RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System

(BGP)

Elder Care Report
Performance Measure List and Definitions

Version 18.0 patch 1
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Office of Information Technology
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1.0 Introduction

The Elder Care Report contains clinical quality measures for older patients. Most of the measures are available for all ages in other reports. For this report, the denominator is changed to primarily focus on patients 55 years and older, though the age range may differ for some measures. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

Notations used in this document are described in the following table.

Table 1-1: Document notations

Notation	Location	Meaning
GPRA:	Preceding a measure	An official GPRA measure reported in the National GPRA Report submitted to Office of Management and Budget (OMB) and Congress in the annual IHS budget process.
GPRAMA:	Preceding a measure	An official GPRAMA measure reported in the National GPRA Report submitted to the Office of Management and Budget (OMB) and Congress, and included in the annual HHS Online Performance Appendix.
Asterisk (*)	Anywhere in a code (CPT, POV, Edu., etc.)	A “wildcard” character indicating that the code given has one or more additional characters at this location.
Brackets ([])	In logic definitions	Contains the name of the taxonomy where the associated codes reside.

1.1 CRS Denominator Definitions

1.1.1 For All Denominators

- All patients with name “DEMO, PATIENT” or who are included in the Resource and Patient Management System (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

1.1.2.1 National GPRA/GPRAMA Reporting

- Must have two visits to medical clinics in the past 3 years prior to the end of the Report Period. 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 FY2018 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 Purchased and Referred Care (PRC) catchment area.

1.1.2.2 Local Reports

- Must have two visits to medical clinics in the past 3 years prior to the end of the Report Period. 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 FY2018 Clinical Measures User Manual* 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.

1.1.3 User Population

1.1.3.1 National GPRA/GPRAMA Reporting

- Must have been seen at least once in the 3 years prior to the end of the Report 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 PRC catchment area.

1.1.3.2 Local Reports

- Must have been seen at least once in the 3 years prior to the end of the Report 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.

2.0 Performance Measure Topics and Definitions

The following sections define the performance measure topics and their definitions that are included in the *CRS 2018 version 18.0 patch 1 Elder Care Report.*

2.1 Diabetes Group

2.1.1 Diabetes Prevalence

2.1.1.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.1.2 Denominators

User Population users ages 55 and older, broken down by gender and age groups.

2.1.1.3 Numerators

1. Patients diagnosed with diabetes ever.
2. Patients diagnosed with diabetes during the Report Period.

2.1.1.4 Definition

Diabetes Diagnosis

Diabetes diagnosis is defined as at least one Purpose of Visit (POV) diagnosis ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES].

2.1.1.5 Patient List

List of diabetic patients 55 and older with most recent diagnosis.

2.1.2 Diabetes: Glycemic Control

2.1.2.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.2.2 Denominators

Active Diabetic patients ages 55 and older; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits in the past year, and two Diabetes Mellitus (DM)-related visits ever. Broken down by age groups.

2.1.2.3 Numerators

1. Hemoglobin A1c documented during the Report Period, *regardless of result.*
2. Poor control: A1c greater than (>) 9.
3. Very poor control: A1c is greater than or equals (>=) 12.
4. Poor control: A1c greater than (>) 9 and less than (<) 12.
5. Fair control: A1c equals or greater than (>=) 8 and less than or equal to (<=) 9.
6. A1c is greater than or equal to (>=) 7 and less than (<) 8.
7. GPRAMA: Good control: A1c less than (<) 8.
8. A1c less than (<) 7.
9. Without result. Patients with A1c documented but no value.

2.1.2.4 Definitions

Diabetes

First Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] 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 or the same visit and one test has a result and the other does not, the test with the result will be used. If both tests have a result, the last test done on the visit 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:

– Current Procedural Terminology (CPT) 83036, 83037, 3044F through 3046F, 3047F (old code) [BGP HGBA1C CPTS]

  - Logical Observations Identifiers, Names, Codes (LOINC) taxonomy
  - Site-populated taxonomy DM AUDIT HGB A1C TAX
- Without result is defined as A1c documented but with no value.
- CPT 3044F represents A1c less than (<) 7 and will be included in the A1c less than (<) 7 and A1c less than (<) 8 numerators.
- CPT 3046F represents A1c greater than (>) 9 and will be included in the A1c greater than (>) 9 numerator.

2.1.2.5 Patient List

List of diabetic patients 55 and older with most recent A1c value, if any.

2.1.3 Diabetes: Blood Pressure Control

2.1.3.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.3.2 Denominators

Active Diabetic patients ages 55 and older defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. Broken down by age groups.

2.1.3.3 Numerators

1. Patients with blood pressure documented during the Report Period.
2. GPRA: Patients with controlled blood pressure (BP), defined as below 140/90, i.e., the mean systolic value is less than 140 *and* the mean diastolic value is less than (<) 90.
3. Patients with blood pressure that is not controlled.

2.1.3.4 Definitions

Diabetes

First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] 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:

- Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation)
- Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), 79 (Triage), C1 (Neurosurgery), or D4 (Anesthesiology)

BP Documented

CRS uses mean of last 3 BPs documented during the Report Period. If 3 BPs are not available, uses mean of last 2 BPs, or one BP if there is only one documented. 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 two2 BPs and dividing by 3 (or 2).

If CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 [BGP BP MEASURED CPT, BGP SYSTOLIC BP CPTS, BGP DIASTOLIC BP CPTS] or POV ICD-9: V81.1 [BGP HYPERTENSION SCREEN DXS] documented during the Report Period.

Controlled BP

CRS uses a mean, as described above where BP is below 140/90. 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 during the Report Period:

- **BP Documented**: CPT 0001F, 2000F, G9273, G9274 [BGP BP MEASURED CPT] or POV ICD-9: V81.1 [BGP HYPERTENSION SCREEN DXS]; OR
- **Systolic**: CPT 3074F, 3075F, or 3077F [BGP SYSTOLIC BP CPTS] WITH **Diastolic**: CPT 3078F, 3079F, or 3080F [BGP DIASTOLIC BP CPTS]. 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 combinations represent BP below 140/90 and will be included in the Controlled BP numerator: CPT 3074F or 3075F *and* 3078F or 3079F, OR G9273. All other combinations will *not* be included in the Controlled BP numerator.

2.1.3.5 Patient List

List of diabetic patients 55 and older with blood pressure value, if any.

2.1.4 Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes

2.1.4.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.4.2 Denominators

1. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least two visits during the Report Period, AND two DM-related visits ever, ages 55 through 75.
2. Active Diabetic patients, defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least two visits during the Report Period, AND two DM-related visits ever, ages 76 and older with documented CVD or an LDL greater than or equal to (>=) 190 or hypercholesterolemia.

2.1.4.3 Numerators

1. GPRA: Patients who are statin therapy users during the Report Period or who receive an order (prescription) to receive statin therapy at any point during the Report Period.

2.1.4.4 Definitions

Diabetes

- First DM POV ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] recorded in the V POV file prior to the Report Period.

Cardiovascular Disease (CVD)

Cardiovascular Disease (CVD) diagnosis defined as any of the following:

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

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: 410.0 through 413.*, 414.0 through 414.9, 429.2; ICD-10: I20.0 through I22.8, I24.0 through I25.83, I25.89, I25.9, Z95.5 [BGP CHD DXS]
- SNOMED data set PXRM ISCHEMIC HEART DISEASE (Problem List only)

- Acute Myocardial Infarction (AMI) defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: 410.0* through 410.9*, 412, 429.79; ICD-10: I21.*, I22.*, I23.*, I25.2 [BGP AMI DXS PAMT]
- SNOMED data set PXRM BGP AMI (Problem List only)

- Ischemic Vascular Disease (IVD) defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: 411.*, 413.*, 414.0*, 414.2, 414.8, 414.9, 429.2, 433.* through 434.*, 440.1, 440.2*, 440.4, 444.*, 445.*; ICD-10: I20.*, I24.*, I25.1*, I25.5 through I25.812, I65.*, I66.*, I70.1, I70.201 through I70.299, I70.92, I74.*, I75.* [BGP IVD DXS]
- SNOMED data set PXRM BGP IVD (Problem List only)

- Ischemic Stroke or Transient Ischemic Attack (TIA) defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: 433.01, 433.11, 433.21, 433.31, 433.81, 433.91, 434.01, 434.11, 434.91, 435.0, 435.1, 435.2, 435.3, 435.8, 435.9, 436, 437.1, 438.*, V12.54; ICD-10: G45.0 through G45.2, G45.8, G45.9, G46.0 through G46.8, I63.*, I69.*, Z86.73 [BGP TIA DXS]
- SNOMED data set PXRM BGP ISCHEMIC STROKE TIA (Problem List only)

- Atherosclerosis and Peripheral Arterial Disease defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: 414.0*, 414.3, 414.4, 437.0, 440.*; ICD-10: E08.51, E08.52, E09.51, E09.52, I25.1*, I25.700 through I25.812, I25.83 through I25.89, I67.2, I70.* [BGP ARTERIAL DISEASE DXS]
- SNOMED data set PXRM BGP ARTERIAL DISEASE (Problem List only)

- Coronary Artery Bypass Graft (CABG) Procedure defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-9: V45.81; ICD-10: Z95.1 [BGP CABG DXS]
- SNOMED data set PXRM BGP CABG (Problem List only)

– CPT 33510 through 33514, 33516 through 33519, 33521 through 33523, 33530, 33533 through 33536, 33572, 35500, 35600, S2205 through S2209 [BGP CABG CPTS]

– Procedure ICD-9: 36.1*, 36.2*; ICD-10: 02100**, 021049*, 02104A*, 02104J*, 02104K*, 02104Z*, 02110**, 021149*, 02114A*, 02114J*, 02114K*, 02114Z*, 02120**, 021249*, 02124A*, 02124J*, 02124K*, 02124Z*, 02130**, 021349*, 02134A*, 02134J*, 02134K*, 02134Z* [BGP CABG PROCS]

- Percutaneous Coronary Interventions (PCI) Procedure defined as any of the following:

– Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- POV ICD-9: V45.82; ICD-10: Z95.5, Z98.61 [BGP PCI DXS]

- SNOMED data set PXRM BGP PCI (Problem List only)

– CPT 92920, 92924, 92928, 92933, 92937, 92941, 92943, 92980 (old code), 92982 (old code), 92995 (old code), G0290, C9600, C9602, C9604, C9606, C9607 [BGP PCI CPTS]

– Procedure ICD-9: 00.66, 36.01 (old code), 36.02 (old code), 36.05 (old code), 36.06 through 36.07; ICD-10: 02703**, 02704**, 02713**, 02714**, 02723**, 02724**, 02733**, 02734** [BGP PCI CM PROCS]

- Carotid Intervention defined as any of the following:

– Procedure ICD-9: 00.61 through 00.65, 38.02, 38.12, 38.22, 38.30 through 38.32, 38.42, 39.22, 39.28, 88.41; ICD-10: 03*H***, 03*J***, 03*K***, 03*L***, 03*M***, 03*N***, 0G*6***, 0G*7***, 0G*8***, B3060ZZ, B3061ZZ, B306YZZ, B3070ZZ, B3071ZZ, B307YZZ, B3080ZZ, B3081ZZ, B308YZZ, B3160ZZ, B3161ZZ, B316YZZ, B3170ZZ, B3171ZZ, B317YZZ, B3180ZZ, B3181ZZ, B318YZZ

– Diagnosis (Problem List entry where the status is not Inactive or Deleted):

- SNOMED data set PXRM BGP CAROTID INTERVENTION

- Other Revascularization:

– CPT 37220, 37221, 37224 through 37231 [BGP REVASCULARIZATION CPTS]

LDL

For LDL greater than or equal to (>=) 190, CRS will look for any test at any time with result greater than or equal to (>=) 190. LDL defined as any of the following:

- LOINC taxonomy
- Site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX

Hypercholesterolemia

Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- POV ICD-9: 272.0; ICD-10: E78.00, E78.01
- SNOMED data set PXRM BGP HYPERCHOLESTEROLEMIA (Problem List only)

Denominator Exclusions

Patients meeting any of the following conditions will be excluded from the denominator.

- Patients with documented allergy, intolerance, or other adverse effect to statin medication.
- Patients who have an active diagnosis of pregnancy or who are breastfeeding.
- Patients with a diagnosis of cirrhosis of the liver or liver disease during the Report Period or the year prior to the Report Period.
- Patients who are receiving palliative care during the Report Period.
- Patients with end-stage renal disease (ESRD).
- Patients with diabetes whose most recent LDL result is less than (<) 70 and who have never had an LDL result greater than or equal to (>=) 190 and who are not taking statin therapy.
- Patients with Hepatitis A or Hepatitis B.

Contraindications to Statins

Contraindications to Statins defined as any of the following:

- Pregnancy: See the definition that follows.
- Breastfeeding: See the definition that follows.
- Acute Alcoholic Hepatitis: defined as POV or Problem List entry where the status is not Inactive or Deleted during the Report Period:

- ICD-9: 571.1; ICD-10: K70.10, K70.11 [BGP ALCOHOL HEPATITIS DXS]
- SNOMED data set PXRM BGP ACUTE ETOH HEPATITIS (Problem List only)

- NMI refusal for any statin at least once during the Report Period.

Adverse drug reaction or documented statin allergy

Defined as any of the following:

- ALT or AST greater than three times the Upper Limit of Normal (ULN) (i.e., Reference High) on two or more consecutive visits during the Report Period
- Creatine Kinase (CK) levels greater than 10 times ULN or CK greater than 10,000 IU/L during the Report Period
- Myopathy or Myalgia, defined as any of the following during the Report Period:
- POV or Problem List entry where the status is not Inactive or Deleted ICD-9: 359.0 through 359.9, 729.1, 710.5, 074.1; ICD-10: G71.14, G71.19, G72.0, G72.2, G72.89, G72.9, M35.8, M60.80 through M60.9, M79.1 [BGP MYOPATHY/MYALGIA]; SNOMED data set PXRM BGP MYOPATHY MYALGIA (Problem List only)
- Rhabdomyolysis, defined as any of the following during the Report Period:

Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

- ICD-10: M62.82, T79.6XX*
- SNOMED data set PXRM BGP RHABDOMYOLYSIS (Problem List only)
- Any of the following occurring ever:
- POV ICD-9: 995.0 through 995.3 [BGP ASA ALLERGY 995.0-995.3] and E942.9 [BGP ADV EFF CARDIOVASC NEC]
- “Statin” or “Statins” entry (except "Nystatin") in ART (Patient Allergies File)
- “Statin” or “Statins” (except "Nystatin") contained within Problem List (where status is not Deleted) or in Provider Narrative field for any POV ICD-9: 995.0 through 995.3, V14.8; ICD-10: Z88.8 [BGP ASA ALLERGY 995.0-995.3 and BGP HX DRUG ALLERGY NEC]
- Problem List entry where the status is not Deleted of SNOMED data set PXRM BGP ADR STATIN

Pregnancy Definition

Any of the following:

- The Currently Pregnant field in Reproductive Factors file set to "Yes" during the Report Period.
- At least one visit during the Report Period, where the primary provider is not a CHR (Provider code 53) with any of the following:

– Diagnosis (POV or active Problem List entry if added in the past 20 months) ICD-9: 640.*3, 641.*3, 642.*3, 643.*3, 644.*3, 645.*3, 646.*3, 647.*3, 648.*3, 649.*3, 651.*3, 652.*3, 653.*3, 654.*3, 655.*3, 656.*3, 657.*3, 658.*3, 659.*3, 660.*3, 661.*3, 662.*3, 663.*3, 665.*3, 668.*3, 669.*3, 671.*3, 673.*3, 678.*3, 679.*3, V22.0 through V23.9, V24.*, V27.*, V28.81, V28.82, V28.89, V72.42, V89.01 through V89.09; ICD-10: O00.1 through O00.91, O09.00 through O10.019, O10.111 through O10.119, O10.211 through O10.219, O10.311 through O10.319, O10.411 through O10.419, O10.911 through O10.919, O11.1 through O15.03, O16.1 through O24.019, O24.111 through O24.119, O24.311 through O24.319, O24.41*, O24.811 through O24.819, O24.911 through O24.919, O25.10 through O25.13, O26.00 through O26.619, O26.711 through O26.719, O26.811 through O26.93, O28.*, O29.011 through O30.93, O31.* through O36.73X9, O36.812 through O48.*, O60.0*, O71.00 through O71.03, O88.011 through O88.019, O88.111 through O88.119, O88.211 through O88.219, O88.311 through O88.319, O88.811 through O88.819, O90.3, O91.011 through O91.019, O91.111 through O91.119, O91.211 through O91.219, O92.011 through O92.019, O92.11*, O92.20, O92.29, O98.011 through O98.019, O98.111 through O98.119, O98.211 through O98.219, O98.311 through O98.319, O98.411 through O98.419, O98.511 through O98.519, O98.611 through O98.619, O98.711 through O98.719, O98.811 through O98.819, O98.911 through O98.919, O99.011 through O99.019, O99.111 through O99.119, O99.210 through O99.213, O99.280 through O99.283, O99.310 through O99.313, O99.320 through O99.323, O99.330 through O99.333, O99.340 through O99.343, O99.350 through O99.353, O99.411 through O99.419, O99.511 through O99.519, O99.611 through O99.619, O99.711 through O99.719, O99.810, O99.820, O99.830, O99.840 through O99.843, O99.89, O9A.111 through O9A.119, O9A.211 through O9A.219, O9A.311 through O9A.319, O9A.411 through O9A.419, O9A.511 through O9A.519, Z33.1, Z33.3, Z34.*, Z36.* [BGP PREGNANCY DIAGNOSES 2]

– Procedure ICD-9: 72.*, 73.*, 74.* [BGP PREGNANCY ICD PROCEDURES]

– CPT 59000-59076, 59300, 59320, 59400-59426, 59510, 59514, 59610, 59612, 59618, 59620, 76801-76828 [BGP PREGNANCY CPT CODES]

– Miscarriage or abortion (see definitions below)

Pharmacy-only visits (clinic code 39) will not count toward this visit. If the patient has more than one pregnancy-related visit during the Report Period, CRS will use the first visit in the Report Period.

- **Miscarriage definition:**

– POV ICD-9: 630, 631, 632, 633*, 634*; ICD-10: O03.9 [BGP MISCARRIAGE/ABORTION DXS]

– CPT 59812, 59820, 59821, 59830 [BGP CPT MISCARRIAGE]

- **Abortion definition:**

– POV ICD-9: 635*, 636* 637*; ICD-10: O00.* through O03.89, O04.*, Z33.2 [BGP MISCARRIAGE/ABORTION DXS]

– CPT 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260 through S2267 [BGP CPT ABORTION]

– Procedure ICD-9: 69.01, 69.51, 74.91, 96.49; ICD-10: 0WHR73Z, 0WHR7YZ, 10A0***, 3E1K78Z, 3E1K88Z [BGP ABORTION PROCEDURES]

Breastfeeding Definition

Any of the following documented during the Report Period:

- POV ICD-9: V24.1; ICD-10: O91.03, O91.13, O91.23, O92.03, O92.13, O92.5, O92.70, O92.79, Z39.1 [BGP BREASTFEEDING DXS]
- Breastfeeding Patient Education codes BF-BC, BF-BP, BF-CS, BF-EQ, BF-FU, BF-HC, BF-ON, BF-M, BF-MK, BF-N or containing SNOMED 169745008, 200430001, 405029003, 406213009, 413711008, 413712001

Cirrhosis of the Liver

- Diagnosis (POV or Problem List entry where the status is not Deleted):

– ICD-9: 571.2, 571.5, 571.6; ICD-10: K70.30, K70.31, K71.7, K74.3-K74.5, K74.60, K74.69, P78.81 [BGP CIRRHOSIS OF LIVER DXS]

– SNOMED data set PXRM BGP CIRRHOSIS (Problem List only)

Liver Disease Definition

Diagnosis (POV or Problem List entry where the status is not Deleted):

- ICD-9: ICD-9: 070.41 through 070.71, 570, 571.0, 571.2 through 571.9, 572.4, 572.8; ICD-10: B17.*, B18.2 through B19.0, B19.20, B19.21, B19.9, K70.0 through K74.69, K75.4, O98.41* [BGP LIVER DISEASE DXS]
- SNOMED data set PXRM BGP LIVER DISEASE (Problem List only)

Palliative Care

- POV ICD-9: V66.7; ICD-10: Z51.5 [BGP PALLIATIVE CARE DXS]

ESRD

End Stage Renal Disease diagnosis or treatment defined as any of the following ever:

- CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, S9339 [BGP ESRD CPTS]
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

– ICD-9: 585.6, V42.0, V45.1 (old code), V45.11, V45.12, V56.*; ICD-10: I12.0, I13.11, I13.2, N18.5, N18.6, N19., Z48.22, Z49.*, Z91.15, Z94.0, Z99.2 [BGP ESRD PMS DXS]

– SNOMED data set PXRM END STAGE RENAL DISEASE (Problem List only)

- Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, 55.6* [BGP ESRD PROCS]

Hepatitis A Definition

Diagnosis (POV or Problem List entry where the status is not Deleted):

- ICD-9: 070.0, 070.1; ICD-10: B15.* [BGP HEPATITIS A EVIDENCE]
- SNOMED data set PXRM BGP HEPATITIS A (Problem List only)

Hepatitis B Definition

Diagnosis (POV or Problem List entry where the status is not Deleted):

- ICD-9: V02.61, 070.2*, 070.3*; ICD-10: B16.*, B18.0, B18.1, B19.1*, Z22.51 [BGP HEPATITIS B EVIDENCE]
- SNOMED data set PXRM BGP HEPATITIS B (Problem List only)

Statins Numerator Logic

- **Statin Therapy Users**

– CPT 4013F

- **Statin medication codes**

– Defined with medication taxonomy BGP PQA STATIN MEDS.

– **Statin medications are:** Atorvastatin (Lipitor), Fluvastatin (Lescol), Lovastatin (Altocor, Altoprev, Mevacor), Pravastatin (Pravachol), Pitavastatin (Livalo), Simvastatin (Zocor), Rosuvastatin (Crestor).

- **Statin Combination Products**

– Niacin-lovastatin, Niacin-simvastatin, Ezetimibe-simvastatin, Amlodipine-Atorvastatin, Sitagliptin-simvastatin, Ezetimibe-atorvastatin.

Patients must have an active prescription for statin therapy during the Report Period. This includes patients who receive an order during the Report Period, or prior to the Report Period with enough days' supply to take them into the Report Period.

Rx Days' Supply greater than or equal to (>=) (Report Period Begin Date - Prescription Date)

Active prescriptions include active outside medications, defined as V Med entry at any time with EHR OUTSIDE MED field not blank and DATE DISCONTINUED field blank.

2.1.4.5 Patient List

List of diabetic patients 55 and older with statin therapy or exclusion, if any.

2.1.5 Diabetes: Nephropathy Assessment

2.1.5.1 Owner and Contact

Diabetes Program: Dr. Ann Bullock

2.1.5.2 Denominators

Active Diabetic patients ages 55 and older; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, and at least two visits in the past year, and two DM-related visits ever. Broken down by age groups.

2.1.5.3 Numerators

GPRA: Patients with nephropathy assessment, defined as an estimated Glomerular Filtration Rate (GFR) with result *and* a Urine Albumin-to-Creatinine Ratio (UACR) during the Report Period *or* with evidence of diagnosis or treatment of end-stage renal disease (ESRD) at any time before the end of the Report Period.

2.1.5.4 Definitions

Diabetes

First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] recorded in the V POV file prior to the Report Period.

Estimated GFR

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

Urine Albumin-to-Creatinine Ratio

- CPT 82043 WITH 82570
- LOINC taxonomy, or
- Site-populated taxonomy BGP QUANT UACR TESTS

Note:	Check with the laboratory supervisor to confirm that the names that were added to the taxonomy reflect quantitative test values.

ESRD

- ESRD diagnosis or treatment defined as any of the following ever:

– CPT 36145 (old code), 36147, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831 through 36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90951 through 90970 or old codes 90918 through 90925, 90935, 90937, 90939 (old code), 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, 3066F, G0257, G0308 through G0327 (old codes), G0392 (old code), G0393 (old code), G9231, S2065, S9339 [BGP ESRD CPTS]

– Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-9: 585.6, V42.0, V45.1 (old code), V45.11 V45.12, V56.*; ICD-10: I12.0, I13.11, I13.2, N18.5, N18.6, N19., Z48.22, Z49.*, Z91.15, Z94.0, Z99.2 [BGP ESRD PMS DXS]
  - SNOMED data set PXRM END STAGE RENAL DISEASE (Problem List only)

– Procedure ICD-9: 38.95, 39.27, 39.42, 39.43, 39.53, 39.93 through 39.95, 54.98, 55.6* [BGP ESRD PROCS]

2.1.5.5 Patient List

List of patients 55 and older with nephropathy assessment, if any.

2.1.6 Diabetic Retinopathy

2.1.6.1 Owner and Contact

Diabetes Program: Dr. Mark Horton

2.1.6.2 Denominators

Active Diabetic patients ages 55 and older; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits in the past year, *and* two DM-related visits ever, without a documented history of bilateral blindness or bilateral eye enucleation. Broken down by age groups.

2.1.6.3 Numerators

1. GPRA: Patients receiving a qualified retinal evaluation during the Report Period.

Note: This numerator does *not* include refusals.

A. Patients receiving diabetic retinal exam during the Report Period.

B. Patients receiving other eye exams during the Report Period.

2.1.6.4 Definitions

Diabetes

First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] recorded in the V POV file prior to the Report Period.

Qualified Retinal Evaluation

- Diabetic retinal exam or
- Other eye exam.

The following methods are qualifying for this measure:

- Dilated retinal evaluation by an optometrist or ophthalmologist.
- Seven standard fields stereoscopic photos (Early Treatment Diabetic Retinopathy Study [ETDRS]) evaluated by an optometrist or ophthalmologist.
- Any photographic method formally validated[i] 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 formally validated[ii] ETDRS photographic equivalent)
- CPT 2021F Dilated macular exam, 2022F Dilated retinal eye exam, 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist, 2026F Eye imaging formally validated[iii] 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 [BGP DM RETINAL EXAM CPTS].
- Procedure ICD-9: 95.02 Comprehensive eye exam, 95.03 Extended ophthalmologic work-up [BGP EYE EXAM PROCS]

Other Eye Exam

- Non-DNKA (did not keep appointment) visits to ophthalmology or optometry clinics with an optometrist or ophthalmologist, or visits to formally validated[iv] tele-ophthalmology retinal evaluation clinics. Searches for the following codes in the following order:

– CPT 67028, 67038 (old code), 67039, 67040, 92002, 92004, 92012, 92014 [BGP DM EYE EXAM CPTS]
– Clinic code A2 (Diabetic Retinopathy)[v]
– Clinic codes 17[vi] or 18[vii] with Provider code 08, 24, or 79 where the Service Category is not C (Chart Review) or T (Telecommunications)

Bilateral Blindness

- Diagnosis (POV or Problem List entry where the status is not Deleted):

– ICD-9: 369.01, 369.03, 369.04; ICD-10: H54.00 [BGP BILATERAL BLINDNESS DXS]
– SNOMED data set PXRM BGP BILAT BLINDNESS (Problem List only)
– SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Bilateral (Problem List only)
– One code from (SNOMED data set PXRM BGP LEFT EYE BLIND (Problem List only) OR SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Left (Problem List only)) AND one code from (SNOMED data set PXRM BGP RIGHT EYE BLIND (Problem List only) OR SNOMED data set PXRM BGP BLINDNESS UNSPECIFIED with Laterality equal to Right (Problem List only))

[i] Validation study properly powered and controlled against the ETDRS gold standard (American Telemedicine Association validation category 3)

[ii] Ibid.

[iii] Ibid.

[iv] Ibid.

[v] Validated photographic (teleretinal) retinal surveillance (American Telemedicine Association validation category 3).

[vi] Ophthalmology or Optometry clinic codes (17, 18) cannot be used for non-qualifying photographic DR examination methods[1] unless a dilated retinal examination by an ophthalmologist or optometrist is also accomplished during the same encounter.

[vii] Ibid.

2.1.6.5 Patient List

List of diabetic patients 55 and older with qualified retinal evaluation, if any.

2.1.7 Diabetic Access to Dental Services

2.1.7.1 Owner and Contact

Dental Program: Timothy L. Lozon, D.D.S., Tim Ricks, DMD

2.1.7.2 Denominators

Active Diabetic patients ages 55 and older; defined as Active Clinical patients diagnosed with diabetes prior to the Report Period, *and* at least two visits during the Report Period, *and* two DM-related visits ever. Broken down by age groups.

2.1.7.3 Numerators

Patients with a documented dental visit during the Report Period.

Note: This numerator does not include refusals.

2.1.7.4 Definitions

Diabetes

First DM Purpose of Visit ICD-9: 250.00 through 250.93 or ICD-10: E10.* through E13.* [SURVEILLANCE DIABETES] recorded in the V POV file prior to the Report Period.

Documented Dental Visit

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

- RPMS Dental code 0000, 0190, 0191
- ADA CDT code D0190, D0191
- Exam code 30
- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21 [BGP DENTAL EXAM DXS]

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

2.1.7.5 Patient List

List of diabetic patients 55 and older and documented dental visit, if any.

2.2 Dental Group

2.2.1 Access to Dental Services

2.2.1.1 Owner and Contact

Dental Program: Timothy L. Lozon, D.D.S., Chris Halliday, DDS, MPH

2.2.1.2 Denominators

User Population patients ages 55 and older, broken down by age groups.

2.2.1.3 Numerators

GPRA: Patients with documented dental visit during the Report Period.

Note: This numerator does not include refusals.

2.2.1.4 Definitions

Documented Dental Visit

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

- RPMS Dental codes 0000, 0190, 0191
- ADA CDT code D0190, D0191
- Exam 30
- POV ICD-9: V72.2; ICD-10: Z01.20, Z01.21 [BGP DENTAL EXAM DXS]

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

2.2.1.5 Patient List

List of patients 55 and older with documented dental visit and date.

2.3 Immunization Group

2.3.1 Adult Immunizations: Influenza

2.3.1.1 Owner and Contact

Epidemiology Program: Amy Groom, MPH

2.3.1.2 Denominators

Active Clinical patients ages 55 and older, broken down by age groups.

2.3.1.3 Numerators

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.

Note:	The only refusals included in this numerator are not medically indicated (NMI) refusals.

- Patients with a contraindication or a documented NMI refusal.

2.3.1.4 Definitions

Influenza Vaccine

Any of the following during the Report Period:

- Immunization (CVX) codes 15, 16, 88, 111, 135, 140, 141, 144, 149, 150, 151, 153, 155, 158, 161, 166, 168, 171, 185, 186
- POV ICD-9: V04.8 (old code), V04.81 NOT documented with 90663, 90664, 90666 through 90668, 90470, G9141 or G9142, or V06.6 NOT documented with 90663, 90664, 90666 through 90668, 90470, G9141 or G9142 [BGP FLU IZ DX V04.8]
- CPT 90630, 90653 through 90662 (old code), 90672 through 90674, 90682, 90685 through 90688, 90724 (old code), 90756, G0008, G8108 (old code) [BGP CPT FLU]

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 "Anaphylaxis"
- PCC NMI Refusal

2.3.1.5 Patient List

List of patients 55 and older with influenza immunization or contraindication and date, if any.

2.3.2 Adult Immunizations: Pneumococcal

2.3.2.1 Owner and Contact

Epidemiology Program: Amy Groom, MPH

2.3.2.2 Denominators

Active Clinical patients ages 55 and older, broken down by age groups.

2.3.2.3 Numerators

Patients with Pneumococcal Polysaccharide (PPSV23) or Pneumococcal Conjugate (PCV13) vaccine or contraindication documented ever and, if patient is older than 65 years, either a dose of PPSV23/PCV13 vaccine after the age of 65 or a dose of PPSV23/PCV13 vaccine in the past 5 years.

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

- Patients with a contraindication or a documented NMI refusal

2.3.2.4 Definitions

Pneumococcal Polysaccharide (PPSV23) Immunization

Any of the following documented any time before the end of the Report Period:

- Immunization (CVX) codes 33, 109
- POV ICD-9: V03.82 [BGP PNEUMO IZ DXS]
- CPT 90732, G0009, G8115 (old code), G9279 [BGP PNEUMO IZ CPT DEV]

Pneumococcal Conjugate (PCV13)

Any of the following documented any time before the end of the Report Period:

- Immunization (CVX) codes 100, 133, 152
- CPT 90669, 90670 [BGP PNEUMO CONJUGATE CPTS]

Pneumococcal Contraindication

Any of the following documented any time before the end of the Report Period:

- Contraindication in the Immunization Package of "Anaphylaxis"
- PCC NMI Refusal

2.3.2.5 Patient List

List of patients 55 and older with pneumococcal immunization or contraindication and date, if any.

2.4 Cancer Screen Group

2.4.1 Cancer Screening: Mammogram Rates

2.4.1.1 Owner and Contact

CAPT Suzanne England, DNP, APRN

2.4.1.2 Denominators

Female Active Clinical patients ages 55 and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies, broken down by age groups.

2.4.1.3 Numerators

1. GPRA: All patients with documented mammogram in past 2 years.

Note: This numerator does not include refusals.

2. Patients with documented mammogram refusal in past year.

2.4.1.4 Definitions

Age

Age of the patient is calculated at the beginning of the Report Period. For the denominator, patients must be at least the minimum age as of the beginning of the Report Period.

Bilateral Mastectomy

- CPT 19300.50 through 19307.50 *or* 19300 through 19307 with modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, or 19240, with modifier of 50 or 09950 [BGP MASTECTOMY CPTS]
- International Classification of Diseases (ICD) Procedure ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ [BGP MASTECTOMY PROCEDURES]
- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.13 [BGP MASTECTOMY DXS]
  - SNOMED data set PXRM BGP BILAT MASTECTOMY (Problem List only)

Two Separate Unilateral Mastectomies

Requires either of the following:

- Must have one code that indicates a right mastectomy and one code that indicates a left mastectomy
- Must have two separate occurrences on two different dates of service for one code that indicates a mastectomy on unknown side and one code that indicates either a right or left mastectomy, or two codes that indicate a mastectomy on unknown side

Right Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.11 [BGP RIGHT MASTECTOMY DXS]
  - SNOMED data set PXRM BGP RIGHT MASTECTOMY (Problem List only)
- Procedure ICD-10: 07T50ZZ, 07T80ZZ, 0HBT0ZZ, 0HCT0ZZ, 0HTT0ZZ [BGP UNI RIGHT MASTECTOMY PROCS]

Left Mastectomy

- Diagnosis (POV or Problem List entry where the status is not Deleted):
  - ICD-10: Z90.12 [BGP LEFT MASTECTOMY DXS]
  - SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only)

- Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ [BGP UNI LEFT MASTECTOMY PROCS]

Mastectomy on Unknown Side

- CPT 19300 through 19307, or old codes 19180, 19200, 19220, 19240 [BGP UNI MASTECTOMY CPTS]
- Procedure ICD-9: 85.41, 85.43, 85.45, 85.47 [BGP UNI MASTECTOMY PROCEDURES]

Mammogram

- Radiology or CPT 77052 through 77059, 77065 through 77067, 76090 (old code), 76092 (old code), G0206, G0204, G0202 [BGP CPT MAMMOGRAM]
- POV ICD-9: 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; ICD-10: R92.0, R92.1, R92.8, Z12.31 [BGP MAMMOGRAM DXS]
- Procedure ICD-9: 87.36 Xerography of breast, 87.37 Other Mammography; ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ [BGP MAMMOGRAM PROCEDURES]
- Women's Health procedure called Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat, and where the mammogram result does *not* have "ERROR/DISREGARD"

Refusal Mammogram

Any of the following in the past year:

- Radiology MAMMOGRAM for CPT 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202 [BGP CPT MAMMOGRAM]

2.4.1.5 Patient List

List of female patients 55 and older with mammogram or refusal, if any.

2.4.2 Colorectal Cancer Screening

2.4.2.1 Owner and Contact

Epidemiology Program: Don Haverkamp

2.4.2.2 Denominators

Active Clinical patients ages 55 and older without a documented history of colorectal cancer or total colectomy, broken down by gender and age groups.

2.4.2.3 Numerators

1. GPRA: Patients who have had *any* Colorectal Cancer (CRC) screening, defined as any of the following:

   A. Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) during the Report Period

   B. Flexible sigmoidoscopy in the past 5 years

   C. Colonoscopy in the past 10 years

   Note: This numerator does not include refusals.

2. Patients with documented CRC screening refusal in the past year.

3. Patients with FOBT or FIT during the Report Period.

4. Patients with a flexible sigmoidoscopy in the past 5 years or a colonoscopy in the past 10 years.

2.4.2.4 Definitions

Denominator Exclusions

Any diagnosis ever of one of the following:

- Colorectal Cancer
  - Diagnosis (POV or Problem List entry where the status is not Deleted):
    - ICD-9: 153.*, 154.0, 154.1, 197.5, V10.05, V10.06; ICD-10: C18.*, C19, C20, C21.2, C21.8, C78.5, Z85.030, Z85.038, Z85.048 [BGP COLORECTAL CANCER DXS]
    - SNOMED data set PXRM COLORECTAL CANCER (Problem List only)
  - CPT G0213 through G0215 (old codes), G0231 (old code) [BGP COLORECTAL CANCER CPTS]
- Total Colectomy
  - CPT 44150 through 44151, 44152 (old code), 44153 (old code), 44155 through 44158, 44210 through 44212 [BGP TOTAL COLECTOMY CPTS]

- Procedure ICD-9: 45.8*; ICD-10: 0DTE*ZZ [BGP TOTAL COLECTOMY PROCS]

Colorectal Cancer Screening

The most recent of any of the following during applicable timeframes (changed to look at most recent screening):

- FOBT or FIT
- CPT 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code) [BGP FOBT CPTS]
- LOINC taxonomy
- Site-populated taxonomy BGP GPRA FOB TESTS
- Flexible Sigmoidoscopy
- Procedure ICD-9: 45.24; ICD-10: 0DJD8ZZ [BGP SIG PROCS]
- CPT 45330 through 45347, 45349, 45350, G0104 [BGP SIG CPTS]
- Colonoscopy
- Procedure ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; ICD-10: 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ [BGP COLO PROCS]
- CPT 44388 through 44394, 44397, 44401 through 44408, 45355, 45378 through 45393, 45398, G0105, G0121, G9252, G9253 [BGP COLO CPTS]

Screening Refusals in Past Year

- FOBT or FIT
- Refusal of Lab Fecal Occult Blood test
- CPT code 82270, 82274, 89205 (old code), G0107 (old code), G0328, G0394 (old code) [BGP FOBT CPTS]

- Flexible Sigmoidoscopy

– Refusal of Procedure ICD-9: 45.24; ICD-10: 0DJD8ZZ [BGP SIG PROCS]

– CPT 45330 through 45347, 45349, 45350, G0104 [BGP SIG CPTS]

- Colonoscopy

– Refusal of Procedure ICD-9: 45.22, 45.23, 45.25, 45.42, 45.43; 0D5E4ZZ, 0D5E8ZZ, 0D5F4ZZ, 0D5F8ZZ, 0D5G4ZZ, 0D5G8ZZ, 0D5H4ZZ, 0D5H8ZZ, 0D5K4ZZ, 0D5K8ZZ, 0D5L4ZZ, 0D5L8ZZ, 0D5M4ZZ, 0D5M8ZZ, 0D5N4ZZ, 0D5N8ZZ, 0D9E3ZX, 0D9E4ZX, 0D9E7ZX, 0D9E8ZX, 0D9F3ZX, 0D9F4ZX, 0D9F7ZX, 0D9F8ZX, 0D9G3ZX, 0D9G4ZX, 0D9G7ZX, 0D9G8ZX, 0D9H3ZX, 0D9H4ZX, 0D9H7ZX, 0D9H8ZX, 0D9K3ZX, 0D9K4ZX, 0D9K7ZX, 0D9K8ZX, 0D9L3ZX, 0D9L4ZX, 0D9L7ZX, 0D9L8ZX, 0D9M3ZX, 0D9M4ZX, 0D9M7ZX, 0D9M8ZX, 0D9N3ZX, 0D9N4ZX, 0D9N7ZX, 0D9N8ZX, 0DBE3ZX, 0DBE4ZX, 0DBE7ZX, 0DBE8ZX, 0DBE8ZZ, 0DBF3ZX, 0DBF4ZX, 0DBF7ZX, 0DBF8ZX, 0DBF8ZZ, 0DBG3ZX, 0DBG4ZX, 0DBG7ZX, 0DBG8ZX, 0DBG8ZZ, 0DBH3ZX, 0DBH4ZX, 0DBH7ZX, 0DBH8ZX, 0DBH8ZZ, 0DBK3ZX, 0DBK4ZX, 0DBK7ZX, 0DBK8ZX, 0DBK8ZZ, 0DBL3ZX, 0DBL4ZX, 0DBL7ZX, 0DBL8ZX, 0DBL8ZZ, 0DBM3ZX, 0DBM4ZX, 0DBM7ZX, 0DBM8ZX, 0DBM8ZZ, 0DBN3ZX, 0DBN4ZX, 0DBN7ZX, 0DBN8ZX, 0DBN8ZZ, 0DJD8ZZ [BGP COLO PROCS]

– CPT 44388 through 44394, 44397, 44401 through 44408, 45355, 45378 through 45393, 45398, G0105, G0121, G9252, G9253 [BGP COLO CPTS]

2.4.2.5 Patient List

List of patients 55 and older with CRC screening or refusal, if any.

2.4.3 Tobacco Use and Exposure Assessment

2.4.3.1 Owner and Contact

Chris Lamer, PharmD: Epidemiology Program, Dayle Knutson

2.4.3.2 Denominators

Active Clinical patients ages 55 and older, broken down by gender and age groups.

2.4.3.3 Numerators

1. Patients screened for tobacco use during the Report Period.

2. Patients identified as current tobacco users during the Report Period, including smokers, smokeless and ENDS users.
   A. Patients identified as current smokers during the Report Period.
   B. Patients identified as current smokeless tobacco users during the Report Period.
   C. Patients identified as ENDS users during the Report Period.
3. Patients identified as exposed to environmental tobacco smoke (ETS) during the Report Period.

2.4.3.4 Definitions

Tobacco Screening

- Any Health Factor for category Tobacco, TOBACCO (SMOKING), TOBACCO (SMOKELESS – CHEWING/DIP), TOBACCO (ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS)), TOBACCO (EXPOSURE)
- Tobacco-related diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

– ICD-9: 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82; ICD-10: F17.2*, O99.33*, Z72.0, Z87.891 [BGP TOBACCO DXS]
– SNOMED data set PXRM BGP TOBACCO SCREENED (Problem List only)

- Dental code 1320
- Patient Education codes containing “TO-,” “-TO,” “-SHS,” 305.1, 305.1* (old codes), 649.00 through 649.04, V15.82, D1320, 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, 1036F, 1000F, G8455 through G8457 (old codes), G8402 (old code), G8453 (old code), G9275, G9276, or SNOMED codes 160603005, 160604004, 160605003, 160606002, 160619003, 191887008, 191888003, 191889006, 228494002, 228504007, 228514003, 228515002, 228516001, 228517005, 228518000, 230059006, 230060001, 230062009, 230063004, 230064005, 230065006, 266920004, 428041000124106, 428061000124105, 428071000124103, 449868002, 59978006, 65568007, 77176002, 81703003, 82302008, 89765005
- CPT D1320, 99406, 99407, G0375 (old code), G0376 (old code), G8455 through G8457 (old codes), G8402 (old code), G8453 (old code), G9275, G9276, 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), 1036F (Current Tobacco Non-User), 1036F (Current Tobacco Non-User), 1000F (Tobacco Use Assessed) [BGP TOBACCO SCREEN CPTS]

Tobacco Users

- Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Current ENDS user, Cessation-Smoker, Cessation-Smokeless, Cessation ENDS user, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day, Heavy Tobacco Smoker, Light Tobacco Smoker
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):

– ICD-9: 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04; ICD-10: F17.2*0, F17.2*3, F17.2*8, F17.2*9, O99.33*, Z72.0 [BGP TOBACCO USER DXS]

– SNOMED data set PXRM BGP CURRENT TOBACCO (Problem List only)

- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, 1035F, G8455 (old code), G8456 (old code), G8402 (old code), G8453 (old code), G9276 [BGP TOBACCO USER CPTS]

Current Smokers

- Health Factors: Current Smoker, Current Smoker and Smokeless, Cessation-Smoker, Current Smoker, status unknown, Current smoker, every day, Current smoker, some day, Heavy Tobacco Smoker, Light Tobacco Smoker
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-9: 305.1, 305.10 through 305.12 (old codes), 649.00 through 649.04; ICD-10: F17.200, F17.203 through F17.210, F17.213 through F17.219, F17.290, F17.293 through F17.299, O99.33* [BGP GPRA SMOKING DXS]
  - SNOMED data set PXRM BGP TOBACCO SMOKER (Problem List only)
- CPT 99406, 99407, G0375 (old code), G0376 (old code), 1034F, G8455 (old code), G8402 (old code), G8453 (old code) [BGP SMOKER CPTS]

Current Smokeless

- Health Factors: Current Smokeless, Current Smoker and Smokeless, Cessation-Smokeless
- Diagnosis (POV or Problem List entry where the status is not Inactive or Deleted):
  - ICD-10: F17.220, F17.223 through F17.229 [BGP GPRA SMOKELESS DXS]
  - SNOMED data set PXRM BGP TOBACCO SMOKELESS (Problem List only)
- CPT 1035F, G8456 (old code) [BGP SMOKELESS TOBACCO CPTS]

Current ENDS

- Health Factors: Current ENDS user or Cessation ENDS user

Environmental Tobacco Smoke (ETS)

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

2.4.3.5 Patient List

List of patients 55 and older with no documented tobacco screening.

2.5 Behavioral Health Group

2.5.1 Intimate Partner (Domestic) Violence Screening

2.5.1.1 Owner and Contact

Terry Friend, IHS Division of Behavioral Health (DBH)

2.5.1.2 Denominators

Female Active Clinical patients ages 55 and older, broken down by age groups.

2.5.1.3 Numerators

GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period.

Note: This numerator does not include refusals.

- Patients with documented Intimate Partner Violence/Domestic Violence (IPV/DV) exam.
- Patients with IPV/DV related diagnosis.
- Patients provided with IPV/DV patient education or counseling.

2.5.1.4 Definitions

IPV/DV Screening

Defined as at least one of the following:

- IPV/DV Screening
  - Exam code 34
  - Behavioral Health System (BHS) IPV/DV exam
- IPV/DV Related Diagnosis
  - POV, Current PCC or BHS Problem List ICD-9: 995.80 through 83, 995.85, V15.41, V15.42, V15.49; ICD-10: T74.11XA, T74.21XA, T74.31XA, T74.91XA, T76.11XA, T76.21XA, T76.31XA, T76.91XA, Z91.410 [BGP DV DXS]
  - SNOMED data set PXRM BGP IPV DV DX (Problem List only)
  - BHS POV 43.*, 44.*

- IPV/DV Patient Education

– Patient Education codes containing “DV-” or “-DV,” 995.80 through 83, 995.85, V15.41, V15.42, V15.49 [BGP IPV/DV EDUC DXS], or SNOMED 3027571011, 3027627017, 371772001, 406138006, 412732008, 429746005, 431027007, 432527004

- IPV/DV Counseling

– POV ICD-9: V61.11; ICD-10: Z69.11 [BGP IPV/DV COUNSELING ICDS]

2.5.1.5 Patient List

List of female patients 55 and older with documented IPV/DV screening, if any.

2.5.2 Depression Screening

2.5.2.1 Owner and Contact

Miranda Carman, IHS Division of Behavioral Health (DBH)

2.5.2.2 Denominators

Active Clinical patients ages 55 and older, broken down by gender and age groups.

2.5.2.3 Numerators

1. GPRA: Patients screened for depression or diagnosed with 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. Patients with depression-related education in past year.

Note:	Depression-related patient education does not count toward the GPRA numerator and is included as a separate numerator only.

2.5.2.4 Definitions

Depression Screening

Any of the following:

- Exam code 36
- POV ICD-9: V79.0 [BGP DEPRESSION SCRN DXS]
- CPT 1220F, 3725F, G0444 [BGP DEPRESSION SCREEN CPTS]
- BHS problem code 14.1 (screening for depression)
- Measurement in PCC or Behavioral Health (BH) of PHQ2 or PHQ9

Mood Disorders

At least two visits in Patient Care Component (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:

- ICD-9: 290.13, 290.21, 290.43, 291.89, 292.84, 293.83, 296.*, 298.0, 300.4, 301.12, 301.13, 309.0, 309.1, 309.28, 311; ICD-10: F01.51, F06.31 through F06.34, F1*.*4, F10.159, F10.180, F10.181, F10.188, F10.259, F10.280, F10.281, F10.288, F10.959, F10.980, F10.981, F10.988, F30.*, F31.0 through F31.71, F31.73 through F31.75, F31.77, F31.81 through F31.9, F32.* through F39, F43.21, F43.23 [BGP MOOD DISORDERS]
- BHS POV 14, 15

Depression-Related Patient Education

Any of the following during the Report Period:

- Patient education codes containing “DEP-” (depression), 296.2*, 296.3*, “BH-” (behavioral and social health), 290-319, 995.5*, 995.80 through 995.85, “SB-” (suicidal behavior), 300.9, “PDEP-” (postpartum depression), 648.44, or SNOMED codes 14183003, 15193003, 15639000, 18818009, 191610000, 191611001, 191613003, 191616006, 191659001, 192080009, 19527009, 19694002, 20250007, 231504006, 231542000, 2506003, 25922000, 2618002, 268621008, 28475009, 3109008, 319768000, 320751009, 33078009, 35489007, 36170009, 36474008, 36923009, 370143000, 38451003, 38694004, 39809009, 40379007, 40568001, 42925002, 430852001, 442057004, 48589009, 63778009, 66344007, 67711008, 69392006, 71336009, 73867007, 75084000, 75837004, 76441001, 77486005, 77911002, 78667006, 79298009, 81319007, 83176005, 832007, 84760002, 85080004, 87512008

2.5.2.5 Patient List

List of patients 55 and older not screened for depression or diagnosed with mood disorder.

2.6 Cardiovascular Disease Related Group

2.6.1 Obesity Assessment

2.6.1.1 Owner and Contact

Nutrition Program, Kelli Begay

2.6.1.2 Denominators

Active Clinical patients ages 55 through 74, broken down by gender and age groups.

2.6.1.3 Numerators

1. All patients for whom Body Mass Index (BMI) can 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.

2. Patients with documented refusal in past year.

2.6.1.4 Definitions

BMI

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 through 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.

Refusals

Include REF (refused), NMI and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and weight must be refused during the past year and are not required to be on the same visit.

2.6.1.5 Patient List

List of patients 55 through 74 for whom BMI could *not* be calculated.

2.6.2 Cardiovascular Disease and Blood Pressure Control

2.6.2.1 Owner and Contact

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

2.6.2.2 Denominators

All Active Clinical patients ages 55 and over, broken down by gender and age groups.

2.6.2.3 Numerators

Patients with blood pressure value documented during the Report Period.

2.6.2.4 Definitions

BP Values (all numerators)

Exclusions: When calculating all BPs (using vital measurements or CPT codes), the following visits will be excluded:

- Service Category H (Hospitalization), I (In Hospital), S (Day Surgery), or O (Observation)
- Clinic code 23 (Surgical), 30 (ER), 44 (Day Surgery), 79 (Triage), C1 (Neurosurgery), or D4 (Anesthesiology)

CRS uses the mean of the last 3 BPs documented in the past 2 years. If 3 BPs are not available, uses mean of the last 2 BPs, or one BP if there is only 1 documented. 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 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 current category, then the value that is least controlled determines the category.

For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 0001F, 2000F, 3074F through 3080F, G9273, G9274 [BGP BP MEASURED CPT, BGP SYSTOLIC BP CPTS, BGP DIASTOLIC BP CPTS] or POV ICD-9: V81.1 [BGP HYPERTENSION SCREEN DXS] documented during the Report Period.

2.6.2.5 Patient List

List of patients 55 and older with blood pressure value, if any.

2.7 Other Clinical Measures Group

2.7.1 Functional Status Assessment in Elders

2.7.1.1 Owner and Contact

Dr. Bruce Finke

2.7.1.2 Denominators

Active Clinical patients ages 55 and older, broken down by gender and age groups.

2.7.1.3 Numerators

Patients screened for functional status at any time during the Report Period.

2.7.1.4 Definitions

Functional Status

Any non-null values in V Elder Care for the following:

- At least one of the following ADL fields: toileting, bathing, dressing, transfers, feeding, or continence.
- At least one of the following IADL fields: finances, cooking, shopping, housework/chores, medications, or transportation during the Report Period.

2.7.1.5 Patient List

List of patients 55 and older with functional status codes, if any.

The following abbreviations are used in the Numerator column:

- TLT–Toileting
- BATH–Bathing
- DRES–Dressing
- XFER–Transfers
- FEED–Feeding
- CONT–Continence
- FIN–Finances
- COOK–Cooking
- SHOP–Shopping
- HSWK–Housework/Chores
- MEDS–Medications
- TRNS–Transportation

2.7.2 Asthma

2.7.2.1 Owner and Contact

Chris Lamer, PharmD

2.7.2.2 Denominators

1. Active Clinical patients ages 55 and older, broken down by age groups.

2. Numerator 1 (Patients who have had two asthma-related visits during the Report Period or with persistent asthma) broken down by age groups: under 5, 5 through 64, 65 and older.

2.7.2.3 Numerators

1. Patients who have had two asthma-related visits during the Report Period or with persistent asthma (with Denominator 1).

   A. Patients from Numerator one who have been hospitalized at any hospital for asthma during the Report Period (with Denominator 2).

2.7.2.4 Definitions

Asthma Visits

Asthma visits are defined as diagnosis (POV) ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS].

Persistent Asthma

Any of the following:

- Problem List entry where the status is not Inactive or Deleted for ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS]; SNOMED data set PXRM ASTHMA with Severity of 2, 3 or 4 at *any* time before the end of the Report Period
- Problem List entry where the status is not Inactive or Deleted for SNOMED data set PXRM ASTHMA PERSISTENT at ANY time before the end of the Report Period or
- Most recent visit-related asthma entry (i.e., V Asthma) with Severity of 2, 3, or 4 documented *any* time before the end of the Report Period.

Hospitalizations

Hospitalizations are defined as service category H with primary POV ICD-9: 493.*; ICD-10: J45.* [BGP ASTHMA DXS].

2.7.2.5 Patient List

List of patients 55 and older diagnosed with asthma and any asthma-related hospitalizations.

2.7.3 Public Health Nursing

2.7.3.1 Owner and Contact

Tina Tah, RN, BSN, MBA

2.7.3.2 Denominators

No denominators. These measures are total count only, not a percentage.

2.7.3.3 Numerator

1. Count only (no percentage comparison to denominator). Number of visits to User Population patients by Public Health Nurses (PHNs) in any setting, including Home, broken down by age groups.

   A. Number of visits to patients ages 55 through 64 years

   B. Number of visits to patients ages 65 through 74 years

   C. Number of visits to patients ages 75 through 84 years

   D. Number of visits to patients ages 85 and older

   E. Number of PHN driver/interpreter (Provider code 91) visits.

2. Count only (no percentage comparison to denominator). Number of visits to User Population patients by PHNs in Home setting, broken down by age groups.

A. Number of Home visits to patients ages 55 through 64 years
B. Number of Home visits to patients ages 65 through 74 years
C. Number of Home visits to patients ages 75 through 84 years
D. Number of Home visits to patients ages 85 and older
E. Number of PHN driver/interpreter (Provider code 91) visits

2.7.3.4 Definitions

PHN Visit-Any Setting

Any visit with primary or secondary Provider codes 13 or 91.

PHN Visit-Home

Any visit with one of the following:

- Clinic code 11 and a primary or secondary Provider code of 13 or 91
- Location Home (as defined in Site Parameters) and a primary or secondary Provider code 13 or 91

2.7.3.5 Patient List

List of patients 55 and older with PHN visits documented.

Numerator codes in patient list:

- **All PHN**. Number of PHN visits in any setting
- **Home**. Number of PHN visits in home setting
- **Driver**. All Number of PHN driver/interpreter visits in any setting
- **Driver**. Home Number of PHN driver/interpreter visits in home setting

2.7.4 Fall Risk Assessment in Elders

2.7.4.1 Owner and Contact

Dr. Bruce Finke

2.7.4.2 Denominators

Active Clinical patients ages 65 and older, broken down by gender.

2.7.4.3 Numerators

1. Patients who have been screened for fall risk or with a fall-related diagnosis in the past year.

   Note: This numerator does *not* include refusals.

   A. Patients who have been screened for fall risk in the past year.

   B. Patients with a documented history of falling in the past year.

   C. Patients with a fall-related injury diagnosis in the past year.

   D. Patients with abnormality of gait or balance or mobility diagnosis in the past year.

2. Patients with a documented refusal of fall risk screening exam in the past year.

2.7.4.4 Definitions

Fall Risk Screen

Any of the following:

- Fall Risk Exam defined as: Exam code 37
- CPT 1100F, 1101F, 3288F [BGP FALL RISK EXAM CPTS]
- History of Falling defined as: POV ICD-9: V15.88 (Personal History of Fall); ICD-10: Z91.81 [BGP HISTORY OF FALL DXS]
- Fall-related Injury Diagnosis defined as: POV ICD-9: (Cause codes #1 through 3) E880.*, E881.*, E883.*, E884.*, E885.*, E886.*, E888.*; ICD-10: (All codes ending in A or D only) W01.*, W06.* through W08.*, W10.*, W18.*, W19.* [BGP FALL RELATED E-CODES]
- Abnormality of Gait or Balance or Mobility defined as: POV ICD-9: 781.2, 781.3, 719.7, 719.70 (old code), 719.75 through 719.77 (old codes), 438.84, 333.99, 443.9; ICD-10: G25.7*, G25.89, G25.9, G26, I69.*93, I73.9, R26.*, R27.* [BGP ABNORMAL GAIT OR MOBILITY]

Refusal

Refusal of Exam 37

2.7.4.5 Patient List

List of patients 65 years and older with fall risk assessment, if any.

2.7.5 Use of High Risk Medications in the Elderly

2.7.5.1 Owner and Contact

Dr. Bruce Finke

2.7.5.2 Denominators

Active Clinical patients ages 65 and older with no hospice indicator during the Report Period. Broken down by gender and age groups.

2.7.5.3 Numerators

1. Patients who received at least one high risk medication for the elderly during the Report Period.
    A. Patients who received at least one prescription for a Health Plan Employer Data and Information Set- (HEDIS-) defined high-risk medication from the anticholinergic medication class during the Report Period.
    B. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the antithrombotic medication class during the Report Period.
    C. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the anti-infective medication class during the Report Period.
    D. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the cardiovascular medication class during the Report Period.
    E. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the typical central nervous system medication class during the Report Period.
    F. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the endocrine medication class during the Report Period.
    G. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the pain medication class during the Report Period.
    H. Patients who received at least one prescription for a HEDIS-defined high-risk medication from the skeletal muscle relaxant medication class during the Report Period.
2. Patients who received at least two high risk medications of the same high-risk medication class for the elderly during the Report Period.

2.7.5.4 Definitions

Note: The logic below is a deviation from the logic written by PQA, as PQA requires at least two prescriptions fills for the same high-risk medication during the Report Period, while the logic below only requires one prescription fill.

- For nitrofurantoin, a patient must have received a cumulative days supply for any nitrofurantoin product greater than 90 days during the Report Period.
- For nonbenzodiazepine hypnotics (BGP HEDIS NONBENZODIAZ MEDS), a patient must have received a cumulative days supply for any nonbenzodiazepine hypnotic products greater than 90 days during the Report Period.

Hospice

- CPT 99377, 99378, G9473 through G9479, G9687 [BGP CPT HOSPICE]
- SNOMED codes 170935008, 183919006, 183920000, 183921001, 284546000, 305336008, 305911006, 385763009, 385765002, 444933003, 445449000, 444933003, 428361000124107, 428371000124100

High Risk Medications for the Elderly

Defined with medication taxonomies:

- BGP HEDIS ANTICHOLINERGIC MEDS

– First-generation antihistamines (Includes combination drugs) (Brompheniramine, Carbinoxamine, Chlorpheniramine, Clemastine, Cyproheptadine, Dexbrompheniramine, Dexchlorpheniramine, Diphenhydramine (oral), Doxylamine, Hydroxyzine, Meclizine, Promethazine, Triprolidine); Antiparkinson agents (Benztropine (oral), Trihexyphenidyl)

- BGP HEDIS ANTITHROMBOTIC MEDS

– (Ticlopidine, Dipyridamole, oral short-acting)

- BGP HEDIS ANTI-INFECTIVE MEDS

– (Nitrofurantoin)

- BGP HEDIS CARDIOVASCULAR MEDS

– Alpha blockers, central (Guanabenz, Guanfacine, Methyldopa, Reserpine); Cardiovascular, other (Disopyramide, Digoxin, Nifedipine, immediate release)

- BGP HEDIS CENTRAL NERVOUS MEDS

– Antidepressants (Includes combination drugs) (Amitriptyline, Amoxapine, Clomipramine, Desipramine, Doxepin, Imipramine, Nortriptyline, Paroxetine, Protriptyline, Trimipramine); Barbiturates (Amobarbital, Butabarbital, Butalbital, Mephobarbital, Pentobarbital, Phenobarbital, Secobarbital); Central Nervous System, other (Meprobamate); Nonbenzodiazepine hypnotics (Eszopiclone, Zolpidem, Zaleplon); Vasodilators (Ergoloid mesylates, Isoxsuprine)

- BGP HEDIS ENDOCRINE MEDS

– Endocrine (Desiccated thyroid, Estrogens with or without progesterone (oral and topical patch products only), Megestrol); Sulfonylureas, long-duration (Chlorpropamide, Glyburide)

- BGP HEDIS PAIN MEDS

– Pain medications (Meperidine, Pentazocine); Non-COX-selective NSAIDs (Indomethacin, Ketorolac (includes parenteral))

- BGP HEDIS SKL MUSCLE RELAX MED

– (Includes combination drugs) (Carisoprodol, Chlorzoxazone, Cyclobenzaprine, Metaxalone, Methocarbamol, Orphenadrine)

Note: For each medication, the days' supply must be greater than zero. If the medication was started and then discontinued, CRS will recalculate the number of Days Prescribed by subtracting the prescription date (i.e. visit date) from the V Medication Discontinued Date. For example:
- Rx Date: November 15, 2018
- Discontinued Date: November 19, 2018
Recalculated number of Days Prescribed:
November 19, 2018 – November 15, 2018 = 4.

2.7.5.5 Patient List

List of patients 65 and older with at least one prescription for a potentially harmful drug.

2.7.6 Palliative Care

2.7.6.1 Owner and Contact

Dr. Bruce Finke

2.7.6.2 Denominators

No denominators. These measures are total count only, not a percentage.

2.7.6.3 Numerators

1. Count only (no percentage comparison to denominator). The total number of Active Clinical patients 55 and older with at least one palliative care visit during the Report Period. Broken down by gender and age groups.

2. Count only (no percentage comparison to denominator). The total number of palliative care visits for Active Clinical patients 55 and older during the Report Period. Broken down by gender and age groups.

2.7.6.4 Definitions

Age

Age is calculated at the beginning of the Report Period

Palliative Care Visit

POV ICD-9: V66.7; ICD-10: Z51.5 [BGP PALLIATIVE CARE DXS]

2.7.6.5 Patient List

List of patients 55 and older with at least one palliative care visit during the Report Period.

2.7.7 Annual Wellness Visit

2.7.7.1 Owner and Contact

Dr. Bruce Finke

2.7.7.2 Denominators

Active Clinical patients ages 65 and older. Broken down by gender and age groups.

2.7.7.3 Numerators

Patients with at least one Annual Wellness Exam in the past 15 months.

2.7.7.4 Definitions

Age

Age is calculated at the beginning of the Report Period

Annual Wellness Exam

CPT G0438, G0439, G0402 [BGP ANNUAL WELLNESS CPTS]

2.7.7.5 Patient List

List of patients 65 and older with at least one annual wellness exam in the past 15 months.

Acronyms List

Acronym	Term Meaning
ADA	American Disabilities Act
ADL	Activities of Daily Living
AI/AN	American Indian/Alaska Native
AMI	Acute Myocardial Infarction
ASA	Aspirin (acetylsalicylic acid)
BH	Behavioral Health
BHS	Behavioral Health System
BMI	Body Mass Index
BP	Blood Pressure
CABG	Coronary Artery Bypass Graft
CDT	Current Dental Terminology
CHR	Community Health Representative
CK	Creatine Kinase
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
CVX	Vaccine Code
DBH	Division of Behavioral Health
DM	Diabetes Mellitus
DNKA	Did Not Keep Appointment
DPST	Demo/Test Patient Search Template
ENDS	Electronic Nicotine Delivery Systems
ER	Emergency Room
ESRD	End Stage Renal Disease
ETDRS	Early Treatment Diabetic Retinopathy Study
ETS	Environmental Tobacco Smoke
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FY	Fiscal Year
GFR	Glomerular Filtration Rate

Acronym	Term Meaning
GPRA	Government Performance and Results Act of 1993
GPRAMA	GPRA Modernization Act
HHS	Health and Human Services
ICD	International Classification of Diseases
IHS	Indian Health Service
IADL	Instrumental Activities of Daily Living
IPV/DV	Intimate Partner Violence/Domestic Violence
IVD	Ischemic Vascular Disease
HEDIS	Health Plan Employer Data and Information Set
LDL	Low-Density Lipoprotein
LOINC	Logical Observations Identifiers, Names, Codes
NHANES	National Health and Nutrition Examination Survey
NMI	Not Medically Indicated
NSAID	Non-Steroidal Anti-Inflammatory Drug
OMB	Office of Management and Budget
PCC	Patient Care Component
PCI	Percutaneous Coronary Interventions
PCV13	Pneumococcal Conjugate
PHN	Public Health Nurse
POV	Purpose of Visit
PPSV23	Pneumococcal Polysaccharide
PQA	Pharmacy Quality Alliance
PRC	Purchased and Referred Care
RPMS	Resource and Patient Management System
SNOMED	Systematized Nomenclature of Medicine
TIA	Transient Ischemic Attack
UACR	Urine Albumin to Creatinine Ratio
UAS	Unable to Screen
ULN	Upper Limit of Normal

Contact Information

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

Phone: (888) 830-7280 (toll free)

Web: http://www.ihs.gov/helpdesk/

Email: support@ihs.gov