59.6	61.5	68.4	82.2	72.6	80.3
CHANGE FROM PREV YR % w/BMI calculated -No Refusals	-0.8	-2.3	-15.4	-6.2	-10.0	-18.2	-17.1	-33.0
A. Overweight	+9.3	-0.9	-8.9	-2.0	-5.8	+0.3	-6.3	+0.0
B. Obese	-22.1	+2.8	-2.8	+3.0	+3.8	-0.7	+5.5	-6.1
C. Overweight or Obese	-12.9	+1.8	-11.7	+1.0	-2.0	-0.4	-0.8	-6.1

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Obesity Assessment (con't)

FEMALE ACTIVE CLINICAL POPULATION
Age Distribution

	2-5	6-11	12-19	20-24	25-34	35-44	45-54	55-74
BASELINE REPORT PERIOD								
Total FEMALE AC	58	55	72	77	105	80	70	55
# w/BMI calculated -No Refusals	22	25	45	70	92	70	57	48
% w/BMI calculated -No Refusals	37.9	45.5	62.5	90.9	87.6	87.5	81.4	87.3
# A. Overweight	5	3	12	14	29	17	19	19
% A. Overweight w/ % Total BMI	22.7	12.0	26.7	20.0	31.5	24.3	33.3	39.6
# B. Obese	3	3	10	21	38	37	24	14
% B. Obese w/ % of Total BMI	13.6	12.0	22.2	30.0	41.3	52.9	42.1	29.2
# C. Overweight or Obese	8	6	22	35	67	54	43	33
% C. Overweight or Obese w/ % Total BMI	36.4	24.0	48.9	50.0	72.8	77.1	75.4	68.8
CHANGE FROM BASE YR % w/BMI calculated -No Refusals	+11.2	-6.1	-9.8	-8.4	-6.4	-26.4	-18.0	-27.3
A. Overweight	-2.7	+11.1	-10.0	+8.8	-8.4	+0.7	-9.0	-3.2
B. Obese	-3.6	+18.8	+9.0	+3.8	+2.0	+4.0	+5.3	+8.7
C. Overweight or Obese	-6.4	+29.8	-1.0	+12.5	-6.4	+4.7	-3.6	+5.5

Childhood Weight Control

Denominator(s):
- Active Clinical Patients 2-5 for whom a BMI could be calculated. Broken down by gender and age groups.

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 >= (Overwt)	BMI >= (Obese)	DATA CHECK LIMITS 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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During FY 2012, achieve the long-term target rate of 24% for the proportion of children with a BMI of 95% or higher.

Past Performance and/or Target:
IHS Performance: FY 2011 - 24.1%, FY 2010 - 25%, FY 2009 - 25%, FY 2008 - 24%, FY 2007 - 24%, FY 2006 - 24%

HP 2020 Goal: 9.6%

Source:
CDC, National Center for Health Statistics, HP 2020 NWS-10.1

Childhood Weight Control

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 2-5 w/BMI	44		39			40		
# w/BMI 85-94%	7	15.9	5	12.8	+3.1	10	25.0	-9.1
# w/BMI =>95%	5	11.4	9	23.1	-11.7	5	12.5	-1.1
# w/BMI =>85%	12	27.3	14	35.9	-8.6	15	37.5	-10.2
Active Clinical Pts Age 2	2		8			5		
# w/BMI 85-94%	1	50.0	0	0.0	+50.0	1	20.0	+30.0
# w/BMI =>95%	0	0.0	2	25.0	-25.0	0	0.0	+0.0
# w/BMI =>85%	1	50.0	2	25.0	+25.0	1	20.0	+30.0
Active Clinical Pts Age 3	23		15			8		
# w/BMI 85-94%	2	8.7	2	13.3	-4.6	3	37.5	-28.8
# w/BMI =>95%	3	13.0	3	20.0	-7.0	2	25.0	-12.0
# w/BMI =>85%	5	21.7	5	33.3	-11.6	5	62.5	-40.8
Active Clinical Pts Age 4	12		10			17		
# w/BMI 85-94%	1	8.3	2	20.0	-11.7	3	17.6	-9.3
# w/BMI =>95%	1	8.3	2	20.0	-11.7	2	11.8	-3.4
# w/BMI =>85%	2	16.7	4	40.0	-23.3	5	29.4	-12.7

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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	7		6			10		
# w/BMI 85-94%	3	42.9	1	16.7	+26.2	3	30.0	+12.9
# w/BMI =>95%	1	14.3	2	33.3	-19.0	1	10.0	+4.3
# w/BMI =>85%	4	57.1	3	50.0	+7.1	4	40.0	+17.1
Male Active Clinical Pts Age 2	1		3			2		
# w/BMI 85-94%	0	0.0	0	0.0	+0.0	0	0.0	+0.0
# w/BMI =>95%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
# w/BMI =>85%	0	0.0	1	33.3	-33.3	0	0.0	+0.0
Male Active Clinical Pts Age 3	9		7			4		
# w/BMI 85-94%	1	11.1	0	0.0	+11.1	1	25.0	-13.9
# w/BMI =>95%	1	11.1	2	28.6	-17.5	2	50.0	-38.9
# w/BMI =>85%	2	22.2	2	28.6	-6.3	3	75.0	-52.8
Male Active Clinical Pts Age 4	4		4			9		
# w/BMI 85-94%	0	0.0	1	25.0	-25.0	2	22.2	-22.2
# w/BMI =>95%	0	0.0	0	0.0	+0.0	1	11.1	-11.1
# w/BMI =>85%	0	0.0	1	25.0	-25.0	3	33.3	-33.3
Male Active Clinical Pts Age 5	4		4			5		
# w/BMI 85-94%	2	50.0	1	25.0	+25.0	1	20.0	+30.0
# w/BMI =>95%	1	25.0	1	25.0	+0.0	0	0.0	+25.0
# w/BMI =>85%	3	75.0	2	50.0	+25.0	1	20.0	+55.0

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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	1		5			3		
# w/BMI 85-94%	1	100.0	0	0.0	+100.0	1	33.3	+66.7
# w/BMI =>95%	0	0.0	1	20.0	-20.0	0	0.0	+0.0
# w/BMI =>85%	1	100.0	1	20.0	+80.0	1	33.3	+66.7
Female Active Clinical Pts Age 3	14		8			4		
# w/BMI 85-94%	1	7.1	2	25.0	-17.9	2	50.0	-42.9
# w/BMI =>95%	2	14.3	1	12.5	+1.8	0	0.0	+14.3
# w/BMI =>85%	3	21.4	3	37.5	-16.1	2	50.0	-28.6
Female Active Clinical Pts Age 4	8		6			8		
# w/BMI 85-94%	1	12.5	1	16.7	-4.2	1	12.5	+0.0
# w/BMI =>95%	1	12.5	2	33.3	-20.8	1	12.5	+0.0
# w/BMI =>85%	2	25.0	3	50.0	-25.0	2	25.0	+0.0
Female Active Clinical Pts Age 5	3		2			5		
# w/BMI 85-94%	1	33.3	0	0.0	+33.3	2	40.0	-6.7
# w/BMI =>95%	0	0.0	1	50.0	-50.0	1	20.0	-20.0
# w/BMI =>85%	1	33.3	1	50.0	-16.7	3	60.0	-26.7

Comprehensive CVD-Related Assessment

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

Numerator(s):
- BP Assessed: Patients with Blood Pressure value documented at least twice in prior two years.
- LDL Assessed: Patients with LDL completed in the past 5 years, regardless of result.
- Tobacco Use Assessed: Patients who have been screened for tobacco use during the Report Period.
- BMI Available: Patients for whom a BMI could be calculated. NOTE: This numerator does NOT include refusals.
- Lifestyle Counseling: Patients who have received any lifestyle adaptation counseling, including medical nutrition therapy, or nutrition, exercise or other lifestyle education during the Report Period.
- GPRA Numerator: Patients with comprehensive CVD assessment, defined as having BP, LDL, and tobacco use assessed, BMI calculated, and lifestyle counseling. NOTE: This does NOT include depression screening and does NOT include refusals of BMI.
- Depression Screening: 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 of the patient is calculated at beginning of the Report period.
Diabetes defined as: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.

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

Blood Pressure Documented: Having a minimum of 2 Blood Pressures documented on non-ER visits in past 2 years. If CRS does not find 2 BPs, it will search for CPT 0001F, 2000F, 3074F-3080F or POV V81.1 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, TOBACCO (SMOKING), TOBACCO (SMOKELESS - CHEWING/DIP), or TOBACCO (EXPOSURE) 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, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code); 5. CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code) or G8453 (old code).
BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day.
Medical Nutrition Therapy: CPT 97802-97804, G0270, G0271; Primary or secondary provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling or patient education codes ending "-N" (Nutrition) or "-MNT" (or old code "-DT" (Diet)) or containing V65.3. Exercise education defined as: POV V65.41 exercise counseling or patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition education defined as: Patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.
Depression Screening/Mood Disorder DX: Any of the following during the Report Period:

1) Depression Screening: A) Exam Code 36, B) POV V79.0, C) CPT 1220F, D) BHS problem code 14.1 (screening for depression), or D) V Measurement in PCC or BH of PHQ2 or PHQ9.

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

Performance Measure Description:
During FY 2012, achieve the target rate of 40.6% for the proportion of at-risk patients who have a comprehensive assessment.

Past Performance and/or Target:

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IHS Performance: Comprehensive CVD Assessment: FY 2011 - 39.8%, FY 2010 - 35%, FY 2009 - 32%, FY 2008 - 30%, FY 2007 - 30%

BP Assessed: FY 2011 - 97.2%, FY 2010 - 98%, FY 2009 - 97%, FY 2008 - 98%
LDL Assessed: FY 2011 - 92.9%, FY 2010 - 92%, FY 2009 - 91%, FY 2008 - 90%
Tobacco Assessed: FY 2011 - 84.2%, FY 2010 - 84%, FY 2009 - 83%, FY 2008 - 79%
BMI Assessed: FY 2011 - 97.2%, FY 2010 - 98%, FY 2008 - 85% (assessed or refused)
Lifestyle Counseling: FY 2011 - 45.3%, FY 2010 - 41%, FY 2009 - 39%, FY 2008 - 38%
Depression Screen: FY 2011 - 75.7%, FY 2010 - 72%, FY 2009 - 62%, FY 2008 - 53%

Source:

Comprehensive CVD-Related Assessment

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active IHD Pts 22+ (GPRA)	77		45			36		
# w/ BPs documented w/in 2 yrs	74	96.1	45	100.0	-3.9	36	100.0	-3.9
# w/ LDL done in past 5 yrs	60	77.9	38	84.4	-6.5	30	83.3	-5.4
# w/Tobacco Screening w/in 1 yr	66	85.7	38	84.4	+1.3	27	75.0	+10.7
# w/BMI calculated -No Refusals	72	93.5	44	97.8	-4.3	35	97.2	-3.7
# w/ lifestyle educ w/in 1 yr	43	55.8	22	48.9	+7.0	22	61.1	-5.3
# w/ BP, LDL, tobacco, BMI and life counseling -No Refusals (GPRA)	35	45.5	19	42.2	+3.2	14	38.9	+6.6
# w/ Depression screening or Mood Disorder DX -No Refusals	20	26.0	4	8.9	+17.1	2	5.6	+20.4

HIV Screening

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

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

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

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

Pregnancy is defined as at least two visits with POV or Problem diagnosis (V22.0-V23.9, V72.42, 640.*-649.*, 651.*-676.*) during the past 20 months from the end of the Report Period. Pharmacy-only visits (clinic code 39) will not count toward these two visits. If the patient has more than two pregnancy-related visits during the past 20 months, CRS will use the first two visits in the 20-month period. The patient must not have a documented miscarriage or abortion occurring after the second pregnancy-related visit. In addition, the patient must have at least one pregnancy-related visit occurring during the reporting period. The time period is extended to include patients who were pregnant during the Report period but whose initial diagnosis (and HIV test) were documented prior to Report period. Miscarriage definition: (1) POV: 630, 631, 632, 633*, 634*, (2) CPT 59812, 59820, 59821, 59830. Abortion definition: (1) POV: 635*, 636* 637*, (2) CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, (3) Procedure: 69.01, 69.51, 74.91, 96.49.

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 81.8% for the proportion of pregnant patients who are screened for HIV.

Past Performance and/or Target:
IHS Performance (Prenatal HIV Screening): FY 2011 - 80.0%, FY 2010 -

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78%, FY 2009 - 76%, FY 2008 - 75%, FY 2007 - 74%, FY 2006 - 65%, FY 2005 - 54%; HP 2020 Goal: 74.1%

Source:
HP 2020 HIV-14.3

HIV Screening

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Pregnant AC Pts w/ no HIV ever (GPRA)	59		39			32		
# w/HIV screening -No Refusals (GPRA)	16	27.1	6	15.4	+11.7	0	0.0	+27.1

Breastfeeding Rates

Denominator(s):
- Active Clinical patients who are 30-394 days old.
- PART Denominator: Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of two months (45-89 days).
- Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of six months (165-209 days).
- Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of nine months (255-299 days).
- Active Clinical patients who are 30-394 days old who were screened for infant feeding choice at the age of 1 year (350-394 days).

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

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

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

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

Performance Measure Description:
During FY 2012, achieve the target rate of 27.4% for the proportion of 2-month olds who are mostly or exclusively breastfeeding.

Past Performance and/or Target:
IHS Performance: FY 2010 - 33%, FY 2008 - 28%
HP 2020: Through 3 months: 44.3%, Through 6 months: 23.7%

Source:
HP 2020, MICH-21.4 Exclusive breastfeeding-through 3 months, MICH-21.5 Exclusive breastfeeding-through 6 months

Breastfeeding Rates

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
Active Clinical Pts 30-394 days	46		31			34		
# w/infant feeding choice screening	11	23.9	0	0.0	+23.9	1	2.9	+21.0
# w/screening @ 2 mos	4	8.7	0	0.0	+8.7	1	2.9	+5.8
# w/screening @ 6 mos	3	6.5	0	0.0	+6.5	0	0.0	+6.5
# w/screening @ 9 mos	4	8.7	0	0.0	+8.7	0	0.0	+8.7
# w/screening @ 1 yr	3	6.5	0	0.0	+6.5	0	0.0	+6.5
AC Pts 30-394 days screened @ 2 mos (PART)	4		0			1		
# @ 2 mos exclusive/ mostly breastfed (PART)	4	100.0	0	0.0	+100.0	1	100.0	+0.0

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Breastfeeding Rates (con't)

	REPORT PERIOD	%	PREV YR PERIOD	%	CHG from PREV YR %	BASE PERIOD	%	CHG from BASE %
AC Pts 30-394 days screened @ 6 mos	3		0			0		
# @ 6 mos exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7
AC Pts 30-394 days screened at 9 mos	4		0			0		
# @ 9 mos exclusive/mostly breastfed	3	75.0	0	0.0	+75.0	0	0.0	+75.0
AC Pts 30-394 days screened @ 1 yr	3		0			0		
# @ 1 year exclusive/mostly breastfed	2	66.7	0	0.0	+66.7	0	0.0	+66.7

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SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	Nat'l 2011	2020 Target
DIABETES					
Diabetes DX Ever*	9.0%	9.7%	8.4%	12.8%	N/A
Documented A1c*	63.7%	71.4%	59.8%	83.0%	71.1%
BP Assessed	82.9%	79.6%	85.1%	87.9%	N/A
IMMUNIZATIONS					
Active Clinical 4:3:1:3:3:1:4	6.8%	0.0%	0.0%	65.2%	N/A
CANCER					
Tobacco Assessment 5+	46.1%	40.8%	36.0%	62.0%	N/A
Tobacco Use Prevalence	49.2%	38.7%	39.6%	31.6%	12.3%
Tobacco Cessation Counsel or Quit	21.8%	20.3%	26.9%	28.8%	N/A
CARDIOVASCULAR DISEASE					
BMI Measured 2-74	60.5%	74.4%	72.5%	78.0%	N/A
Assessed as Obese	42.8%	41.1%	37.5%	46.9%	N/A
Children 2-5 w/BMI =>95%	11.4%	23.1%	12.5%	24.1%	9.6%
IHD: Comp CVD Assessment					
IHD: BP Assessed	96.1%	100.0%	100.0%	97.2%	N/A
IHD: LDL Assessed	77.9%	84.4%	83.3%	92.9%	N/A
IHD: Tobacco Assessed	85.7%	84.4%	75.0%	84.2%	N/A
IHD: BMI Assessed	93.5%	97.8%	97.2%	89.6%	N/A
IHD: Lifestyle Counsel	55.8%	48.9%	61.1%	45.3%	N/A
IHD: Depression Screen	26.0%	8.9%	5.6%	75.7%	N/A

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

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OFFICIAL GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA Target	Nat'l 2011	2020 Target
DIABETES						
Poor Glycemic Control >9.5	12.3%	4.1%	12.6%	18.6%	19.1%	N/A
Ideal Glycemic Control <7	24.0%	31.6%	25.3%	32.7%	31.9%	58.9%
Controlled BP <130/80	19.2%	20.4%	14.9%	38.7%	37.8%	57.0%
LDL Assessed	53.4%	46.9%	26.4%	70.3%	68.7%	N/A
Nephropathy Assessed*	36.3%	11.2%	6.9%	57.8%	56.5%	N/A
Retinopathy Assessed	37.0%	39.8%	50.6%	54.8%	53.5%	58.7%
DENTAL						
Dental Access General	8.4%	7.9%	8.8%	26.9%	26.9%	49.0%
# Sealants	50	61	81	276,893	276,893	N/A
Topical Fluoride-# Pts	45	26	15	161,461	161,461	N/A
IMMUNIZATIONS						
Influenza 65+	28.6%	36.2%	23.1%	63.4%	62.0%	90.0%
Pneumovax Ever 65+	42.0%	63.8%	56.9%	87.5%	85.5%	90.0%
Active IMM 4313314	8.3%	0.0%	0.0%	77.8%	75.9%	80.0%
CANCER						
Pap Smear Rates 21-64	39.0%	46.6%	45.9%	59.5%	58.1%	93.0%
Mammogram Rates 52-64	31.3%	36.7%	46.8%	51.7%	49.8%	81.1%
Colorectal Cancer 51-80	19.6%	24.5%	18.4%	43.2%	41.7%	70.5%
Tobacco Cessation Counsel	17.8%	19.5%	26.4%	30.0%	29.4%	N/A
BEHAVIORAL HEALTH						
FAS Prevention 15-44	10.6%	0.6%	0.3%	58.7%	57.8%	N/A
IPV/DV Screen 15-40	2.7%	0.3%	0.0%	55.3%	55.3%	N/A
Depression Screen 18+	7.0%	5.2%	2.6%	56.5%	56.5%	N/A
CARDIOVASCULAR DISEASE						
IHD: Comp CVD Assessment	45.5%	42.2%	38.9%	40.6%	39.8%	N/A
OTHER CLINICAL						

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OFFICIAL GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

	Site Current	Site Previous	Site Baseline	GPRA Target	Nat'l 2011	2020 Target
Prenatal HIV Testing	27.1%	15.4%	0.0%	81.8%	80.0%	74.1%

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

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OFFICIAL GPRA & PART MEASURES CLINICAL PERFORMANCE SUMMARY

PART MEASURE	Site Current	Site Previous	Site Baseline	PART11 Target	Nat'l 2011	2020 Target
Breastfeed Rates @ 2 Mos*	100.0%	0.0%	100.0%	27.4%	26.7%	44.3%

* Federally Administered Activities measure. National 2011 rate is for federal sites only.