



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

National GPRA & Part Report Performance Measure List and Definitions

Version 12.0
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1.0 CRS 2011 National GPRA & PART Report

The following performance measures will be reported in the Clinical Reporting System (CRS) 2012 National Government Performance and Results Act of 1993 (GPRA) & Program Assessment Rating Tool (PART) Report.

Note: Beginning FY 2010, GPRA Developmental will no longer be included in this document and will instead have its own Performance Measure Topics and Definitions document.

Font indicates official GPRA measures reported in the National GPRA Report submitted to Office of Management and Budget (OMB) and Congress.

Font indicates changes from CRS Version 11.1.

A plus sign (+) indicates that this is not an official GPRA measure, but is included in the National GPRA Report provided to OMB and Congress to provide context for a GPRA measure(s).

One asterisk prior to the topic (*) indicates that this is not an official GPRA measure and is not included in the National GPRA Report provided to OMB and Congress. This measure is included to provide context for a GPRA measure(s).

Two asterisks (**) indicate a PART measure included in the GPRA and PART Report submitted to OMB.

DIABETES GROUP

DIABETES PREVALENCE

+Diabetes Diagnosis Ever

*Diabetes Diagnosis during GPRA Year

GLYCEMIC CONTROL

+Documented Alc

GPRA: Poor Glycemic Control

GPRA: Ideal Glycemic Control

BLOOD PRESSURE CONTROL

*BP Assessed

GPR: Controlled BP

LDL ASSESSMENT

GPR: LDL Assessed

*LDL <= 100

NEPHROPATHY ASSESSMENT

GPR: Estimated GFR & Quantitative Urinary Protein or History of ESRD

RETINOPATHY ASSESSMENT

GPR: Retinopathy Evaluation (No Refusals)

DENTAL GROUP**ACCESS TO DENTAL**

GPR: Annual Dental Visit (No Refusals)

DENTAL SEALANTS

GPR: Dental Sealants (No Refusals; count; not rate)

TOPICAL FLUORIDE

GPR: Topical Fluoride Application (No Refusals; count; not rate)

IMMUNIZATIONS**INFLUENZA**

GPR: Influenza Immunization

ADULT IMMUNIZATIONS

GPR: Pneumovax Ever

CHILDHOOD IMMUNIZATIONS (19–35 MONTHS)

*Active Clinical Pts w/4:3:1:3:3 (No Refusals)

*Active Clinical Pts w/4:3:1:3:3:1 (No Refusals)

*Active Clinical Pts w/4:3:1:3:3:1:4 (No Refusals)

*Active IMM Pts w/4:3:1:3:3 (No Refusals)

*Active IMM Pts w/4:3:1:3:3:1 (No Refusals)

GPR: Active IMM Pts w/4:3:1:3:3:1:4 (No Refusals)

- *4 DTaP
- *3 Polio
- *1 MMR
- *3 HiB
- *3 Hepatitis B
- *1 Varicella
- *4 Pneumococcal

CANCER SCREENING

PAP SMEAR RATES

GPRA: Pap Smear (No Refusals)

MAMMOGRAM RATES

GPRA: Mammogram (No Refusals)

COLORECTAL CANCER SCREENING

GPRA: Fecal Occult Blood Test or Fecal Immunochemical Test during report period, Flexible Sigmoidoscopy or DCBE in past 5 years, or Colonoscopy in past 10 years (No Refusals)

*Fecal Occult Blood Test or Fecal Immunochemical Test

TOBACCO USE AND EXPOSURE ASSESSMENT

*Tobacco Assessment

*Tobacco Users

*Smokers

*Smokeless Users

*Exposed to Environmental Tobacco Smoke (ETS)

TOBACCO CESSATION

GPRA: Tobacco Cessation Counseling or Smoking Cessation Aid (No Refusals)

*Quit Tobacco Use

*Tobacco Cessation Counseling or Refusal, Smoking Cessation Aid, or Quit Tobacco Use

BEHAVIORAL HEALTH

ALCOHOL SCREENING (FAS PREVENTION)

GPRA: Alcohol Screening (No Refusals)

INTIMATE PARTNER VIOLENCE/DOMESTIC VIOLENCE SCREENING

GPRA: Intimate Partner Violence/Domestic Violence Screening (No Refusals)

DEPRESSION SCREENING

GPRA: Depression Screening or Mood Disorder Diagnosis (No Refusals)

*Depression Screening

*Mood Disorder Diagnosis

CARDIOVASCULAR DISEASE-RELATED

OBESITY ASSESSMENT

*Obesity Assessment (No Refusals)

*Assessed as Overweight

*Assessed as Obese

*Assessed as Overweight or Obese

CHILDHOOD WEIGHT CONTROL (CHILDREN 2-5)

*BMI 95% and Up

*BMI 85-94%

*BMI \geq 85%

COMPREHENSIVE CVD-RELATED ASSESSMENT

GPRA: BP, LDL, and Tobacco Assessed, BMI, and Lifestyle Counseling (No Refusals)

*Depression Screen

STD GROUP

HIV SCREENING

GPRA: Prenatal HIV Screening (No Refusals)**OTHER CLINICAL**

BREASTFEEDING RATES

Patients 30-394 days of age screened for infant feeding choice (IFC) at least once.

Patients 30-394 days of age screened for IFC at the age of two months.

Patients 30-394 days of age screened for IFC at the age of six months.

Patients 30-394 days of age screened for IFC at the age of nine months.

Patients 30-394 days of age screened for IFC at the age of one year.

**PART: 30-394 days of age who were exclusively or mostly breastfed at two months of age.

Patients 30-394 days of age who were exclusively or mostly breastfed at six months of age.

Patients 30-394 days of age who were exclusively or mostly breastfed at nine months of age.

Patients 30-394 days of age who were exclusively or mostly breastfed at the age of one year.

Note: Definitions for all performance measure topics included in CRS begin on Section 2.0. Definitions for numerators and denominators that are preceded by “GPRA” represent measures reported to OMB and Congress. Definitions for numerators and denominators preceded by “PART” are reported for the OMB PART.

1.1 CRS Denominator Definitions

1.1.1 For All Denominators

- All patients with name “DEMO,PATIENT” or who are included in the RPMS Demo/Test Patient Search Template (DPST option located in the PCC Management Reports, Other section) will be excluded automatically for all denominators.
- For all measures, except as noted, patient age is calculated as of the beginning of the report period.

1.1.2 Active Clinical Population for National GPRA & PART Reporting

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2012 Clinical Measures User Manual* for listing of these clinics.
- Must be alive on the last day of the report period.
- Must be American Indian/Alaska Native (AI/AN)–defined as Beneficiary 01.
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined Contract Health Service (CHS) catchment area.

1.1.3 Active Clinical Population for Local Reports

- Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the *Clinical Reporting System (CRS) for FY2012 Clinical Measures User* for listing of these clinics.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.4 User Population for National GPRA & PART Reporting

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- Must be AI/AN–defined as Beneficiary 01.
- Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.

1.1.5 User Population for Local Reports

- Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.6 Active Clinical CHS Population for National GPRA & PART Reporting (CHS-Only Sites)

- Must have two CHS visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- Must be AI/AN—defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

1.1.7 Active Clinical CHS Population for Local Reports (CHS-Only Sites)

- Must have two CHS visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

1.1.8 Active Clinical Behavioral Health Population for National GPRA and PART Reporting (Urban Outreach and Referral-Only Sites)

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- Must be AI/AN—defined as Beneficiary 01. This data item is entered and updated during the Patient Registration process.
- Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.

1.1.9 Active Clinical Behavioral Health Population for Local Reports (Urban Outreach and Referral-Only Sites)

- Must have two Behavioral Health visits in the three years prior to the end of the report period, and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
- Must be alive on the last day of the report period.
- User defines population type: AI/AN patients only, non-AI/AN, or both.
- User defines general population: single community, group of multiple communities (community taxonomy), user-defined list of patients (patient panel), or all patients regardless of community of residence.

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the CRS 2012 version 12.0 National GPRA & PART Report.

Note: **Bold** font indicates official GPRA measures reported in the National GPRA Report submitted to OMB and Congress.

Bold italic font indicates new or edited definitions.

~~*Bold Italic Strikethrough*~~ indicates deleted material.

Year 2012 targets reflect preliminary targets that were established based on the House Subcommittee markup as a placeholder. Official targets will not be released until final targets are established.

2.1 Diabetes Group

2.1.1 Diabetes Prevalence

No changes from Version 11.1

2.1.1.1 Owner/Contact

Diabetes Program/***Dr. Ann Bullock***

2.1.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.1.1.3 Denominators

1. User Population patients.

2.1.1.4 Numerators

1. Anyone diagnosed with diabetes (POV 250.00-250.93) ever.
2. Anyone diagnosed with diabetes during the report period.

2.1.1.5 Definitions**Diabetes Diagnosis**

At least one diagnosis 250.00–250.93 recorded in the V POV file.

2.1.1.6 Patient Lists

Diabetic patients with most recent diagnosis.

2.1.2 Diabetes: Glycemic Control

No changes from Version 11.1

2.1.2.1 Owner/Contact

Diabetes Program/*Dr. Ann Bullock*

2.1.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.2.3 Denominators

1. **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00–250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever. The key denominator for this and all diabetes-related topics is below.

2.1.2.4 Numerators

1. Hemoglobin A1c documented during the report period.
2. **GPRA:** Poor control: A1c greater than (>) 9.5.

3. **GPRA:** Ideal control: A1c less than (<) 7.

2.1.2.5 Definition

Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

A1c

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 any of the following:
 - CPT 83036, 83037, 3044F-3046F, 3047F (old code)
 - LOINC taxonomy
 - Site-populated taxonomy DM AUDIT HGB A1C TAX
- CPT 3044F represents A1c < 7 and will be included in the Ideal Control numerator.

2.1.2.6 GPRA 2012 Target

Poor Glycemic Control: During FY **2012**, achieve the tentative 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 tentative target rate of **32.7%** for the proportion of patients with diagnosed diabetes who have ideal glycemic control (defined as A1c < 7).

2.1.2.7 Patient Lists

- List of diabetic patients with a documented Alc.
- List of diabetic patients without a documented Alc.
- List of diabetic patients with poor glycemic control (Alc greater than (>) 9.5).

- List of diabetic patients with ideal glycemic control (A1c less than (<) 7).

2.1.3 Diabetes: Blood Pressure Control

Changes from Version 11.1, as noted.

2.1.3.1 Owner/Contact

Diabetes Program/*Dr. Ann Bullock*

2.1.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.3.3 Denominators

1. **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever. The key denominator for this and all diabetes-related topics is below.

2.1.3.4 Numerators

1. Patients with Blood Pressure documented during the report period.
2. **GPRA:** Controlled BP, < 130/80.

2.1.3.5 Definitions

Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

BP Documented

CRS uses mean of last three Blood Pressures (BPs) documented on non-ER visits during the report period. If three BPs are not available, uses mean of last two non-ER BPs. If a visit contains more than one BP, the lowest BP will be used, defined as having the lowest systolic value. The mean Systolic value is calculated by adding the last three (or two) systolic values and dividing by three (or two). The

mean Diastolic value is calculated by adding the diastolic values from the last three (or two) blood pressures and dividing by three (or two). 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

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.

2.1.3.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target rate of **38.7%** for the proportion of patients with diagnosed diabetes who have achieved BP control (defined as <130/80).

2.1.3.7 Patient Lists

- List of diabetic patients who had their BP assessed.
- List of diabetic patients who did not have their BP assessed.
- List of diabetic patients with controlled BP, defined as <130/80.
- List of diabetic patients with uncontrolled BP, defined as >130/80.

2.1.4 Diabetes: LDL Assessment

No changes from Version 11.1

2.1.4.1 Owner/Contact

Diabetes Program/*Dr. Ann Bullock*

2.1.4.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.4.3 Denominators

1. **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever. The key denominator for this and all diabetes-related topics is below.

2.1.4.4 Numerators

1. **GPRA:** Patients with LDL completed during the report period, regardless of result.
2. LDL \leq 100

2.1.4.5 Definitions

Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

LDL

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 test defined as any of the following:

- 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

2.1.4.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target rate of **70.3%** for the proportion of patients with diagnosed diabetes who are assessed for dyslipidemia (LDL cholesterol).

2.1.4.7 Patient Lists

- List of diabetic patients with LDL completed, regardless of result.
- List of diabetic patients without LDL completed.

2.1.5 Diabetes: Nephropathy Assessment

No changes from Version 11.1

2.1.5.1 Owner/Contact

Diabetes Program/*Dr. Ann Bullock*

2.1.5.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.5.3 Denominators

1. **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever. The key denominator for this and all diabetes-related topics is below.

2.1.5.4 Numerators

1. **GPRA:** Patients with nephropathy assessment, defined as an estimated GFR *and* a quantitative urinary protein assessment during the report period *or* with evidence of diagnosis and/or treatment of end-stage renal disease (ESRD) at any time before the end of the report period.

2.1.5.5 Definitions

Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

Estimated GFR

- Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX
- LOINC taxonomy

Quantitative Urine Protein Assessment

- CPT 82042, 82043, 84156
- LOINC taxonomy
- Site-populated taxonomy BGP QUANT URINE PROTEIN

Note: Check with your laboratory supervisor to confirm that the names you add to your taxonomy reflect quantitative test values.

ESRD

- End Stage Renal Disease diagnosis/treatment defined as any of the following ever:
 - 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), S9339
 - POV 585.5, 585.6, V42.0, V45.1 (old code), V45.11, V45.12, V56.*
 - Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, 55.6*

2.1.5.6 GPRA 2012 Target

During FY *2012*, achieve the tentative target rate of **57.8%** for the proportion of patients with diagnosed diabetes who are assessed for nephropathy.

2.1.5.7 Patient Lists

- List of diabetic patients with nephropathy assessment.
- List of diabetic patients without nephropathy assessment.

2.1.6 Diabetic Retinopathy

No changes from Version 11.1

2.1.6.1 Owner/Contact

Diabetes Program/Dr. Mark Horton

2.1.6.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.1.6.3 Denominators

1. **GPRA:** Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00–250.93) prior to the report period, *and* at least two visits in the past year, *and* two DM-related visits ever. The key denominator for this and all diabetes-related topics is below.

2.1.6.4 Numerators

1. **GPRA:** Patients receiving a qualified retinal evaluation* during the report period.

Note: This numerator does *not* include refusals.

2.1.6.5 Definitions

Diabetes

First DM Purpose of Visit 250.00–250.93 recorded in the V POV file prior to the report period.

Qualified Retinal Evaluation

- Diabetic retinal exam
- 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:

- Exam code 03 Diabetic Eye Exam (dilated retinal examination or validated photographic equivalent)
- 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

- Non-DNKA (did not keep appointment) visits to ophthalmology, optometry, or validated teleophthalmology retinal evaluation clinics
- Non-DNKA visits to an optometrist or ophthalmologist. Searches for any of 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

2.1.6.6 GPRA 2012 Target

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

2.1.6.7 Patient Lists

- List of diabetic patients who received any retinal screening.
- List of diabetic patients who did not receive any retinal screening.

2.2 Dental Group

2.2.1 Access to Dental Services

Changes from Version 11.1, as noted.

2.2.1.1 Owner/Contact

Dental Program/ Dr. Patrick Blahut

2.2.1.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.2.1.3 Denominators

1. **GPRA:** User Population patients, broken down by age groups: 0–5, 6–~~21~~, ~~12–19~~, 22–34, 35–44, 45–54, 55–74, 75 and older.

2.2.1.4 Numerators

1. **GPRA:** Patients with documented dental visit during the report period.

Note: This numerator does *not* include refusals.

2.2.1.5 Definitions

Documented Dental Visit

For non-CHS visits, searches for any of the following:

- Dental ADA code 0000, 0190
- ~~CPT codes D0000, D0190~~
- VExam code 30
- POV V72.2

For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.

2.2.1.6 GPRA 2012 Target

During FY **2012**, achieve the target rate of **26.9%** for the proportion of patients who receive dental services.

2.2.1.7 Patient Lists

- List of patients with documented dental visit.
- List of patients without documented dental visit.

2.2.2 Dental Sealants

No changes from Version 11.1

2.2.2.1 Owner/Contact

Dental Program/Dr. Patrick Blahut

2.2.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.2.2.3 Denominators

1. No denominator. This measure is a total count only, not a percentage.

2.2.2.4 Numerators

1. **GPRA:** *Count only (no percentage comparison to denominator).* For patients meeting the User Population definition, the total number of dental sealants during the report period.

Note: This numerator does *not* include refusals.

2.2.2.5 Definitions

Dental Sealant

- V Dental ADA code 1351
- 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.

2.2.2.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target count of **276,893** sealants placed in AI/AN patients.

2.2.2.7 Patient Lists

Patients who received dental sealants during report period.

2.2.3 Topical Fluoride

No changes from Version 11.1

2.2.3.1 Owner/Contact

Dental Program/Dr. Patrick Blahut

2.2.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.2.3.3 Denominators

1. No denominator. This measure is a total count only, not a percentage.

2.2.3.4 Numerators

1. **GPRA:** *Count only (no percentage comparison to denominator).* 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.

2.2.3.5 Definitions

Topical Fluoride Application

Defined as any of the following:

- Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), 1206, 5986
- CPT codes D1203, D1204, D1206, D5986
- 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.

2.2.3.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target count of **161,461** AI/AN patients who receive at least one topical fluoride application.

2.2.3.7 Patient Lists

Patients who received at least one topical fluoride application during report period.

2.3 Immunization Group

2.3.1 Influenza

Changes from Version 11.1, as noted.

2.3.1.1 Owner/Contact

Epidemiology Program/Amy Groom, MPH

2.3.1.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.3.1.3 Denominators

1. **GPRA:** Active Clinical patients ages 65 and older.

2.3.1.4 Numerators

2. **GPRA:** Patients with influenza vaccine documented during the report period or with a contraindication documented at any time before the end of the report period.

<p>Note: The only refusals included in this numerator are documented not medically indicated (NMI) refusals.</p>

- A. Patients with a contraindication or a documented NMI refusal

2.3.1.5 Definitions**Influenza Vaccine**

Any of the following documented during the report period:

- Immunization/CVX codes 15, 16, 88, 111, 135, 140, 141, **144**
- 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
- CPT 90654-90662, 90724 (old code), G0008, G8108 (old code)
- ICD Procedure code: 99.52.

Contraindication to Influenza Vaccine

Any of the following documented at any time before the end of the report period:

- Contraindication in the Immunization Package of “Egg Allergy” or “Anaphylaxis”

- PCC NMI Refusal

2.3.1.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target rate of **63.4%** for the proportion of non-institutionalized adults aged 65 years and older who receive an influenza immunization.

2.3.1.7 Patient Lists

- List of patients \geq 65 years influenza vaccination, contraindication, or NMI refusal.
- List of patients \geq 65 years without influenza vaccination, contraindication, or NMI refusal.

2.3.2 Adult Immunizations

No changes from Version 11.1

2.3.2.1 Owner/Contact

Epidemiology Program/Amy Groom, MPH

2.3.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.3.2.3 Denominators

1. **GPRA:** Active Clinical patients ages 65 or older.

2.3.2.4 Numerators

1. **GPRA:** 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 documented NMI refusals.

- A. Patients with a contraindication or a documented NMI refusal.

2.3.2.5 Definitions

Pneumococcal Vaccine

Any of the following documented any time before the end of the report period:

- Immunization/CVX codes 33, 100, 109, 133
- POV V06.6, V03.82
- ICD Procedure 99.55
- CPT 90732, 90669, 90670, G0009, G8115 (old code)

Contraindication to Pneumovax Vaccine

Any of the following documented any time before the end of the report period:

- Contraindication in the Immunization Package of “Anaphylaxis”
- PCC NMI Refusal.

2.3.2.6 GPRA 2012 Target

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

2.3.2.7 Patient Lists

- List of patients =>65 years with pneumovax immunization or contraindication.
- List of patients =>65 years without pneumovax immunization or contraindication.

2.3.3 Childhood Immunizations

Changes from Version 11.1, as noted.

2.3.3.1 Owner/Contact

Epidemiology Program/Amy Groom, MPH

2.3.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.3.3.3 Denominators

1. Active Clinical patients ages 19–35 months at end of report period.
2. **GPRA:** User Population patients active in the Immunization Package who are 19–35 months at end of report period.

Note: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator.

2.3.3.4 Numerators

1. 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 documented NMI refusals.

2. 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 documented NMI refusals.

3. **GPRA:** 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, 4 Pneumococcal), including contraindications and evidence of disease.ⁱ

Note: The only refusals included in this numerator are documented NMI refusals.

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

ⁱ Included with GPRA denominator only.

Note: The only refusals included in this numerator are documented NMI refusals.

5. Patients who have received three doses of Polio ever, including contraindications and evidence of disease.

Note: The only refusals included in this numerator are documented NMI refusals.

6. Patients who have received one dose of MMR ever, including contraindications, and evidence of disease.

Note: The only refusals included in this numerator are documented NMI refusals.

7. Patients who have received three doses of HiB ever, including contraindications.

Note: The only refusals included in this numerator are documented NMI refusals.

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

Note: The only refusals included in this numerator are documented NMI refusals.

9. Patients who have received one dose of Varicella ever, including contraindications and evidence of disease.ⁱⁱ

Note: The only refusals included in this numerator are documented NMI refusals.

10. Patients who have received four doses of Pneumococcal conjugate vaccine ever, including contraindications and evidence of disease.ⁱⁱⁱ

Note: The only refusals included in this numerator are documented NMI refusals.

ⁱⁱ Included with GPRA denominator only.

ⁱⁱⁱ Ibid.

2.3.3.5 Definitions

Patient Age

Since the age of the patient is calculated at the beginning of the report period, the age range will be adjusted to 7–23 months at the beginning of the report period, which makes the patient between the ages of 19–35 months at the end of the report period.

Timing of Doses

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 Population 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 Immunizations

- **4 Doses of DTaP**
 - 4 DTaP/DTP/Tdap
 - 1 DTaP/DTP/Tdap and 3 DT/Td
 - 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus
 - 4 DT and 4 Acellular Pertussis
 - 4 Td and 4 Acellular Pertussis, or
 - 4 each of Diphtheria, Tetanus, and Acellular Pertussis
- **3 Doses of Polio**
 - 3 OPV
 - 3 IPV, or
 - Combination of OPV & IPV totaling 3 doses
- **1 Dose of MMR**
 - MMR
 - 1 M/R and 1 Mumps
 - 1 R/M and 1 Measles, or

- 1 each of Measles, Mumps, and Rubella
- **3 doses of Hep B *OR 2 doses IF documented with CPT 90743***
- **3 doses of HIB**
- **1 dose of Varicella**
- **4 doses of Pneumococcal**

NMI refusals, Contraindication, and Evidence of Disease Information

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.
- 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.
- 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.).

Refusal Definitions

Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for *any of the following* codes:

- **DTaP**

- *Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146*
- *CPT 90696, 90698, 90700, 90721, 90723*
- **DTP**
 - *Immunization (CVX) codes 1, 22, 102*
 - *CPT 90701, 90711 (old code), 90720*
- **Tdap**
 - *Immunization (CVX) code 115*
 - *CPT 90715*
- **DT**
 - *Immunization (CVX) code 28*
 - *CPT 90702*
- **Td**
 - *Immunization (CVX) codes 9, 113*
 - *CPT 90714, 90718*
- **Diphtheria**
 - *CPT 90719*
- **Tetanus**
 - *Immunization (CVX) codes 35, 112*
 - *CPT 90703*
- **Acellular Pertussis**
 - *Immunization (CVX) code 11*
- **OPV**
 - *Immunization (CVX) codes 2, 89*
 - *CPT 90712*
- **IPV**
 - *Immunization (CVX) codes 10, 89, 110, 120, 130, 132, 146*
 - *CPT 90696, 90698, 90711 (old code), 90713, 90723*
- **MMR**
 - *Immunization (CVX) codes 3, 94*
 - *CPT 90707, 90710*
- **M/R**
 - *Immunization (CVX) code 4*
 - *CPT 90708*

- **R/M**
 - *Immunization (CVX) code 38*
 - *CPT 90709 (old code)*
- **Measles**
 - *Immunization (CVX) code 5*
 - *CPT 90705*
- **Mumps**
 - *Immunization (CVX) code 7*
 - *CPT 90704*
- **Rubella**
 - *Immunization (CVX) code 6*
 - *CPT 90706*
- **HiB**
 - *Immunization (CVX) codes 17, 22, 46-49, 50, 51, 102, 120, 132, 146*
 - *CPT 90645-90648, 90698, 90720-90721, 90737 (old code), 90748*
- **Hepatitis B**
 - *Immunization (CVX) codes 8, 42-45, 51, 102, 104, 110, 132, 146*
 - *CPT 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code)*
- **Varicella**
 - *Immunization (CVX) codes 21, 94*
 - *CPT 90710, 90716*
- **Pneumococcal**
 - *Immunization (CVX) codes 33, 100, 109*
 - *CPT 90669, 90670, 90732, G0009, G8115 (old code)*

Immunization Definitions

- **DTaP**
 - *Immunization (CVX) codes 20, 50, 106, 107, 110, 120, 130, 132, 146*
 - *POV V06.1*
 - *CPT 90696, 90698, 90700, 90721, 90723*
- **DTaP Contraindication Definition**
 - *Immunization Package contraindication of “Anaphylaxis”*
- **DTP**

- Immunization (CVX) codes 1, 22, 102
- POV V06.1, V06.2, V06.3
- CPT 90701, 90711 (old code), 90720
- Procedure 99.39
- **DTP Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Tdap**
 - Immunization (CVX) code 115
 - CPT 90715
- **Tdap Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **DT**
 - Immunization (CVX) code 28
 - POV V06.5
 - CPT 90702
- **DT Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Td**
 - Immunization (CVX) codes 9, 113
 - POV V06.5
 - CPT 90714, 90718
- **Td Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Diphtheria**
 - POV V03.5
 - CPT 90719
 - Procedure 99.36
- **Diphtheria Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Tetanus**
 - Immunization (CVX) codes 35, 112
 - POV V03.7
 - CPT 90703

- Procedure 99.38
- **Tetanus Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Acellular Pertussis**
 - Immunization (CVX) code 11
 - POV V03.6
 - Procedure 99.37 (old code)
- **Acellular Pertussis Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **OPV**
 - Immunization (CVX) codes 2, 89
 - CPT 90712
- **OPV Contraindication Definition**
 - POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208
 - Immunization Package contraindication of “Anaphylaxis”
- **IPV**
 - Immunization (CVX) codes 10, 89, 110, 120, 130, 132, **146**
 - POV V04.0, V06.3
 - CPT 90696, 90698, 90711 (old code), 90713, 90723
 - Procedure 99.41
- **IPV Evidence of Disease Definitions**
 - POV or PCC Problem List (active or inactive) 730.70–730.79
- **IPV Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis” or “Neomycin Allergy”
- **MMR**
 - Immunization (CVX) codes 3, 94
 - POV V06.4
 - CPT 90707, 90710
 - Procedure 99.48
- **MMR Contraindication Definitions**
 - POV 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204–208

- Immunization Package contraindication of “Anaphylaxis,” “Immune Deficiency,” “Immune Deficient,” or “Neomycin Allergy”
- **M/R**
 - Immunization (CVX) code 4
 - CPT 90708
- **M/R Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **R/M**
 - Immunization (CVX) code 38
 - CPT 90709 (old code)
- **R/M Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Measles**
 - Immunization (CVX) code 5
 - POV V04.2
 - CPT 90705
 - Procedure 99.45
- **Measles Evidence of Disease Definition**
 - POV or PCC Problem List (active or inactive) 055*
- **Measles Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Mumps**
 - Immunization (CVX) code 7
 - POV V04.6
 - CPT 90704
 - Procedure 99.46
- **Mumps Evidence of Disease Definition**
 - POV or PCC Problem List (active or inactive) 072*
- **Mumps Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Rubella**
 - Immunization (CVX) code 6

- POV V04.3
- CPT 90706
- Procedure 99.47
- **Rubella Evidence of Disease Definitions**
 - POV or PCC Problem List (active or inactive) 056*, 771.0
- **Rubella Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **HiB**
 - Immunization (CVX) codes 17, 22, 46-49, 50, 51, 102, 120, 132, **146**
 - POV V03.81
 - CPT 90645-90648, 90698, 90720-90721, 90737 (old code), 90748
- **HiB Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Hepatitis B**
 - Immunization (CVX) codes 8, 42-45, 51, 102, 104, 110, 132, **146**
 - CPT 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021 (old code), Q3023 (old code)
- **Hepatitis B evidence of disease definition**
 - POV or PCC Problem List (active or inactive) V02.61, 070.2, 070.3
- **Hepatitis B contraindication definition**
 - Immunization Package contraindication of “Anaphylaxis”
- **Varicella**
 - Immunization (CVX) codes 21, 94
 - POV V05.4
 - CPT 90710, 90716
- **Varicella Evidence of Disease Definition**
 - POV or PCC Problem List (active or inactive) 052*, 053*
 - 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
 - Immunization Package contraindication of “Anaphylaxis,” “Immune Deficiency,” “Immune Deficient,” or “Neomycin Allergy”

- **Pneumococcal**
 - Immunization (CVX) codes 33 Pneumo Polysaccharide, 100 Pneumo Conjugate, 109 Pneumo NOS, 133 Pneumo Conjugate
 - POV V06.6, V03.82
 - CPT 90669, 90670, 90732, G0009, G8115 (old code)
- **Pneumococcal Contraindication Definition**
 - Immunization Package contraindication of “Anaphylaxis”

2.3.3.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target rate of **77.8%** for the proportion of AI/AN children ages 19–35 months who have received the recommended immunizations.

Note: In FY 2011, the GPRA measure changed to the 4:3:1:3:3:1:4 combination, which includes pneumococcal.

2.3.3.7 Patient Lists

Note: Because age is calculated at the beginning of the report period, the patient’s age on the list will be between 7–23 months.

- List of patients Active Clinical 19–35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal).
- List of Active Clinical patients 19–35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
- List of Active Immunization Package patients 19–35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B).
- List of Active Immunization Package patients 19–35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

- List of Active Immunization Package patients 19–35 months who received the 4:3:1:3:3:1 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, and 1 Varicella).
- List of Active Immunization Package patients 19–35 months who have not received the 4:3:1:3:3:1 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, and 1 Varicella). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.
- List of Active Immunization Package patients 19–35 months who received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal).
- List of Active Immunization Package patients 19–35 months who have not received the 4:3:1:3:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP.

2.4 Cancer Screening Group

2.4.1 Cancer Screening: Pap Smear Rates

No changes from Version 11.1

2.4.1.1 Owner/Contact

Carolyn Aoyama

2.4.1.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.4.1.3 Denominators

1. **GPRA:** Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy.

Note: 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.

2.4.1.4 Numerators

1. **GPRA:** Patients with a Pap smear documented in the past three years.

Note: This numerator does *not* include refusals.

2.4.1.5 Definitions

Age

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:

- Procedure 68.4-68.8
- CPT 51925, 56308 (old code), 58150, 57540, 57545, 57550, 57555, 57556, 58152, 58200-58294, 58548, 58550-58554, 58570-58573, 58951, 58953-58954, 58956, 59135
- POV 618.5, V88.01, V88.03
- Women's Health procedure called Hysterectomy

Pap Smear

- V Lab PAP SMEAR
- 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
- Procedure 91.46

- CPT 88141-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear
- Women's Health Procedure called Pap Smear and where the result does not have "ERROR/DISREGARD"
- LOINC taxonomy
- Site-populated taxonomy BGP GPRA PAP SMEAR TAX

2.4.1.6 GPRA 2012 Target

During FY **2012**, achieve the tentative 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.

2.4.1.7 Patient Lists

- List of female patients with a Pap smear documented in the past three years.
- List of female patients without a Pap smear documented in the past three years.

2.4.2 Cancer Screening: Mammogram Rates

No changes from Version 11.1

2.4.2.1 Owner/Contact

Carolyn Aoyama

2.4.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.4.2.3 Denominators

1. **GPRA:** Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.

<p>Note: The patients must be at least 52 years of age as of the beginning of the report period and less than 65 years of age as of the end of the report period.</p>
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2.4.2.4 Numerators

1. **GPRA:** All patients who had a Mammogram documented in the past two years.

<p>Note: This numerator does <i>not</i> include refusals.</p>
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2.4.2.5 Definitions

Age

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

- CPT 19300.50–19307.50 OR 19300-19307 with modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950, or
- ICD Operation codes 85.42, 85.44, 85.46, 85.48

Unilateral Mastectomy

Requires two separate occurrences for either CPT or procedure codes on two different dates of service.

- CPT 19300–19307, or old codes 19180, 19200, 19220, 19240
- Procedures 85.41, 85.43, 85.45, 85.47

Mammogram

- V Radiology or CPT 77052–77059, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202
- POV V76.11, V76.12, 793.80 Abnormal mammogram, unspecified, 793.81 Mammographic microcalcification, 793.89, Other abnormal findings on radiological exam of breast
- Procedures 87.36, 87.37
- Women’s Health Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat and where the mammogram result does *not* have "ERROR/DISREGARD"

2.4.2.6 GPRA 2012 Target

During FY *2012*, achieve the tentative target rate of *51.7%* for the proportion of female patients ages 52 through 64 who have had mammography screening within the last two years.

2.4.2.7 Patient Lists

- List of female patients with a Mammogram documented in the past two years.
- List of female patients without a Mammogram documented in the past two years.

2.4.3 Colorectal Cancer Screening

No changes from Version 11.1

2.4.3.1 Owner/Contact

Epidemiology Program/Don Haverkamp

2.4.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.4.3.3 Denominators

1. **GPRA:** Active Clinical patients ages 51–80 without a documented history of colorectal cancer or total colectomy, broken out by gender.

2.4.3.4 Numerators

1. **GPRA:** 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.

2. Patients with FOBT or FIT during the report period.

2.4.3.5 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

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

Colorectal Cancer Screening

The most recent of any of the following during applicable timeframes:

- **FOBT or FIT**
 - CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code)
 - LOINC taxonomy
 - Site-populated taxonomy BGP GPRA FOB TESTS
- **Flexible Sigmoidoscopy**
 - Procedure 45.24, CPT 45330–45345, G0104
- **Double Contrast Barium Enema**
 - CPT or VRad 74280, G0106, G0120
- **Colonoscopy**
 - POV V76.51 Colon screening
 - Procedure 45.22, 45.23, 45.25, 45.42, 45.43
 - CPT 44388–44394, 44397, 45355, 45378–45387, 45391, 45392, G0105, G0121

2.4.3.6 GPRA 2012 Target

During FY *2012*, achieve the tentative target rate of **43.2%** for the proportion of clinically appropriate patients ages 51–80 who have received colorectal screening.

2.4.3.7 Patient Lists

- List of patients 51–80 with CRC screening.
- List of patients 51–80 without CRC screening.

2.4.4 Tobacco Use and Exposure Assessment

No changes from Version 11.1

2.4.4.1 Owner/Contact

Mary Wachacha and Chris Lamer, PharmD/Epidemiology Program, Dayle Knutson

2.4.4.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.4.4.3 Denominators

1. Active Clinical patients ages five and older.

2.4.4.4 Numerators

1. Patients screened for tobacco use during the report period.
2. Patients identified during the report period as current tobacco users.
 - A. Current smokers
 - B. Current smokeless tobacco users
3. Patients exposed to environmental tobacco smoke (ETS) during the report period.

2.4.4.5 Definitions

Tobacco Screening

At least one of the following:

- Any Health Factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), TOBACCO (EXPOSURE)

- POV or Current PCC Problem List 305.1, 305.1* (old codes), 649.00-649.04, V15.82 (tobacco-related diagnosis)
- Dental code 1320
- Patient Education codes 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), G8453 (old code)
- 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), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed)

Tobacco Users

- 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
- POV 305.1, 305.10-305.12 (old codes), 649.00-649.04
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code)

Current Smokers

- Health Factors: Current Smoker, Current Smoker and Smokeless, Cessation-Smoker, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day
- POV 305.1, 305.10-305.12 (old codes), 649.00-649.04
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, G8455 (old code), G8402 (old code), G8453 (old code)

Current Smokeless

- Health Factors: Current Smokeless, Current Smoker and Smokeless, Cessation-Smokeless
- CPT 1035F, G8456 (old code)

ETS

Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke

2.4.4.6 Patient Lists

- List of patients with documented tobacco screening.
- List of patients without documented tobacco screening.
- List of patients identified as current tobacco users, both smokers and smokeless users.

2.4.5 Tobacco Cessation

No changes from Version 11.1

Note: The GPRA Developmental report contains a set of denominators, numerators, and logic that *may* become the GPRA logic in a future GPRA year. This logic is included *only* in the GPRA Developmental report.

2.4.5.1 Owner/Contact

Mary Wachacha and Chris Lamer, PharmD/Epidemiology Program, Dayle Knutson

2.4.5.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.4.5.3 Denominators

1. **GPRA:** Active Clinical patients identified as current tobacco users prior to the report period, broken down by gender and age groups: <12, 12–17, 18 and older.

2.4.5.4 Numerators

1. **GPRA:** 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.

2. Patients identified during the report period as having quit their tobacco use.

3. 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.

2.4.5.5 Definitions

Current Tobacco Users

Any of the following documented prior to the report period:

- Health Factors (looks at the last documented 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, Current smoker, some day
- Last documented Tobacco-related Diagnoses (POV or active Problem List) 305.1, 305.10-305.12 (old codes), 649.00-649.04
- Last documented CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code)

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

Tobacco Cessation Counseling

Any of the following documented during the report period:

- 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), G8453 (old code)
- Clinic code 94
- Dental code 1320
- CPT code D1320, 99406, 99407, G0375 (old code), G0376 (old code), 4000F, 4000F, G8402 (old code), G8453 (old code)

Prescription for Tobacco Cessation Aid

Any of the following:

- Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy

- Any medication with name containing “NICOTINE PATCH,” “NICOTINE POLACRILEX,” “NICOTINE INHALER,” “NICOTINE NASAL SPRAY”
- CPT 4001F

Quit Tobacco Use

Any of the following documented during the report period:

- POV or Current Active Problem List diagnosis code 305.13 Tobacco use in remission (old code) or V15.82
- Health Factors Previous documented during the report period (looks at the last documented health factor): Previous Smoker, Previous Smokeless, Previous (Former) Smoker, Previous (Former) Smokeless

2.4.5.6 GPRA 2012 Target

During FY **2012**, achieve the tentative target rate of **30.0%** for the proportion of tobacco-using patients who receive tobacco cessation intervention.

2.4.5.7 Patient Lists

- List of tobacco users with documented tobacco cessation intervention.
- List of tobacco users without documented tobacco cessation intervention.
- List of tobacco users who quit tobacco use.
- List of tobacco users with documented tobacco cessation intervention or who quit tobacco use.
- List of tobacco users without documented tobacco cessation intervention and did not quit tobacco use.

2.5 Behavioral Health Group

2.5.1 Alcohol Screening (Fetal Alcohol Syndrome [FAS] Prevention)

No changes from Version 11.1

2.5.1.1 Owner/Contact

Dr. Peter Stuart

2.5.1.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.5.1.3 Denominators

1. **GPRA:** Female Active Clinical patients ages 15 to 44 (child-bearing age).

2.5.1.4 Numerators

1. **GPRA:** 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.

2.5.1.5 Definitions

Alcohol Screening

Any of the following during the report period:

- PCC Exam code 35
- Any CAGE Health Factor
- Screening Diagnosis V11.3, V79.1, or BHS problem code 29.1
- CPT 99408, 99409, G0396, G0397, H0049, H0050, 3016F
- V Measurement in PCC or BH of AUDT, AUDC, or CRFT

Alcohol-Related Diagnosis or Procedure

Any of the following during the report period:

- Alcohol-related Diagnosis
 - POV, Current PCC or BHS Problem List 303.*, 305.0*, 291.*, 357.5*
 - BHS POV 10, 27, 29
- Alcohol-related Procedure
 - 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:

- All 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, 3016F.

2.5.1.6 GPRA 2012 Target

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

2.5.1.7 Patient Lists

- List of female Active Clinical patients 15–44 with documented screening.
- List of female Active Clinical patients 15–44 without documented screening.

2.5.2 Intimate Partner (Domestic) Violence Screening

No changes from Version 11.1

2.5.2.1 Owner/Contact

Denise Grenier, LCSW and Dr. Peter Stuart

2.5.2.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.5.2.3 Denominators

1. **GPRA:** Female Active Clinical patients ages 15–40.

2.5.2.4 Numerators

1. **GPRA:** Patients screened for intimate partner (domestic) violence at any time during the report period.

Note: This numerator does *not* include refusals.

2.5.2.5 Definitions

IPV/DV Screening

- PCC Exam code 34
- BHS IPV/DV exam

IPV/DV Related Diagnosis

- POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49
- BHS POV 43.*, 44.*

IPV/DV Patient Education

Patient Education codes containing “DV-” or “-DV”, 995.80-83, 995.85, V15.41, V15.42, V15.49

IPV/DV Counseling

POV V61.11

2.5.2.6 GPRA 2012 Target

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

2.5.2.7 Patient Lists

- List of female patients 15–40 with documented IPV/DV screening.
- List of female patients 15–40 without documented IPV/DV screening.

2.5.3 Depression Screening

No changes from Version 11.1

2.5.3.1 Owner/Contact

Denise Grenier, LCSW and Drs. David Sprenger and Peter Stuart

2.5.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.5.3.3 Denominators

1. **GPRA:** Active Clinical patients ages 18 and older, broken down by gender.

2.5.3.4 Numerators

1. **GPRA:** 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.

2.5.3.5 Definitions

Depression Screening

Any of the following:

- Exam code 36
- POV V79.0
- CPT 1220F
- BHS problem code 14.1 (screening for depression)
- V Measurement in PCC or BH of PHQ2 or PHQ9

Mood Disorders

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, 311 or BHS POV 14, 15

2.5.3.6 GPRA 2012 Target

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

2.5.3.7 Patient Lists

- List of Active Clinical patients =>18 screened for depression/diagnosed with mood disorder.
- List of Active Clinical patients =>18 not screened for depression/diagnosed with mood disorder.

2.6 Cardiovascular Disease Related Group

2.6.1 Obesity Assessment

No changes from Version 11.1

2.6.1.1 Owner/Contact

Nutrition Program, Jean Charles-Azure

2.6.1.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.6.1.3 Denominators

1. Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2–5, 6–11, 12–19, 20–24, 25–34, 35–44, 45–54, 55–74.

2.6.1.4 Numerators

1. All patients for whom BMI can be calculated.

Note: This numerator does *not* include refusals.

- A. Of Numerator 1, patients considered overweight, adults BMI 25–29, age 18 and under based on standard tables.
- B. Of Numerator 1, patients considered obese, adults BMI ≥ 30 , age 18 and under based on standard tables.
- C. Of Numerator 1, total overweight and obese.

2.6.1.5 Definitions

BMI

Calculated 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 within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day.

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.

2.6.1.6 Target

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

2.6.1.7 Patient Lists

- List of patients with calculated BMI.
- List of patients for whom BMI could not be calculated.

2.6.2 Childhood Weight Control

No changes from Version 11.1

2.6.2.1 Owner/Contact

Nutrition Program, *Lorraine Valdez, MPA, BSN, RN*

2.6.2.2 National Reporting

NATIONAL (included in IHS Performance Report; *not* reported to OMB and Congress)

2.6.2.3 Denominators

1. Active Clinical Patients 2–5 for whom a BMI could be calculated, broken out by age groups.

2.6.2.4 Numerators

1. Patients with a BMI in the 85th to 94th percentile.
2. Patients with a BMI at or above the 95th percentile.
3. Patients with a BMI at or above the 85th percentile.

2.6.2.5 Definitions

Age

All patients who are between the ages of two and five at the beginning of the report period and who do not turn age six 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 two at the beginning of the time period but is three at the time of the most current BMI found. That patient will fall into the Age three group.

BMI

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 are reported differently than in Obesity Assessment since this age group is children ages two–six, 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, as shown in the following table, will not be included in the report counts for Overweight or Obese.

Low-High Ages	Sex	BMI (Overweight)	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

2.6.2.6 2011 Target

During FY 2011, achieve the tentative long-term target rate of 24% for the proportion of children with a BMI of 95% or higher.

2.6.2.7 Patient Lists

List of patients ages two–five with BMI at or above the 95th percentile.

2.6.3 Comprehensive CVD-Related Assessment

Changes from Version 11.1, as noted.

2.6.3.1 Owner/Contact

Mark Veazie, Dr. Dena Wilson and Chris Lamer, PharmD

2.6.3.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.6.3.3 Denominators

1. **GPRA:** 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 two visits during the report period, *and* two IHD-related visits ever.

2.6.3.4 Numerators

1. Patients with BP value documented at least twice in prior two years.
2. Patients with LDL completed in past five years, regardless of result.
3. Patients screened for tobacco use during the report period.
4. Patients for whom a BMI could be calculated.

Note: This numerator does *not* include refusals.

5. Patients who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the report period.
6. **GPRA:** 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.

7. Screened for depression or diagnosed with a mood disorder during the report period.

Note: This numerator does *not* include refusals.

2.6.3.5 Definitions

IHD

POV 410.0-412.*, 414.0-414.9, 428.*, 429.2

BP

Having a minimum of two BPs documented on non-ER visits in past two years. If CRS does not find two BPs, it will search for CPT 0001F, 2000F, 3074F–3080F *or* **POV V81.1** documented on non-ER visit during the past two years.

LDL

Finds the most recent test done in the last five 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

At least one of the following:

- Any health factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), TOBACCO (EXPOSURE) documented during current report period
- Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, V15.82
- Dental code 1320
- 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), G8453 (old code)
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455-G8457 (old codes), G8402 (old code), 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 five years, not required to be on the same day. For over 50, height and weight within last two years, not required to be recorded on same day.

Medical Nutrition Therapy

- Any of the following:
 - CPT 97802-97804, G0270, G0271
 - Primary or secondary provider codes 07, 29, 97, 99
 - Clinic codes 67 (dietary), 36 (WIC)

Nutrition education:

- POV V65.3 dietary surveillance and counseling
- Patient education codes ending “-N” (Nutrition) or “-MNT” or containing V65.3 (or old code “-DT” (Diet))

Exercise education:

- POV V65.41 exercise counseling
- Patient education codes ending “-EX” (Exercise) or containing V65.41

Related exercise and nutrition education:

- 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:

- Depression Screening:
 - Exam code 36
 - POV V79.0
 - CPT 1220F
 - BHS problem code 14.1 (screening for depression)
 - V Measurement in PCC or BH of PHQ2 or PHQ9

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, 311 or BHS POV 14, 15.

2.6.3.6 GPRA 2012 Target

During FY *2012*, achieve the tentative target rate of **40.6%** for the proportion of at-risk patients who have a comprehensive assessment.

2.6.3.7 Patient Lists

- List of Active IHD patients 22+ with a comprehensive CVD assessment.
- List of Active IHD patients 22+ without a comprehensive CVD assessment.

2.7 STD-Related Group

2.7.1 HIV Screening

No changes from Version 11.1

2.7.1.1 Owner/Contact

Drs. Scott Giberson, Marie Russell, Jim Cheek, and John Redd

2.7.1.2 National Reporting

NATIONAL (included in IHS Performance Report; reported to OMB and Congress)

2.7.1.3 Denominators

1. **GPRA:** All pregnant Active Clinical patients with no documented miscarriage or abortion during the past 20 months and *no* recorded HIV diagnosis ever.

2.7.1.4 Numerators

1. **GPRA:** Patients who were screened for HIV during the past 20 months.

Note: This numerator does *not* include refusals.

2.7.1.5 Definitions

Pregnancy

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

- POV 630, 631, 632, 633*, 634*
- CPT 59812, 59820, 59821, 59830

Abortion

- POV 635*, 636*, 637*
- CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267
- Procedure 69.01, 69.51, 74.91, 96.49

HIV

Any of the following documented any time prior to the end of the report period:

- POV or Problem List 042, 042.0-044.9 (old codes), 079.53, V08, 795.71

HIV Screening

- CPT 86689, 86701-86703, 87390, 87391, 87534-87539
- LOINC taxonomy
- Site-populated taxonomy BGP HIV TESTS

Note: The timeframe for screening for the pregnant patient's denominator is anytime during the past 20 months.

2.7.1.6 GPRA 2012 Target

During FY *2012*, achieve the tentative target rate of *81.8%* for the proportion of pregnant patients who are screened for HIV.

2.7.1.7 Patient Lists

- List of pregnant patients with documented HIV test in past 20 months.
- List of pregnant patients without documented HIV test in past 20 months.

2.8 Other Clinical Group

2.8.1 Breastfeeding Rates

No changes from Version 11.1

Note: This measure is used in conjunction with the Childhood Weight Control GPRA long-term measure to support the reduction of the incidence of childhood obesity.

2.8.1.1 Owner/Contact

Tina Tah, RN, BSN, MBA

2.8.1.2 National Reporting

NATIONAL (*not* included in IHS Performance Report; reported to OMB in the PART Report)

2.8.1.3 Denominators

1. Active Clinical patients who are 30–394 days old.
2. **PART:** 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).
3. 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).
4. 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).
5. Active Clinical patients who are 30–394 days old who were screened for infant feeding choice at the age of one year (350–394 days)

2.8.1.4 Numerators

1. Patients who were screened for infant feeding choice at least once.
2. Patients who were screened for infant feeding choice at the age of two months (45–89 days).

3. Patients were screened for infant feeding choice at the age of six months (165–209 days).
4. Patients who were screened for infant feeding choice at the age of nine months (255–299 days).
5. Patients who were screened for infant feeding choice at the age of one year (350–394 days).
6. **PART:** Patients who, at the age of two months (45–89 days), were either exclusively or mostly breastfed.
7. Patients who, at the age of six months (165–209 days), were either exclusively or mostly breastfed.
8. Patients who, at the age of nine months (255–299 days), were either exclusively or mostly breastfed.
9. Patients who, at the age of one year (350–394 days), were either exclusively or mostly breastfed.

2.8.1.5 Definitions

Infant Feeding Choice

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 half breastfed and half 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 two 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 nine months, and 365 days for one 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 six months and was exclusively breastfeeding but was not screened at two months, then the patient will only be counted in the six months numerator.

2.8.1.6 2011 Target

During FY 2011, achieve the tentative target rate of 28.6% for the proportion of two-month olds who are mostly or exclusively breastfeeding.

2.8.1.7 Patient Lists

- List of Active Clinical patients 30–394 days who were screened for Infant Feeding Choice at least once.
- List of Active Clinical patients 30–394 days who were not screened for Infant Feeding Choice at least once.
- List of Active Clinical patients screened at the age of two months (45–89 days) and were either exclusively or mostly breastfed.
- List of Active Clinical patients screened at the age of two months (45–89 days) and were not exclusively or mostly breastfed.

Contact Information

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

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

Fax: (505) 248-4363

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

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