RESOURCE AND PATIENT MANAGEMENT SYSTEM

Clinical Reporting System

(BGP)

User Manual

Version 19.1
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Office of Information Technology
Division of Information Resource Management

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Preface

The Government Performance and Results Act (GPRA) requires federal agencies to report annually on how the agency measured against the performance targets set in its annual plan. The Indian Health Service (IHS) GPRA measures include clinical prevention and treatment, quality of care, infrastructure, and administrative efficiency functions.

The IHS Clinical Reporting System (CRS) is a Resource and Patient Management System (RPMS) software application designed for national reporting, as well as Area Office and local monitoring of clinical GPRA and developmental measures. CRS was first released for Fiscal Year (FY) 2002 performance measures (as GPRA+) and is based on a design by the Aberdeen Area Office (GPRA2000).

This manual provides instructions on using the CRS. Version 19.1 adds FY 2019 clinical performance measures to existing FY 2002 through FY 2018 measures.

CRS is the reporting tool used by the IHS Office of Planning and Evaluation to collect and report clinical performance results annually to the Department of Health and Human Services and to Congress.

Each year, an updated version of CRS software is released to reflect changes in the logic descriptions of the different denominators and numerators. Additional performance measures may also be added. Local facilities can run reports as often as they want and can also use CRS to transmit data to their Area Office. The Area Office can use CRS to produce an aggregated Area Office report for either annual GPRA or Area Office director performance reports.

CRS produces reports on demand from local RPMS databases for both GPRA and developmental clinical performance measures that are based on RPMS data, thus eliminating the need for manual chart audits for evaluating and reporting clinical measures.

To produce reports with comparable data across every facility, the GPRA measures definitions were "translated" into programming code with the assistance of clinical subject matter experts. CRS uses predefined taxonomies to find data items in the RPMS Patient Care Component (PCC) to determine if a patient meets the performance measure criteria. Taxonomies contain groups of codes (e.g., diagnoses or procedures) or site-specific terms. Each performance measure topic has one or more defined denominator and numerator.

Administrative and clinical users can review individual or all measures at any time to:

- Identify potential data issues in their RPMS, for example, missing or incorrect data.

- Monitor their site's performance against past national performance and upcoming agency goals.

- Identify specific areas where the facility is not meeting the measure to initiate business-process or other changes.

- Quickly measure impact of process changes on performance measures.

- Identify IHS Area Offices meeting or exceeding measures to provide lessons learned.

Users of the RPMS CRS include the following:

- Area Office and site quality improvement staff

- Compliance officers

- GPRA coordinators

- Clinical staff, such as physicians, nurses, nurse practitioners, and other providers

- Area Office directors

- Any staff involved with quality assurance initiatives

- Staff who run the various CRS reports

1.0   Introduction

This manual provides user instructions for the CRS v19.1 (FY 2019 Clinical Performance Measures).

The sections included in this manual cover the main components of this system:

- Set up the CRS application, including taxonomies and site parameters

- Use the report option to produce different reports:

    - GPRA and GPRA Modernization Act (GPRAMA)

    - Selected Measures

    - GPRA/GPRAMA Performance

    - Elder Care

    - Patient Education

    - Improving Patient Care (IPC) Measures

    - Laboratory and Medication Taxonomies

- Export and aggregate Area Office-level data for:

    - National GPRA/GPRAMA reports

    - GPRA/GPRAMA Performance reports

    - Elder Care reports

    - Patient Education reports

Refer to the *CRS Clinical Performance Measure Logic Manual* for information on the logic used and sample output for each individual performance measure.

1.1   Key Changes in v19.1

1.1.1   Logic Changes to National GPRA/GPRAMA Report Measures

- GPRA Developmental Measures:

    - Added the following new GPRA Developmental measures:

        - Substance Use Disorder (SUD) in Women of Childbearing Age – new topic

        - Hepatitis C Screening – User Population patients ages 18 and older with Hep C screen ever

        - Chlamydia Testing – new age range for 25–29

    - Removed the following GPRA Developmental measures:

        - Childhood Immunizations – 3 Pneumo and 4313*313 combo measures

- Colorectal Cancer Screening (Revised Logic #2-HEDIS) (moved to GPRA report)

- Chlamydia Testing – Refusal measures for age breakdowns

  – Updated codes and/or logic in the following measures: Adult Immunizations; Childhood Immunizations; Appropriate Medication Therapy After a Heart Attack; HIV Screening; HIV Quality of Care; Chlamydia Testing; Proportion of Days Covered by Medication Therapy; Concurrent Use of Opioids and Benzodiazepines; Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly.

- Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes:

  – Added CPT M1017 to palliative care definition.

  – Added all ICD-10 codes that begin with M79.1 to myalgia definition.

  – Added ICD-10 Procedure codes 5A1D70Z, 5A1D80Z, 5A1D90Z to ESRD definition.

  – Updated BGP PQA STATIN MEDS medication taxonomy.

- Diabetes: Nephropathy Assessment:

  – Added ICD-10 Procedure codes 5A1D70Z, 5A1D80Z, 5A1D90Z to ESRD definition.

- Influenza:

  – Added CPT 90689 to influenza definition.

- Adult Immunizations:

  – Added CPT 90689 to influenza definition.

- Cancer Screening: Pap Smear Rates:

  – Added ICD-10 Procedure codes 0UT90ZL, 0UT94ZL and CPT 58575 to hysterectomy definition.

- Cancer Screening: Mammogram Rates:

  – Added CPT 77046-77049 to mammogram definition.

- Colorectal Cancer Screening:

  – GPRA measures has been changed to include FIT-DNA in the past 3 years and CT colonography in the past 5 years.

- Alcohol Screening:

  – Added CPT G2011 to alcohol screening definition.

- Controlling High Blood Pressure - Million Hearts:

  – Added ICD-10 Procedure codes 5A1D70Z, 5A1D80Z, 5A1D90Z to ESRD definition.

- Statin Therapy for the Prevention and Treatment of Cardiovascular Disease:

  - Added CPT M1017 to palliative care definition.
  - Added all ICD-10 codes that begin with M79.1 to myalgia definition.
  - Added ICD-10 Procedure codes 5A1D70Z, 5A1D80Z, 5A1D90Z to ESRD definition.
  - Updated BGP PQA STATIN MEDS medication taxonomy.

1.1.2   Key Logic Changes to Non-GPRA Measures

For key logic changes to non-GPRA measures, please refer to the *CRS 2019 (Version 19.1) Selected Measures Report Performance Measure List and Definitions* document located on the CRS Web site:

https://www.ihs.gov/sites/crs/themes/responsive2017/display_objects/documents/crsv19/SelectedMeasuresV191.pdf.

1.1.3   Additional Key Enhancements and Revisions

- Removed Area Elder Care and Area Patient Education Reports.

- Removed Asthma sub-report from Selected Measures reports.

- Added the ability to run the GPRA Dashboard for the following GPRA year.

2.0   Orientation

See the Glossary and Acronym List for terms and abbreviations used throughout this manual.

3.0   Clinical Reporting System

The CRS is an RPMS software application designed for local and Area Office monitoring of clinical performance measures in a timely manner. Because definitions of clinical performance measures can change every year, CRS is updated and released annually. The current v19.1 adds FY 2019 clinical performance measures to existing FY 2002 through FY 2018 measures.

3.1   Clinical Performance Assessment and GPRA

Performance assessment measures what an organization does and how well it does it. For a healthcare organization such as the IHS, this means measuring how well we deliver healthcare services to our population with documentable improvement in various standard health measures. Standardized clinical performance measures provide a systematic approach to health improvement for our organization. Results from performance assessment are used internally within the IHS, at national and local levels, to support and guide performance improvement in those clinical areas that need it. Performance results are also needed externally to demonstrate accountability to an organization's stakeholders; for IHS, this means Congress and the current administration. Since clinical care is provided in the field, understanding and reporting on clinical performance measures can no longer be solely the concern of IHS Headquarters (HQ) staff.

3.1.1   What Is GPRA?

Since 1955, the IHS has demonstrated the ability to utilize limited resources to improve the health status of American Indian/Alaska Native (AI/AN) people by focusing on preventive and primary care services. The IHS, like all federal agencies, is under increasing pressure to demonstrate progress in a measurable way toward its mission and goals. Our clinical GPRA measures are and continue to be the mainstay in performance-reporting for the IHS. The current administration is actively working toward the goal of building a transparent, high-performance government with health reform as one of its highest national priorities.

The GPRA requires federal agencies to demonstrate that they are using their funds effectively toward meeting their missions. The law requires agencies to have both a five-year Strategic Plan in place and to submit annual performance plans specifically describing what the agency intends to accomplish toward those goals with their annual budget. Every year, the agency reports on how the agency measured against the performance targets set in the plan.

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. The performance measures address the most significant health problems facing the AI/AN population as identified by representatives of the local Indian, Tribal, and Urban (I/T/U) programs, as well as management areas of the President's Management Agenda. For FY 2019, the IHS has 27 GPRA measures in two main categories: GPRAMA measures (two measures) and RPMS/CRS Budget measures (25 measures).

Performance measures are further characterized by type, where:

- Outcome measures directly relate to reducing mortality or morbidity relative to a disease or condition that programs address. All clinical GPRA measures are outcome measures. Examples include reducing prevalence of obesity, diabetic complications, and unintentional injury.

- Output measures describe the level of activity that will be provided over a period of time; the internal activities of a program (i.e., the products and services delivered), for example, maintaining accreditation rate for Youth Regional Treatment Centers or conducting at least three community injury prevention projects in each area.

- Efficiency measures track the ratio of total outputs or outcomes to total inputs (federal plus non-federal). Examples include average project duration from project Memorandum of Agreement execution to construction completion and percent of replacement health centers completed on time.

All GPRA measures are determined annually by the GPRA Coordinating Committee, with input from specific subject matter experts in various subject areas. Teleconferences and meetings are held regularly to review, discuss, and edit or add performance measures. The Office of Management and Budget (OMB) has requested that IHS reduce process measures and increase outcome measures. Potential (developmental) measures for emerging areas of clinical concern to IHS, such as HIV, are proposed, discussed, and refined over several months and may change definition several times before being included as a formal GPRA measure. One of the criteria for adding new measures is that they are measurable; for clinical measures, this means that performance data can be gathered by using RPMS data.

See Appendix A for a complete list of FY 2019 GPRA measures. Further information about GPRA performance reporting, including results for FY 2004 through FY 2019, can be found at the following Web site:

http://www.ihs.gov/crs/index.cfm?module=crs_gpra_reporting.

3.1.2   Clinical Performance Measures

Most of the 27 IHS GPRA measures are clinical. The majority of the GPRA performance measures have a denominator and a numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the definition of the measure.

The Treatment category includes measures covering diabetes, cancer, behavioral health (BH), oral health, accreditation, and medications. An example of a treatment measure is Diabetic Retinopathy. The FY 2019 goal for this measure is to maintain the proportion of patients with diagnosed diabetes who receive an annual retinal examination at a rate of 49.7%. The IHS FY 2018 national rate was 49.2%; the HP2020 goal is 58.7% (see Section 3.2.4).

The Prevention category includes measures covering Public Health Nursing (PHN), immunization, injury prevention, BH, cardiovascular disease, obesity, tobacco use, and human immunodeficiency virus (HIV). An example of a prevention measure is Tobacco Cessation. The FY 2019 goal for this measure is to maintain the rate of 27.5% for the proportion of tobacco-using patients who receive tobacco cessation intervention or quit tobacco use. The IHS FY 2018 rate was 28.9%; the HP2020 goal is 80%.

3.1.2.1   Measure Example

GPRA Measure Cancer Screening: Mammogram Rates: During FY 2019, achieve the target rate of 42.0% establish a baseline for the proportion of female patients 52–74 years old who have had mammography screening within the last two years.

The denominator is the total population that is being reviewed for a specific measure. For the Mammogram measure, the denominator is all female patients at least 52 years old at the beginning of the report period and under 75 years old at the end of the report period. The numerator is the number of patients in the denominator who meet specific criteria. For Mammogram, the numerator is the number of patients in the denominator who had a mammogram, defined by certain codes and documented in RPMS any time in the two years prior to the end of the report period. For a detailed description of performance measure logic, see Section 3.2.4.

In addition to the formal denominator and numerator for a GPRA measure, there may be other denominators and numerators clinically related to the topic. For the Treatment measure cited above, Diabetic Retinopathy, three separate denominators (patient populations) are examined. The GPRA denominator is User Pop Diabetic patients. The other two denominators reviewed for any Diabetes measure are Active Diabetic and Active Adult Diabetic patients. For detailed logic definitions of the denominators, see the *CRS Clinical Performance Measure Logic Manual*, Section 2.0.

In addition to the GPRA numerator, for patients with retinal evaluation, two related numerators are tracked:

- Patients with diabetic retinal exam
- Patients with other eye exam

Reviewing all the denominators and numerators for the Diabetic Retinopathy measure topic gives a site's clinical staff a more comprehensive picture of the status of retinal evaluation among diabetic patients.

Because the number of formal GPRA measures for the IHS is limited by direction from the OMB, not all healthcare issues relevant to the AI/AN patient population are defined. Developmental measures that address emerging healthcare issues within the IHS have been defined for the agency. Some of these developmental measures may become formal GPRA measures in future years.

Required performance reporting provides the agency with a rationale and time line to establish and maintain an ongoing process to identify, measure, and evaluate performance-measure results. By establishing a feedback loop of results evaluation and performance measure refinement or redefinition based on evidence-based criteria, we can ensure that IHS clinical measures mirror key areas of concern for the AI/AN population and contribute to improving health of individuals, as well as populations.

3.1.3   Comparing Ourselves to National Guidelines

Appropriately for a healthcare organization, most IHS GPRA measures describe clinical treatment and prevention measures. In order to improve health status, the I/T/U system must be able to make comparisons both within the I/T/U system and the larger medical community. The adoption of comparable health outcome measures that are used by others, such as Healthcare Effectiveness Data and Information Set (HEDIS) or HP2020, will help in this endeavor.

IHS uses both HP2020 and HEDIS, in addition to other clinical guidelines, to define clinical performance measures and set levels for performance. CRS provides HP2020 target information on the report for as many of the measures included in CRS as are available.

3.2   CRS Overview

Collecting and reporting comparable data across all I/T/Us, as well as to the larger healthcare community, is essential to the process of measuring and communicating health status and performance improvement. Improved data collection and quality provide consistent data across all I/T/Us and are critical to providing better patient care, as well as timely and accurate performance measures.

The CRS is a software tool that provides reports for local site and Area Office use specifically on clinical performance measures that are based on data from the IHS RPMS. For FY19, CRS includes 26 performance measure topics included in the National GPRA/GPRAMA Report and 36 developmental/other clinical measure topics included in the Selected Measures (Local) Report and other reports.

Each measure topic has one or more denominator and numerator defined. The denominator is the total population being reviewed; the numerator is the number of patients from the denominator who meet the logic criteria. Detailed logic for each performance measure is described in the *CRS Clinical Performance Measure Logic Manual*, Section 2.0, Performance Measure Logic.

3.2.1   How Does CRS Work?

Upon demand from local RPMS databases, CRS produces a printed or electronic report for any or all of over 300 GPRA and developmental clinical performance measures, representing 62 clinical topics based on RPMS data. Reports display the total numbers (count) in both the denominator (total patient population evaluated) and numerator (patients who meet the measure criteria), as well as the percentage of total patients in the numerator.

Reports also compare the site's performance numbers in the current report period (user defined) to the previous period and to a user-defined baseline period. The purpose of having three time periods for comparison is always to compare exactly the same logic across time periods. Since the details of performance measure logic may change somewhat each year, it is not accurate to compare a performance measure from CRS FY18 to the same measure from CRS FY19. The three time periods allow truly comparable data.

The National GPRA/GPRAMA Report provides a summary of the local GPRA measure results compared to national performance and agency goals. The report contains a section of GPRA Developmental measures as well. Users can request patient lists for each of the measures, displaying patients who do or do not meet the measure criteria. In addition, a comprehensive report is available that lists all of the measures each patient did not meet.

A facility also can produce a data file for the National GPRA/GPRAMA Report for transmission to the Area Office where an area-wide aggregate report can be generated. For detailed descriptions of the different report types, see Section 4.4.

Because GPRA measures can change annually, CRS is updated and released annually to reflect any changes. The current v19.1 adds FY 2019 performance measures to the existing FY 2002 through FY 2018 clinical performance measures.

The CRS is intended to eliminate the need for manual chart audits to evaluate and report the IHS clinical GPRA and developmental measures based on RPMS data. To produce reports with comparable data across every facility using CRS, the GPRA measure definition must be translated into programming code. This means an English text expression must be defined specifically in terms of which RPMS fields to look at and which values to look for to fit the definition.

The logic provided to the CRS application programmer was developed in conjunction with various clinical subject matter experts for the different types of measures; i.e., the Diabetes Program reviewed and approved the logic for diabetes measures.

CRS has been described as a scavenger hunt for data that looks at as many RPMS applications and as many fields as may be applicable to meet the measure. To ensure comparable data within the agency, as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, ICD-10, CPT, (Logical Observation Identifiers Names and Codes) LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes. For detailed information about taxonomies, see Section 5.0.

> **Note:** Facilities that develop and use their own codes for IHS-specific functions, such as health factors and patient education, will find that these entries do not count toward meeting the measure.

3.2.2   CRS Security Keys

In order to access the CRS application, the user must be assigned the BGPZMENU security key in RPMS.

Other security keys that a user may need are as follows:

- **BGPZ PATIENT LISTS:** Enables a user to run lists of patients that contain patient identifiers and medical information

- **BGPZ SITE PARAMETERS:** Enables a user to edit the site parameters

- **BGPZ TAXONOMY EDIT:** Enables a user to edit the site-populated lab and medication taxonomies

- **BGPZAREA:** Provides user access to the Area Office menu, where Area Aggregate reports may be run

3.2.3   CRS Key Denominator Definitions

Each performance measure topic has one or more defined denominators and numerators. The denominator is the total population being reviewed for a specific measure.

The Active Clinical population is the denominator definition that was used for most GPRA measures until 2018. This denominator was developed in FY 2003 specifically for clinical measures because it is more representative of the Active Clinical population.

Prior to FY 2003 and since 2018, the User Population denominator definition was used. The User Population definition is similar to the agency IHS User Population definition, but not identical to the definition used by IHS HQ for annual user population statistics. GPRA "visits" are not required to be workload reportable, as defined by IHS HQ. The GPRA User Population is used as a secondary denominator in the local reports, as it represents a broader public health definition of a site's population.

For national GPRA reporting, only one denominator for each topic is reported. For Selected Measures reports for local facility use (Section 5.11), multiple denominators may be reported to provide a complete picture of clinical performance. Users also have additional options available to further refine denominator definitions.

3.2.3.1   Active Clinical Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the following core medical clinics:

Table 3-1: Core medical clinics – codes and descriptions

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice

57	EPSDT
70	Women's Health
80	Urgent Care
89	Evening

The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-2: Additional medical clinics – codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.

- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the Purchased and Referred Care (PRC) catchment area specified in the community taxonomy that is specified by the user.

3.2.3.2 Active Clinical Plus Behavioral Health Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

  The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-3: Additional medical clinics – codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology

43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy
C4	Behavioral Health
C9	Telebehavioral Health

- Patient must be alive on the last day of the report period.

- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy that is specified by the user.

3.2.3.3   User Population for National GPRA/GPRAMA Reporting

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have been seen at least once in the three years prior to the end of the Report Period, regardless of the clinic type.

- Patient must be alive on the last day of the report period.

- Patient must be AI/AN (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.

- Patient must reside in a community included in the site's official GPRA community taxonomy, defined as all communities of residence in the PRC catchment area specified in the community taxonomy that is specified by the user.

3.2.3.4   Active Clinical Population for Local Reports

- Patient records with name "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

    The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-4: Additional medical clinics – codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology

Clinic Code	Clinic Description
B9	Oncology – Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.

- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.

- 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.

3.2.3.5 Active Clinical Plus Behavioral Health Population for Local Reports

- Patient records with name "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have *two* visits to *medical* clinics in the past three years prior to the end of the Report Period. At least one visit must be to one of the core medical clinics as listed in Table 3-1.

  The second visit can be *either* to one of the core medical clinics in the previous list *or* to one of the following additional medical clinics:

Table 3-5: Additional medical clinics – codes and descriptions

Clinic Code	Clinic Description
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology

Clinic Code	Clinic Description
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.

- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.

- 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.

3.2.3.6   User Population for Local Reports

- Patient records with the name of "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have been seen at least once in the three years prior to the end of the Report Period, regardless of the clinic type.

- Patient 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.

3.2.3.7   IPC User Population for Local Reports

- Patient records with name "DEMO,PATIENT" or who are included in the RPMS Demo/Test Patient Search Template (option located in the PCC Management Reports, Other section) will be automatically excluded from the denominator.

- Patient must have at least *one* visit to a *medical* clinic during the Report Period. This visit must be to one of the medical clinics as listed in Table 3-6, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.

Table 3-6: IPC User Population medical clinics – codes and descriptions

Clinic Code	Clinic Description
01	General
06	Diabetic
10	GYN
12	Immunization
13	Internal Medicine
20	Pediatrics
24	Well Child
28	Family Practice
57	EPSDT
70	Women's Health
80	Urgent Care
89	Evening
02	Cardiac
03	Chest And TB
05	Dermatology
07	ENT
08	Family Planning
14	Mental Health
16	Obstetrics
19	Orthopedic
23	Surgical
25	Other
26	High Risk
27	General Preventive
31	Hypertension
32	Postpartum
37	Neurology

Clinic Code	Clinic Description
38	Rheumatology
43	Alcohol & Substance Abuse
48	Medical Social Services
49	Nephrology
50	Chronic Disease
69	Endocrinology
75	Urology
81	Men's Health Screening
85	Teen Clinic
88	Sports Medicine
B8	Gastroenterology – Hepatology
B9	Oncology – Hematology
C3	Colposcopy

- Patient must be alive on the last day of the report period.

- User defines population type: AI/AN patients only, non-AI/AN, or both. This data item is typed and updated during the patient registration process.

- 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.

3.2.4   Performance Measure Logic Example

The GPRA measure example used in Section 3.1.2 was Cancer Screening: Mammogram Rates: During FY 2019, establish a baseline for the proportion of female patients 52 through 74 years old who have had mammography screening within the last two years.

For CRS, the GPRA measure definition is:

- Denominator (total number of patients evaluated): User Population female patients ages 52–74 years, excluding those with documented history of bilateral mastectomy. (The clinical owner of the measure has determined based on current medical guidelines that eligible women are defined as ages 52–74 years.)

- Numerator (those from the denominator who meet the criteria for the measure): patients with documented mammogram in past two years.

For the programmer, the Mammogram measure is described in terms of the following logic:

1. Begin with the User Population definition (see Section 3.2.3.3).

    a. Exclude any patient records with the name of "DEMO,PATIENT."

    b. Exclude any patient records that are included in the RPMS Demo/Test Patient Search Template.

    c. Exclude any patient records with a date of death in the Patient Registration file.

    d. Exclude any patient records that do *not* have value 01 (AI/AN) in the Beneficiary field of the Patient Registration file.

    e. Exclude any patient records whose Community of Residence is not included in the site's defined GPRA Community Taxonomy for this report.

    f. For the remaining patients, search Visit files for the three years prior to the selected report end date; exclude any patient records whose visits do not meet the "one visit" definition.

2. From these patients, identify the subset that are female and at least age 52 years on the first day of the current report period and less than age 75 years on the last day of the report period.

3. Exclude patients with documented bilateral mastectomy by searching the V Procedure file for Procedure Codes ICD-9: 85.42, 85.44, 85.46, 85.48; ICD-10: 0HBV0ZZ, 0HCV0ZZ, 0HTV0ZZ , V CPT for CPT Codes 19300.50-19307.50 OR 19300-19307 w/modifier 09950 (50 and 09950 modifiers indicate bilateral), or old codes 19180, 19200, 19220, 19240, w/modifier of 50 or 09950, or POV or Problem List entry where the status is not Deleted of ICD-10: Z90.13 or SNOMED data set PXRM BGP BILAT MASTECTOMY (Problem List only) any time before the end of the report period; *or* who have two separate occurrences for either (1) one code that indicates a right mastectomy and one code that indicates a left mastectomy or (2) 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 on two different dates of service.

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

    b. Left Mastectomy: Diagnosis (POV or Problem List entry where the status is not Deleted) ICD-10: Z90.12; SNOMED data set PXRM BGP LEFT MASTECTOMY (Problem List only); Procedure ICD-10: 07T60ZZ, 07T90ZZ, 0HBU0ZZ, 0HCU0ZZ, 0HTU0ZZ.

    c. Mastectomy on unknown side: 1) CPT 19300-19307, or old codes 19180, 19200, 19220, 19240; 2) Procedure ICD-9: 85.41, 85.43, 85.45, 85.47.

4. For these patients (the denominator), check for a mammogram in the past two years in the following order:

a. Check V Radiology or V CPT for the following CPT Codes: 77046 through 77049, 77052 through 77059, 77065 through 77067, 76090 (old code), 76091 (old code), 76092 (old code), G0206; G0204, G0202

b. Check the Purpose of Visit file (V POV) for a diagnosis of 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 or ICD-10: R92.0, R92.1, R92.8, Z12.31.

c. Check V Procedures for a procedure of ICD-9: 87.36 Xerography of Breast, 87.37 Other Mammography or ICD-10: BH00ZZZ, BH01ZZZ, BH02ZZZ.

d. Check the Women's Health Tracking package for documentation of a procedure called Mammogram Screening, Mammogram Dx Bilat, or Mammogram Dx Unilat and where the result does *not* have "ERROR/DISREGARD."

If a visit with any of the specified codes is found, the patient is considered to have met the measure, and the program checks the next patient.

For a detailed description of the logic for each performance measure included in CRS, see the *CRS Clinical Performance Manual*, Section 2.0, "Performance Measure Logic."

3.2.5   CRS Report Time Periods

For each measure, the following three time periods are displayed:

- **Current or Report Period**: A user-specified time period. For a typical National GPRA/GPRAMA Report, the time period is October 1 through September 30, which has been defined by the Office of Planning and Evaluation as the performance year.

- **Previous Year Period**: Same time period as report period for the previous year.

- **Baseline Period**: Same time period as report period for any year specified by the user. For a typical National GPRA/GPRAMA Report, the baseline year is October 1, 2009 through September 30, 2010.

The data for the report period is compared to the data for the previous year and the baseline periods. The percentage of change between current and previous year and current and baseline periods is calculated.

The purpose of having three time periods for comparison is to compare exactly the same logic across time periods. Since the details of measure logic may change somewhat each year, it is not accurate to compare a performance from CRS FY18 to the same measure from CRS FY19. The three time periods allow for truly comparable data.

3.3   FY19 Clinical Measures Included in CRS

The clinical measures reported by CRS include formal IHS GPRA measures the agency is currently reporting to Congress, other GPRA-related measure topics, and developmental measure topics being evaluated as possible future GPRA measures.

> **Note:** CRS only includes clinical performance measures that can be derived from RPMS data.

For detailed descriptions of the measure logic, including specific codes and taxonomies used, and formats for each topic and patient list, see the *CRS Clinical Performance Manual,* Section 2.0.

For the performance measurement logic included in the National GPRA/GPRAMA, GPRA/GPRAMA Performance, Selected Measures, Elder Care, and Patient Education reports, see the specific Performance Measure Definitions and Logic documents on the CRS Web site, CRS 2019 page at http://www.ihs.gov/crs/softwa re/fy19/.

4.0   Getting Started: System Setup

Before a site can use the CRS for FY2019 to run reports, the site's system parameters and taxonomies must be set up.

System Setup Task Summary:

1. Create the official community taxonomy for national GPRA reporting using Q-Man (Section 4.1).

2. Set up the CRS system parameters for the site (Section 4.2).

3. Run the taxonomy check for all reports (Section 4.5).

4. Set up the lab and medication taxonomies used by CRS (Section 4.6).

4.1   Community Taxonomy

The community taxonomy is used to define the range of community names where your facility's patients reside and is included in your reports. Most likely, your facility has one or more community taxonomies already set up for use with other RPMS applications. For the National GPRA/GPRAMA Report, a community taxonomy should be used that includes all communities served by the facility.

> **Note:** The GPRA Area Coordinators decided in January 2004 at their national meeting that all Area Offices would use their defined PRC catchments as their default community taxonomies for the yearly GPRA report, with the exception of the Oklahoma City Area (all of OK is in the Purchased and Referred Care Delivery Area).

Individuals may want to run local reports of selected measures for a specific subset of the population, which may use a different community taxonomy than the community taxonomy used to run the National GPRA/GPRAMA Report. Use Q-Man to set up the community taxonomy. If you do not have access to Q-Man, see your RPMS site manager.

> **Note:** If the **Q-Man** menu option is not listed in your main menu, contact your site manager to receive the Q-Man access keys.

To define the Community taxonomy:

1. At the Main Menu prompt, choose the **QMAN** menu option and press Enter to display the **Q-Man** menu.

2. At the "Enter Return to continue or caret (**^**) to Exit" prompt, press Enter.

3. At the "Your Choice" prompt, type **1** (Search PCC Database) and press Enter. The steps that follow are illustrated by Figure 4-1.

4. At the "What is the subject of your search?" prompt, press Enter to accept the default (**LIVING PATIENTS**).

5. At the "Attribute of Living Patients" prompt, type **Community** and press Enter.

6. At the "Enter Community" prompt, type the name of the first community of interest.

7. At the "Enter Another Community" prompt, type the name of the next community of interest. Repeat until all communities are entered.

8. When finished, press Enter at a blank "Enter Another Community" prompt.

9. At the "Want to save this community group for future use?" prompt, type **Y** and press Enter.

10. At the "Group Name" prompt, type a name for the taxonomy and press Enter.

11. At the "Are you adding '[*group name*]' as a new Taxonomy (the #TH)?" prompt, verify your group name and type **Y** to save it or **N** to cancel the save and press Enter.

12. (Optional) At the "Taxonomy Brief Description" prompt, type a short description of the taxonomy and press Enter.

13. (Optional) At the "1>" prompt, type the information for the extended description for the taxonomy; otherwise press Enter.

14. At the "Attribute of Living Patients" prompt, type a caret (**^**) and press Enter.

15. At the "What is the subject of your search?" prompt, type a caret (**^**) and press Enter to return to the **Q-Man** main menu.

```
What is the subject of your search?  LIVING PATIENTS // <Enter> LIVING PATIENTS

   Subject of search: PATIENTS
      ALIVE TODAY

Attribute of LIVING PATIENTS: COMMUNITY <Enter>

Enter COMMUNITY: ANADARKO <Enter>          CADDO      OKLAHOMA      140      4008140
Enter ANOTHER COMMUNITY: CARNEGIE <Enter>  CADDO      OKLAHOMA      144      4008144
Enter ANOTHER COMMUNITY: WALTERS <Enter>   COTTON     OKLAHOMA      263      4017263
Enter ANOTHER COMMUNITY: <Enter>

The following have been selected =>

     ANADARKO
     CARNEGIE
     WALTERS
```

```
Want to save this COMMUNITY group for future use? No// Y <Enter> (Yes)
Group name: SWOK GPRA REPORT COMMUNITIES <Enter>
  Are you adding 'SWOK GPRA REPORT COMMUNITIES' as
   a new TAXONOMY (the 890TH)? No// Y <Enter> (Yes)

   TAXONOMY BRIEF DESCRIPTION: <Enter>
EXTENDED DESCRIPTION:
  No existing text
  Edit? NO// NO <Enter>
Computing Search Efficiency Rating

   Subject of search: PATIENTS
      ALIVE TODAY
      CURRENT COMMUNITY (ANADARKO/CARNEGIE...)
```

Figure 4-1: Setting up a community taxonomy in Q-Man

16. To exit the **Q-Man** main menu, type **0** (zero) at the prompt and press Enter.

4.2   Site Parameters

CI19 > SET > **SP**

> **Note:** Users must have the BGPZ SITE PARAMETERS security
> key to display the Site Parameters menu option and set up
> the CRS site parameters.

Setting site parameters eliminates the need to set those values that are often used throughout the CRS system. CRS site parameters are:

- **BGP Site Parameters Location** (i.e., facility location): Defines your facility location.

- **Default Community taxonomy**: Defines the community taxonomy name your site is most likely to use when identifying the population for reports.

> **Note**: If your RPMS server has multiple databases representing
> multiple facilities, you may not want to set a default
> Community taxonomy to ensure users will define a specific
> Community taxonomy each time a report is run.

- **Definition of Home**: Used by PHN measures to identify PHN visits in a home location, in addition to Clinic Code 11. Generally, but not always, a site's home location is called Home.

- **Directory for Area files**: Defines the directory in which Area Export files will be created.

> Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

To edit the Site Parameters starting from the **CRS** main menu (Figure 4-2), follow the steps below:

```
              ****************************************************
              **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)   **
              ****************************************************
                              Version 19.1

                           DEMO INDIAN HOSPITAL

   CI19    CRS 2019 ...
   CI18    CRS 2018 ...
   CI17    CRS 2017 ...
   CI16    CRS 2016 ...
   CI15    CRS 2015 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI19 <Enter>
CRS 2019
```

Figure 4-2: **CRS** main menu

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter. The **CRS 2019** menu (Figure 4-3) displays.

```
              ********************************
              **      IHS/RPMS CRS 2019     **
              **  Clinical Reporting System **
              ********************************
                         Version 19.1

                      DEMO INDIAN HOSPITAL

   RPT     Reports ...
   SET     System Setup ...
   AO      Area Options ...

Select CRS 2019 Option: SET <Enter>  System Setup
```

Figure 4-3: **CRS 2019** menu

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

```
                         **************************
                         **   IHS/RPMS CRS 2019   **
                         **       Setup Menu      **
                         **************************
                                Version 19.1

                            DEMO INDIAN HOSPITAL

      SP      Site Parameters
      RA      Report Automation ...
      TC      Taxonomy Check ...
      TS      Taxonomy Setup ...

    Select System Setup Option:  SP <Enter>  Site Parameters
```

Figure 4-4: **CRS Setup** menu

3. At the "Select System Setup Option" prompt, type **SP** and press Enter. The steps
    that follow are illustrated in Figure 4-5.

    > **Note:** The **SP Site Parameters** menu option displays only for
    > users with security access to this function.

4. At the "Select BGP Site Parameters Location" prompt, type the name of your site
    location.

5. At the "Please enter your site's Default Community Taxonomy" prompt, type the
    name of the community taxonomy your site is most likely to use for performance
    reporting.

    > **Note**: The Community taxonomy default can be overridden at the
    > time an individual report is run. Setting a default taxonomy
    > ensures that any user running a report is using the same
    > population definition.

6. At the "Enter Your Site's Home location" prompt, type the name of your home
    location, or press Enter to accept the default response. Type **HOME** at this
    prompt to display a list of all home locations. Follow the prompts to select the
    appropriate location.

    > The home location is for reporting PHN home visits only and
    > should not be confused with your facility or site location.

7. At the "Directory for Export Files" prompt, type the path of the directory in which
    the Area Export files created. Edit this parameter only if you want Area Export
    files to be created in a directory other than where they are currently created. If the
    current directory in the system is 20 or more characters in length, it will not be
    followed by double slashes (//). Instead, it is presented with a "Replace" prompt.
    To replace the entire directory at this prompt, type three periods (**...**) and press
    Enter. You can then type in the new directory.

> Check with the site manager before editing this field. If the path entered does not exist, then the Area Export files will not be created.

8. When the "Select BGP Site Parameters Location" prompt displays again, press Enter to return to the **System Setup** menu.

```
Select System Setup Option: SP  Site Parameters

Select BGP SITE PARAMETERS LOCATION: DEMO INDIAN HOSPITAL <Enter>
OKLAHOMA       TAHLEQUAH       01              OK              2582
        ...OK? Yes//  <Enter>  (Yes)
Please enter your site's DEFAULT COMMUNITY taxonomy: DEMO GPRA
COMMUNITIES//
<Enter>
Please enter your site's HOME location: HOME// HOME  <Enter>
     1   HOME        OKLAHOMA        TAHLEQUAH       89    OK
     2   HOME        CALIFORNIA TRIBE/638      UIHS-TSURAI       89
     3   HOME        MONTANA URB      ROCKY BOY'S        95
     4   HOME        CALIFORNIA URBAN      AMERICAN IND FREE CLINIC
89
     5   HOME        CALIFORNIA URBAN      SAN DIEGO A.I.H.C.      89

Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 1  <Enter> HOME     OKLAHOMA        TAHLEQUAH       89    OK

If you want your files to be placed in a directory other than the
pub directory, please enter the directory name here.

DIRECTORY FOR EXPORT FILES: Q:\// Q:\AreaReports\
Select BGP SITE PARAMETERS LOCATION:
```

Figure 4-5: Setting up site parameters

4.3   Report Automation

CI19 > SET > **RA**

> **Note:** Users must have the BGPZAREA security key to display the Report Automation menu option and set up the GPRA report automation.

Setting up automated GPRA reports allow an Area to produce Area GPRA reports of their facilities' data automatically each month. In order to do this, a member of the Area must access the Report Automation menu of CRS at each facility to set up the facility reports to run. The reports will automatically run at 10 p.m. on the first Friday of every month. If available, the facility files will be automatically transferred to a specified server at the Area. If all facility files are present, the Area aggregate report will run automatically at 12 p.m. on the second Friday of every month.

There are two choices for date ranges for the GPRA report:

- The current GPRA year
- 30-day trending data

When setting up the automated reports, choose the same option for each facility in their Area, and the same option for the Area aggregate report.

1. **GPRA Year Data**, the current GPRA year. This will extract the GPRA year to date National GPRA report. The time period will always be July 1 through June 30 of the current GPRA year.

2. **Trending Data (30 Day)**, a time period used for trending of data. This time period is calculated as follows: Subtract 60 days from the date the report is being run. It then determines the last day of that month and uses that day as the end date of the report period. The first day of the report period is calculated as 364 days prior to that date.

   Examples:

   - Date report is run is 4/30/2019:
     – Ending date is 03/31/2019
     – Beginning date is 4/02/2018
   - Date report is run is 06/01/2019:
     – Ending date is 04/30/2019
     – Beginning date is 05/02/2018

4.3.1   Set up Automated GPRA Extract

CI19 > SET > RA > **ASP**

To set up or edit the automated GPRA report for a facility starting from the **CRS** main menu (Figure 4-2):

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The **Report Automation** menu (Figure 4-6) displays.

   Note: The **RA Report Automation** menu option displays only for users with security access to this function.

```
                   ********************************
                   **       IHS/RPMS CRS 2019       **
                   **  Clinical Reporting System   **
                   ********************************
                            Version 19.1

                         DEMO INDIAN HOSPITAL


    ASP    Set up Automated GPRA Extract
    AMAN   Manually Run GPRA Extract
    AAP    Set up Area Automated Parameters
    APR    Manually Run Area Aggregate of GPRA Extracts
    ASCH   Schedule Auto Area File Aggregation

 Select Report Automation Option:
```

Figure 4-6: **Report Automation** menu

4. At the "Select Report Automation Option" prompt, type **ASP** and press Enter. The steps that follow are illustrated by Figure 4-7.

5. At the "Select BGP Client Automated GPRA Extract Params Site" prompt, type the name of the site location.

6. At the "Type of Auto Extract" prompt, type **G** for GPRA year data or **T** for Trending data (30 days).

7. At the "Default Community Taxonomy" prompt, type the name of the community taxonomy your site uses for performance reporting.

8. At the "Remote Host IP Address" prompt, type the IP address of the Area Office computer to which the GPRA files will be sent. You can get this IP address from your Area Office IT personnel.

9. At the "Remote Host Directory" prompt, type the directory in which the GPRA export files will be placed when they reach the Area Office (Host) System. You can get this information from your Area Office IT personnel.

10. At the "Remote Host Username" prompt, type the username that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.

11. At the "Remote Host Password" prompt, type the password that will be used to login to the Area Office system when sending the GPRA export files. You can get this information from your Area Office IT personnel.

12. At the "Do you wish to continue to schedule this monthly?" prompt, type **Y** to schedule the automated report.

```
Select Report Automation Option: ASP  Set up Automated GPRA Extract

This option is used by Area Office personnel to set up an
automated GPRA extract for the site you select.  All
questions are mandatory and must be answered before the
first extract will be queued to run.
You must be logged into the site for which you want to schedule
this extract.

Select BGP CLIENT AUTOMATED GPRA EXTRACT PARAMS SITE: DEMO INDIAN HOSPITAL
<Enter>    OKLAHOMA        TAHLEQUAH        01                OK
2582
        ...OK? Yes//  <Enter>  (Yes)

TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT COMMUNITY TAXONOMY: DEMO COMMUNITY TAXONOMY// <Enter>
REMOTE HOST IP ADDRESS: 161.223.92.251// 161.223.92.251 <Enter>
REMOTE HOST DIRECTORY: areadir// areadir <Enter>
REMOTE HOST USERNAME: anonymous// anonymous <Enter>
REMOTE HOST PASSWORD: crstest// crstest <Enter>
Do you wish to continue to schedule this monthly? YES <Enter>

SETTING AUTOQUEUED OPTION 'BGP 16 AUTO GPRA EXTRACT'  (JAN 06, 2019@22:00)

OPTION 'BGPGP2EX AUTO GPRA EXTRACT' SCHEDULED AS TASK #8442477
```

Figure 4-7: Setting up an automated GPRA extract

13. To un-schedule the automated GPRA extract, repeat Steps 1 through 5. The
    following screen displays:

```
It seems that the automated GPRA extract is already scheduled to run.
You can't schedule it to run twice, but you can edit the parameters
or delete the scheduled task so it won't run in the future.

     Select one of the following:

        E         Edit Auto Extract Parameters
        D         Delete/Unschedule the Auto Extract Task
        Q         Quit, I don't want to do either

Which would you like to do: E//
```

Figure 4-8: Screen for un-scheduling the automated GPRA extract

14. At the "Which would you like to do" prompt, type **D** and press Enter to un-
    schedule the automated GPRA extract.

4.3.2   Manually Run GPRA Extract

CI19 > SET > RA > **AMAN**

It may be necessary to manually run the GPRA report for a facility, for example if the automated GPRA report fails to complete successfully. To manually run the GPRA report for a facility starting from the **CRS** main menu (Figure 4-2):

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The **Report Automation** menu (Figure 4-6) displays.

> **Note:** The **RA Report Automation** menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **AMAN** and press Enter.

5. At the "Select BGP Client Automated GPRA Extract Params Site" prompt, type the name of the site location and press Enter.

6. At the "Default Community Taxonomy" prompt, type the name of the community taxonomy your site uses for performance reporting and press Enter. A summary of the report displays, as shown in Figure 4-9.

7. If any information is incorrect, type a caret (**^**) at the prompt to return to the previous menu.

```
            SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:         Oct 01, 2018 to Sep 30, 2019
     Previous Year Period:  Oct 01, 2017 to Sep 30, 2018
     Baseline Period:       Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO COMMUNITY TAXONOMY
```

Figure 4-9: Summary of National GPRA/GPRAMA Report To Be Generated

After you select your report options, you will be given the opportunity to queue your report to run at a later time.

> **Note:** As a general rule, queue the report to run during off hours, when the network is not as busy. At most sites, type a **Q** at the prompt and press Enter to queue a report. Check with the site manager for further information about how to specify these options.

4.3.3   Set up Area Automated Parameters

CI19 > SET > RA > **AAP**

Once set up, the Area Aggregate report will run automatically only if the Area has received files from all facilities listed in the setup. To initially set up or edit the automated Area aggregate GPRA report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The **Report Automation** menu (Figure 4-6) displays.

   > **Note:**   The **RA Report Automation** menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **AAP** and press Enter. The steps that follow are illustrated by Figure 4-10.

5. At the "Select BGP Area Automated GPRA Params Name" prompt, enter a unique name for the parameters setup (e.g., Phoenix).

6. At the "Type of Auto Extract" prompt, type **G** for GPRA year data or **T** for Trending data (30 days).

7. At the "Default Directory" prompt, type the directory to which the facilities' files have been sent.

8. At the "Subdirectory" prompt, type the directory where the Area files should be placed on the server.

9. At the "Alert/Mailman Sender" prompt, type the name of the person who should be listed as the sender of any alert messages (e.g., the Area GPRA Coordinator).

10. At the "Select Email Recipient" prompt, type the name of the person who should receive alerts or mailman message if the report fails.

11. At the "Select Facility" prompt, type the name of a facility in your Area. You will then need to confirm the ASUFAC (Area – Service Unit – Facility) for the facility and that it is currently active. You will then be prompted to enter another facility name. After entering all facilities in your Area that you would like included in your Area aggregate report, press Enter.

12. When the "Select BGP Area Automated GPRA Params Name" prompt displays, press Enter to return to the **Report Automation** menu.

```
Select BGP AREA AUTOMATED GPRA PARAMS NAME: TEHR <Enter>
NAME: TEHR// <Enter>
TYPE OF AUTO EXTRACT: GPRA YEAR DATA// G <Enter> GPRA YEAR DATA
DEFAULT DIRECTORY: Q:\areadir\// areadir <Enter>
SUBDIRECTORY: Q:\arearpts\// arearpts <Enter>
ALERT/MAILMAN SENDER: DEMO,USER// DEMO,USER <Enter>
Select EMAIL RECIPIENT: DEMO,USER2// DEMO,USER2 <Enter>
        ...OK? Yes//   (Yes)

  EMAIL RECIPIENT: DEMO,USER2// <Enter>
Select EMAIL RECIPIENT: <Enter> DEMO INDIAN HOSPITAL <Enter>    OKLAHOMA
TAHLEQUAH       01              OK            2582
        ...OK? Yes//  <Enter> (Yes)
  FACILITY: DEMO INDIAN HOSPITAL// <Enter>
  ASUFAC: 505901// <Enter>
  ACTIVE: ACTIVE// <Enter>
Select FACILITY: CHOCTAW NATION HOSPITAL <Enter>     OKLAHOMA TRIBE/638
TALIHINA       01
  Are you adding 'CHOCTAW NATION HOSPITAL' as a new FACILITY (the 2ND for
this BGP AREA AUTOMATED GPRA PARAMS)? No// Y <Enter> (Yes)
  ASUFAC: 556001// <Enter>
  ACTIVE: A <Enter> ACTIVE
Select FACILITY: <Enter>

Select BGP AREA AUTOMATED GPRA PARAMS NAME: <Enter>
```

Figure 4-10: Setting up an Area automated report

In order to schedule the Area aggregate report to run automatically, follow the steps in Section 4.3.5.

4.3.4   Manually Run Area Aggregate of GPRA Extracts

CI19 > SET > RA > **APR**

It may be necessary to manually run the Area aggregate GPRA report, for example if the automated report does not run due to missing facility files. To manually run the Area aggregate GPRA report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The **Report Automation** menu (Figure 4-6) displays.

> **Note:** The **RA Report Automation** menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **APR** and press Enter.

5. An information screen displays, as shown in Figure 4-11.

```
This option is used to aggregate all GPRA Extract files that have
been received from the facilities.

The process will run immediately.

Do you wish to continue? Y//
```

Figure 4-11: Information screen for manual Area aggregate report to be generated

6. At the Do you wish to continue?" prompt, press Enter to run the report immediately.

4.3.5   Schedule Auto Area File Aggregation

CI19 > SET > RA > **ASCH**

To schedule the Area aggregate GPRA report to run automatically on the second Friday of the month:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **RA** and press Enter. The **Report Automation** menu (Figure 4-6) displays.

> **Note:** The **RA Report Automation** menu option displays only for users with security access to this function.

4. At the "Select Report Automation Option" prompt, type **ASCH** and press Enter.

5. If the report has not been scheduled to run, an information screen displays, as shown in Figure 4-12.

```
This option is used to automatically schedule the Auto Area file
aggregation for the second Friday of the month.

This option will be scheduled for Jan 16, 2019 at 12:00pm.
   (JAN 16, 2019@12:00)
```

```
Press Enter to Continue:
```

Figure 4-12: Information screen for scheduling the automated Area aggregate report

6. To schedule the report, at the "Press Enter to Continue" prompt, press Enter.

7. To un-schedule the automated report, at the "Select Report Automation Option" prompt, type **ASCH** and press Enter.

8. An information screen displays, as shown in Figure 4-13.

```
This option is used to automatically schedule the Auto Area
file aggregation for the second Friday of the month.

The option is already scheduled to run: TASK # 8443111 at Jan 16,
2019@12:00.
Do you wish to Un-Schedule the task? N//
```

Figure 4-13: Information screen for un-scheduling the automated Area aggregate report

9. To un-schedule the automated report, at the "Do you wish to Un-Schedule the task?" prompt, type **Y** and press Enter.

4.4   Taxonomies

Taxonomies are used to find data items in PCC and determine if a patient or visit meets the criteria for which the software is looking.

To ensure comparable data within the agency as well as to external organizations, as much performance measure logic as possible is based on standard national codes. These codes include ICD-9, ICD-10, CPT, LOINC, and national IHS standard code sets (e.g., health factors, patient education codes).

For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

4.4.1   What Is a Taxonomy?

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC and determine if a patient meets certain criteria. Two types of taxonomies are distributed with the CRS:

*   Software-defined ("hard-coded")
*   Site-populated

Codes and terms contained in a taxonomy are referred to as "members" of the taxonomy.

For data elements like diagnoses, procedures, or lab tests identified by LOINC codes, the taxonomy identifies the standard codes a software program should look for. These codes are hard-coded by the programmer into several *software-defined taxonomies* distributed with the CRS software. These taxonomies can be updated *only* by the CRS programmer. For a complete list of software-defined taxonomies, see the *Clinical Reporting System (BGP) Technical Manual*.

Site-populated taxonomies are used to mitigate the variations in terminology for data elements that vary from one facility to another, including medications and lab tests. This means that one site's Pap smear data can be compared to another site's data, even though the same term is not used for the Pap smear lab test. Or, one site's beta-blocker data can be compared to another site's data, even though the same names are not used for beta-blocker drugs.

For example, one site's Lab table might contain the term "Glucose Test," while another site's table may contain the term "Glucose" for the same test. PCC programs have no means for dealing with variations in spelling, spacing, and punctuation. Rather than attempting to find all potential spellings of a particular lab test, the application would look for a predefined taxonomy name installed at every facility. The contents of the taxonomy are determined by the facility. In this example, the application would use DM AUDIT GLUCOSE TESTS TAX, and the individual facility would enter all varieties of spelling and punctuation for glucose tests used at that facility.

4.4.2   Site-Populated Clinical Taxonomies Used by CRS

During the initial installation of CRS, the site's CRS Implementation Team reviews the taxonomies that must be populated by the site to ensure that all appropriate entries exist or are entered. After that, the GPRA Coordinator or other persons responsible for maintaining the lab and drug taxonomies should review the taxonomies at least each quarter before running the quarterly reports to ensure the taxonomies are up to date.

The CRS site-populated taxonomies include both lab tests and drugs. The tables in Sections 4.4.3 and 4.4.4 can be used as a checklist.

CRS also uses hard-coded, predefined taxonomies for CPT, ICD (diagnosis and procedure), LOINC, American Dental Association (ADA), National Drug Code (NDC), and Veterans Affairs (VA) Drug Class codes, as identified in the performance measure logic. *These taxonomies cannot be altered by the site*.

To view a list of all predefined taxonomies, type **VT** (View Taxonomy) at the **Taxonomy Setup** menu. The *Clinical Reporting System (BGP) Technical Manual* also includes a list of all predefined taxonomies.

Detailed instructions on how to check and set up these taxonomies are included in Sections 4.5 and 4.6.

Reports can be run for the lab tests and medications, including the site-populated taxonomies. For information on running these reports, see Sections 5.17 and 5.18.

4.4.3   Site-Populated Lab Taxonomies

The following site-defined lab taxonomies are used by CRS. No taxonomies were added and none were deleted for this version.

> **Note**: To provide accurate counts, you must include *all* test names that were used by your facility at least since 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.
> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your lab file and include these tests in your site-populated taxonomies because these tests may have been in use at the time.

In the Table 4-1, one asterisk (*) precedes the taxonomies that had changes to the topics using the taxonomy. Report additions are also preceded by one asterisk (*), and deletions are noted.

Table 4-1: Site-Populated Lab Taxonomies

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP CD4 TAX	All CD4 laboratory tests used to evaluate immune system status (also known as T4 count, T-helper cells)	CD4	• HIV Quality of Care • HIV Screening	• GPRA Developmental • Selected Measures
BGP CHLAMYDIA TESTS TAX	All chlamydia trachomatis laboratory tests	CHLAMYDIA CULTURE; CHLAMYDIA IGG; CHLAMYDIA IGM; CHLAMYDIA SCREEN; CHLAMYDIA; DNA PROBE; CHL/GC COMBO	• Chlamydia Testing • STI Screening	• GPRA Developmental • Selected Measures
BGP CREATINE KINASE TAX	All creatine kinase laboratory tests (excluding CK isoenzymes)	CK; CPK; CREATINE KINASE; CREATINE PHOSPHOKINASE	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
*BGP FIT-DNA TESTS TAX	All FIT-DNA Lab Tests	NONINVASIVE COLORECTAL CANCER DNA	• *Colorectal Cancer Screening • Colorectal Cancer Screening (CMS130)	• National GPRA/GPRAMA • IPC Measures
BGP GPRA ESTIMATED GFR TAX	All estimated GFR laboratory tests	ESTIMATED GFR; EST GFR	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • IPC Measures
BGP GPRA FOB TESTS	All fecal occult blood laboratory tests	OCCULT BLOOD; FECAL OCCULT BLOOD; FOBT	• Colorectal Cancer Screening • Colorectal Cancer Screening (CMS130)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • IPC Measures
*BGP GROUP A STREP TESTS	**Deleted for CRS v19.1**			
BGP HEP C TEST TAX	All Hepatitis C Lab Tests	HEP C TESTS	• Hepatitis C Screening	• GPRA Developmental • Selected Measures
BGP HEP C CONF TEST TAX	All Hepatitis C Confirmatory Lab Tests	HEP C RNA TESTS	• Hepatitis C Screening	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP HIV TEST TAX	All HIV laboratory tests; should not include viral load or genotype tests	HIV TESTS HIV SCREEN	• HIV Screening • STI Screening	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures
BGP HIV-1 TEST TAX	All HIV-1 laboratory tests; should not include viral load or genotype tests	HIV-1 TESTS HIV-1 SCREEN	• HIV Screening	• GPRA Developmental
BGP HIV-2 TEST TAX	All HIV-2 laboratory tests; should not include viral load or genotype tests	HIV-2 TESTS HIV-2 SCREEN	• HIV Screening	• GPRA Developmental
BGP HIV VIRAL LOAD TAX	All HIV viral load laboratory tests (as measured by PCR or comparable test)	HIV VIRAL LOAD	• HIV Quality of Care	• GPRA Developmental • Selected Measures
BGP HPV TAX	All HPV laboratory tests	HPV TESTS HPV SCREEN	**Cancer Screening:** • Pap Smear Rates • Cervical Cancer Screening (CMS124)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • IPC Measures
BGP PAP SMEAR TAX	All Pap smear laboratory tests	PAP SMEAR; THIN PREP PAP	**Cancer Screening:** • Pap Smear • Cervical Cancer Screening (CMS124)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • IPC Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
BGP QUANT UACR TESTS	All urine albumin-to-creatinine laboratory tests	ACR; A/C RATIO; ALBUMIN/ CREATININE; ALBUMIN/CREATININE RATIO; MICROALBUMIN/ CREATININE RATIO	**Diabetes:** • Nephropathy Assessment • Diabetes Comprehensive Care	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • IPC Measures
DM AUDIT ALT TAX	All Alanine Transaminase (ALT) laboratory tests	ALT; SGPT; ALT (SGPT)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures
DM AUDIT AST TAX	All Aspartate Aminotransferase (AST) laboratory tests	AST; SGOT; AST (SGOT)	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures
DM AUDIT CREATININE TAX	All creatinine laboratory tests–NOTE: do not include names of panels that creatinine test may be part of, e.g., BMP	CREATININE	• All Diabetes Measures for Active Adult Diabetic denominator	• Selected Measures
DM AUDIT HGB A1C TAX	All HGB A1C laboratory tests	HGBA1C; A1C; HBA1C; HEMOGLOBIN A1C; GLYCOSYLATED HEMOGLOBIN; GLYCOHEMOGLOBIN A1C	• Diabetes: Glycemic Control • Diabetes Comprehensive care • Diabetes: Glycemic Control (CMS122)	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care • IPC Measures

Taxonomy Name	Description	Examples of Members	Topics Used In	Reports Used In
DM AUDIT LDL CHOLESTEROL TAX	All LDL cholesterol laboratory tests–NOTE: Do not include lipid panels	LDL; LDL-C	• Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures • Elder Care

4.4.4   Site-Populated Drug Taxonomies

All of the taxonomies in Table 4-1 that begin with "BGP" will be prepopulated by the CRS software, as indicated in the **Drugs** column. However, you should compare the indicated list of drugs with the drugs CRS actually found in your site's drug file and prepopulated, since there may be drugs that CRS could not locate that should be included in your site-populated taxonomy. You can add those drugs that should be included by editing your site-populated drug taxonomy.

> **Note:** The actual members are too numerous to list and are included in spreadsheet *CRS 2019 Medication Taxonomies v19.1*. The NDCs or VA Drug Classes used to prepopulate many of the taxonomies are included in this spreadsheet for each medication.

There are no new medication taxonomies for CRS v19.1. One has been deleted (BGP HEDIS ANTIBIOTIC MEDS).

In Table 4-2, a single asterisk (*) precedes any taxonomy where drugs were added or removed. The drugs that were added are also preceded by a single asterisk (*), and the drugs that were deleted are noted.

Table 4-2: Site-Populated Drug Taxonomies

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP ANTI-PLATELET DRUGS	All antiplatelet medications used in CMS measures	Prepopulated by VA Drug Class BL117 • Aspirin & Dipyridamole (Aggrenox) • Cilostazol (Pletal) • Clopidogrel (Plavix) • Dipyridamole (Persantine) • Heparin • Ticlopidine (Ticlid) (Warfarin is included in BL110)	• Appropriate Medication Therapy after a Heart Attack • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	• GPRA Developmental • Selected Measures
BGP ASTHMA LABA MEDS	All asthma long-acting inhaled beta-2 agonist medications used in CRS	Prepopulated by NDC • Formoterol • Salmeterol • Fluticasone-salmeterol • Fluticasone-vilanterol • Budesonide-formoterol • Mometasone-formoterol	• Medication Therapy for Persons with Asthma	• Selected Measures
BGP CMS SMOKING CESSATION MEDS	All smoking cessation medications used in CRS measures	Prepopulated by VA Product IDs: • Nicotine Gum • Nicotine Lozenge • Nicotine Patch • Bupropion • Varenicline	• Tobacco Cessation	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP CMS WARFARIN MEDS	All Warfarin (blood thinner) medications used in CMS measures	Prepopulated by VA Product IDs • Barr Warfarin Sodium • Coumadin • Dicumarol • Jantoven • Panwarfin • Warfarin	• Appropriate Medication Therapy after a Heart Attack • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ACEI MEDS	All ACE inhibitor medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS. **Angiotensin Converting Enzyme Inhibitors:** • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril • Moexipril • Perindopril • Quinapril • Ramipril • Trandolopril **Antihypertensive Combinations:** • Amlodipine-benazepril • Amlodipine-perindopril • Benazepril-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Hydrochlorothiazide-lisinopril • Hydrochlorothiazide-moexipril • Hydrochlorothiazide-quinapril • Trandolapril-verapamil	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTICHOLINERGIC MEDS	All anticholinergic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **First-generation antihistamines (Includes combination drugs):** • Brompheniramine • Carbinoxamine • Chlorpheniramine • Clemastine • Cyproheptadine • Dexbrompheniramine • Dexchlorpheniramine • Dimenhydrinate • Diphenhydramine (oral) • Doxylamine • Hydroxyzine • Meclizine • Promethazine • Triprolidine **Antiparkinson agents:** • Benztropine (oral) • Trihexyphenidyl *(Continued on next page)*	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ANTICHOLINERGIC MEDS *(Continued)*	All anticholinergic medications used in CRS HEDIS-based measures	**Antispasmodics:** • Atropine (excludes ophthalmic) • Belladonna alkaloids • Clidinium-Chlordiazepoxide • Dicyclomine • Hyoscyamine • Propantheline • Scopolamine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ANTI-INFECTIVE MEDS	All anti-infective medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS: • Nitrofurantoin	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ANTI-DEPRESSANT MEDS	All antidepressant medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS: • Tricyclic antidepressants (TCA) and other cyclic antidepressants • Selective serotonin reuptake inhibitors • Monoamine oxidase inhibitors • Serotonin-norepinephrine reuptake inhibitors • Other antidepressants.	• Antidepressant Medication Management	• Selected Measures
BGP HEDIS ANTITHROMBOTIC MEDS	All antithrombotic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS: • Ticlopidine • Dipyridamole, oral short-acting	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ARB MEDS	All angiotensin receptor blocker (ARB medications developed by HEDIS	Prepopulated by NDC; developed by HEDIS. **Angiotensin II Inhibitors:** • Azilsartan • Candesartan • Eprosartan • Irbesartan • Losartan • Olmesartan • Telmisartan • Valsartan **Antihypertensive Combinations:** • Aliskiren-valsartan • Amlodipine-hydrochlorothiazide-olmesartan • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-olmesartan • Amlodipine-Telmisartan • Amlodipine-Valsartan • Azilsartan-chlorthalidone *(Continued on next page)*	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ARB MEDS *(Continued)*	All angiotensin receptor blocker (ARB medications developed by HEDIS	• Candesartan-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Hydrochlorothiazide-Irbesartan • Hydrochlorothiazide-Losartan • Hydrochlorothiazide-olmesartan • Hydrochlorothiazide-Telmisartan • Hydrochlorothiazide-Valsartan • Sacubitril-valsartan	• Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP HEDIS ASTHMA INHALED MEDS	All inhaled asthma medications developed by HEDIS for the denominator in the CRS HEDIS-based asthma measures	Prepopulated by NDC; developed by HEDIS **Inhaled Steroid Combinations:** • Budesonide-formoterol • Fluticasone-salmeterol • Mometasone-Formoterol • Fluticasone-vilanterol **Inhaled Corticosteroids:** • Beclomethasone • Budesonide • Ciclesonide • Flunisolide • Fluticasone CFC free • Mometasone **Short-acting, inhaled beta-2 agonists:** • Albuterol • Levalbuterol • Pirbuterol **Deleted in v19.1:** • Cromolyn	• Asthma Assessments • Medication Therapy for Persons with Asthma	• Selected Measures
BGP HEDIS ASTHMA LEUK MEDS	All asthma leukotriene modifier medications for the denominator in the CRS HEDIS-based asthma measures	Prepopulated by NDC • Montelukast, Zafirlukast, Zileuton	• Asthma Assessments • Medication Therapy for Persons with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ASTHMA MEDS	All asthma medications developed by HEDIS that are not inhalers, leukotriene modifiers, or nedocromil for the denominator in the CRS HEDIS-based asthma measures. Inhalers and nedocromil are included in BGP HEDIS ASTHMA INHALED MEDS, and leukotriene modifiers are included in BGP HEDIS ASTHMA LEUK MEDS.	Prepopulated by NDC; developed by HEDIS. **Antiasthmatic combinations:** • Dyphylline-guaifenesin • Guaifenesin-theophylline **Antibody inhibitor:** • Omalizumab **Methylxanthines:** • Dyphylline • Theophylline **Anti-interleukin-5:** • Mepolizumab • Reslizumab	• Asthma Assessments • Medication Therapy for Persons with Asthma	• Selected Measures
BGP HEDIS CARDIOVASCULAR MEDS	All cardiovascular medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Alpha blockers, central:** • Guanfacine • Guanabenz • Methyldopa • Reserpine **Cardiovascular, other:** • Disopyramide • Digoxin • Nifedipine, immediate release	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS CENTRAL NERVOUS MEDS	All central nervous system medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **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 *(Continued on next page)*	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS CENTRAL NERVOUS MEDS *(Continued)*	All central nervous system medications used in CRS HEDIS-based measures	**Vasodilators** • Ergoloid mesylates • Isoxsuprine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS CONTRACEPTION MEDS	All contraceptive medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. • Desogestrel-ethinyl estradiol • Dienogest-estradiol multiphasic • Drospirenone-ethinyl estradiol • Drospirenone-ethinyl estradiol-levomefolate biphasic • Ethinyl estradiol-ethynodiol • Ethinyl estradiol-etonogestrel • Ethinyl estradiol-folic acid-levonorgestrel • Ethinyl estradiol-levonorgestrel • Ethinyl estradiol-norelgestromin • Ethinyl estradiol-norethindrone • Ethinyl estradiol-norgestimate • Ethinyl estradiol-norgestrel • Etonogestrel • Levonorgestrel • Medroxyprogesterone • Mestranol-norethindrone • Norethindrone • Diaphragm • Nonxynol 9	• Chlamydia Testing	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS ENDOCRINE MEDS	All endocrine medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Endocrine (Desiccated thyroid, Estrogens with or without progesterone - oral and topical patch products only):** • Megestrol **Sulfonylureas, long-duration:** • Chlorpropamide • Glyburide	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS ISOTRETINOIN MEDS	All isotretinoin medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. • Isotretinoin	• Chlamydia Testing	• GPRA Developmental • Selected Measures
BGP HEDIS NONBENZODIAZ MEDS	All nonbenzodiazepine hypnotic medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. • Eszopiclone • Zolpidem • Zaleplon	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP HEDIS PAIN MEDS	All pain medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. **Other:** • Meperidine • Pentazocine **Non-COX-selective nonsteroidal anti-inflammatory drugs (NSAID):** • Indomethacin • Ketorolac (includes parenteral)	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP HEDIS SKL MUSCLE RELAX MED	All skeletal muscle relaxant medications used in CRS HEDIS-based measures	Prepopulated by NDC; developed by HEDIS. (Includes combination drugs) • Carisoprodol • Chlorzoxazone • Cyclobenzaprine • Metaxalone • Methocarbamol • Orphenadrine	• Use of High-Risk Medication in the Elderly	• Selected Measures • Elder Care
BGP IPC ABOVE NORMAL MEDS	All medications for above normal BMI developed by CQM	Developed by eCQM measure. • Diethylpropion HCL • Lorcaserin HCL • Orlistat • Phentermine HCL • Phentermine/Topiramate	• Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	• IPC Report
BGP IPC BELOW NORMAL MEDS	All medications for below normal BMI developed by CQM	Developed by eCQM measure. • Megestrol Acetate • Tetrahydrocannabinol	• Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	• IPC Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP IPC DEPRESSION MEDS	All medications for positive depression screen follow-up developed by CQM	Developed by eCQM measure. • 5-Hydroxytryptophan • Amitriptyline HCL • Amitriptyline HCL/Chlordiazepoxide • Amitriptyline HCL/Perphenazine • Amoxapine • Bupropion HCL • Citalopram • Clomipramine HCL • Desipramine HCL • Desvenlafaxine • Doxepin • Duloxetine • Escitalopram • Fluoxetine • Fluvoxamine Maleate • Imipramine HCL • Imipramine pamoate • Lamotrigine • Maprotiline HCL • Mirtazapine • Nefazodone HCL • Nortriptyline • Paroxetine HCL • Paroxetine mesylate *(Continued on next page)*	• Screening for Depression and Follow-Up Plan (CMS2)	• IPC Report

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP IPC DEPRESSION MEDS *(Continued)*	All medications for positive depression screen follow-up developed by CQM	• Phenelzine • Protriptyline HCL • Selegiline • Sertraline • Tranylcypromine • Trazodone HCL • Trimipramine • Venlafaxine • Vilazodone HCL	• Screening for Depression and Follow-Up Plan (CMS2)	• IPC Report
*BGP PQA RASA MEDS	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **Angiotensin Converting Enzyme Inhibitors:** • Benazepril • Captopril • Enalapril • Fosinopril • Lisinopril • Moexipril • Perindopril • Quinapril • Ramipril • Trandolopril *(Continued on next page)*	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA RASA MEDS *(Continued)*	All RAS Antagonist medications developed by PQA	Pre-populated by NDC; developed by PQA. **Antihypertensive Combinations:** • Amlodipine-benazepril • Benazepril-hydrochlorothiazide • Captopril-hydrochlorothiazide • Enalapril-hydrochlorothiazide • Fosinopril-hydrochlorothiazide • Lisinopril-hydrochlorothiazide • Moexipril-hydrochlorothiazide • Perindopril-amlodipine • Quinapril-hydrochlorothiazide Trandolapril-verapamil **Angiotensin II Inhibitors:** • Azilsartan • Candesartan • Eprosartan • Irbesartan • Losartan • Olmesartan • Telmisartan • Valsartan *(Continued on next page)*	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA RASA MEDS *(Continued)*	All RAS Antagonist medications developed by PQA	**Antihypertensive Combinations:** • Amlodipine-hydrochlorothiazide-valsartan • Amlodipine-olmesartan • Amlodipine-valsartan • Azilsartan-Chlorthalidone • Candesartan-hydrochlorothiazide • Eprosartan-hydrochlorothiazide • Irbesartan -hydrochlorothiazide • Losartan-hydrochlorothiazide • Nebivolol-valsartan • Olmesartan-hydrochlorothiazide • Telmisartan-hydrochlorothiazide • Telmisartan-amlodipine • Olmesartan-amlodipine-hydrochlorothiazide • Valsartan- hydrochlorothiazide **Direct Renin Inhibitors:** • Aliskiren **Direct Renin Inhibitor Combinations:** • Aliskiren-amlodipine-hydrochlorothiazide • Aliskiren- hydrochlorothiazide **Deleted in v19.1:** • Aliskiren-amlodipine	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA ANTIRETROVIRAL MEDS	All antiretroviral medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Antiretrovirals:** • Abacavir • Atazanavir Darunavir • Delavirdine • Didanosine • Dolutegravir • *Doravirine • Efavirenz • Emtricitabine • Enfuvirtide • Etravirine • Fosamprenavir • Indinavir • Lamivudine • Maraviroc • Nelfinavir • Nevirapine • Raltegravir • Rilpivirine • Ritonavir • Saquinavir • stavudine ***(Continued on next page)***	• Proportion of Days Covered by Medication Therapy • HIV Quality of Care	• GPRA Developmental • Selected Measures

| *BGP PQA ANTIRETROVIRAL MEDS *(Continued)* | All antiretroviral medications used in CRS PQA-based measures | Pre-populated by NDC; developed by PQA.
Antiretrovirals (*Continued*):
• Tenofovir
• Tipranavir
• Zidovudine
Antiretroviral Combinations:
• Abacavir-dolutegravir-lamivudine
• Abacavir-lamivudine
• Abacavir- Lamivudine-Zidovudine
• Atazanavir-Cobicistat
• Bictegravir-emtricitabine-tenofovir
• Darunavir-Cobicistat
• *Darunavir-cobicistat- emtricitabine-tenofovir
• Dolutegravir-rilpivirine
• *Doravirine-lamivudine-tenofovir
• Efavirenz-emtricitabine-tenofovir
• Elvitegravir-cobicistat-emtricitabine-tenofovir
• Emtricitabine-rilpivirine-tenofovir
• Emtricitabine-tenofovir
• Lamivudine-tenofovir
• Lamivudine-zidovudine
• Lopinavir-Ritonavir

Deleted in v19.1:
• Elvitegravir
• Efavirenz-lamivudine-tenofovir | • Proportion of Days Covered by Medication Therapy
• HIV Quality of Care | • GPRA Developmental
• Selected Measures |

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA ARB NEPRILYSIN INHIB	All ARB/Neprilysin Inhibitor Combination medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **ARB/Neprilysin Inhibitor Combinations:** • Sacubitril-Valsartan	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA ASTHMA INHALED STEROIDS	All asthma inhaled steroid medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Beclomethasone • Budesonide • Ciclesonide • Fluticasone • Flunisolide • Fluticasone-salmeterol • Mometasone • Budesonide-formoterol • Mometasone-formoterol • Fluticasone-vilanterol	• Medication Therapy for Persons with Asthma • Primary Medication Non-adherence	• Selected Measures
BGP PQA BENZODIAZ MEDS	All benzodiazepine sedative hypnotic medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Estazolam • Flurazepam • Quazepam • Temazepam • Triazolam	• Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA BENZODIAZ OP MEDS	All benzodiazepine medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Excludes injectable formulations:** • Alprazolam • Chlordiazepoxide • Clobazam • Clonazepam • Clorazepate • Diazepam • Estazolam • Flurazepam • Lorazepam • Midazolam • Oxazepam • Quazepam • Temazepam • Triazolam	• Concurrent Use of Opioids and Benzodiazepines	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA BETA BLOCKER MEDS	All beta-blocker medications for the CRS PQA-based Beta-Blocker measures	Pre-populated by NDC; developed by PQA **Noncardioselective Beta Blockers:** • Carvedilol • Labetalol • Nadolol • Penbutolol Sulfate • Pindolol • Propranolol • Timolol Maleate **Cardioselective Beta Blockers:** • Acebutolol • Atenolol • Betaxolol • Bisoprolol Fumarate • Metoprolol Succinate • Metoprolol Tartrate • Nebivolol **Antihypertensive Combinations:** • Atenolol-chlorthalidone • Bendroflumethiazide-nadolol • Bisoprolol-hydrochlorothiazide • Metoprolol-hydrochlorothiazide • Propranolol-hydrochlorothiazide • Nebivolol-valsartan	• Proportion of Days Covered by Medication Therapy • Appropriate Medication Therapy after a Heart Attack	• GPRA Developmental • Selected Measures

| *BGP PQA CCB MEDS | All calcium channel blocker medications used in CRS PQA-based measures | Pre-populated by NDC; developed by PQA.
Calcium Channel Blockers:
• Amlodipine-besylate
• Diltiazem
• Felodipine
• Isradipine
• Nicardipine
• Nifedipine (long acting only)
• Verapamil
• Nisoldipine
• Trandolapril
Calcium Channel Blocker Combinations:
• Amlodipine besylate-benazepril
• Amlodipine-valsartan
• Amlodipine-valsartan-hydrochlorothiazide
• Aliskiren-amlodipine-hydrochlorothiazide
• Telmisartan-amlodipine
• Amlodipine-olmesartan
• Trandolopril-verapamil
• Amlodipine-atorvastatin
• Olmesartan-amlodipine-hydrochlorothiazide
• Perindopril-amlodipine
Deleted in v19.1:
• Amlodipine-aliskiren
• Amlodipine- trandolopril | • Proportion of Days Covered by Medication Therapy | • GPRA Developmental
• Selected Measures |

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA BIGUANIDE MEDS	All biguanide medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides:** • Metformin **Biguanide Combinations:** • Glipizide-metformin • Glyburide-metformin • Rosiglitazone-metformin • Pioglitazone-metformin • Repaglinide-metformin • Sitagliptin-metformin • Saxagliptin-metformin • Linagliptin-metformin • Alogliptin-metformin • Dapagliflozin-metformin • Canagliflozin-metformin • Empagliflozin-metformin • Ertugliflozin-metformin	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA CONTROLLER MEDS	All controller therapy medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Controller therapy medications:** **Inhaled Corticosteroids:** • Beclomethasone • Budesonide • Budesonide-formoterol • Ciclesonide • Flunisolide • Fluticasone • Fluticasone-salemterol • Fluticasone-vilanterol • Mometasone • Mometasone-formoterol **Long-Acting Beta-Agonists:** • Fluticasone-salmeterol • Budesonide-formoterol • Mometasone-formoterol **Leukotriene Inhibitors:** • Zafirlukast • Montelukast • Zileuton **Xanthines:** • Long-acting theophylline **Deleted in v19.1:** • Salmeterol • Formoterol	• Medication Therapy for Persons with Asthma	• Selected Measures • IPC Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA COPD	All COPD medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **COPD medications:** • Aclildinium • Glycopyrrolate • Glycopyrrolate-formoterol • Indacaterol-glycopyrrolate • Indacaterol • Ipratropium • Ipratropium-albuterol • Luticasone-vilanterol • Roflumilast • Tiotropium • Olodaterol • Umeclidinium • Umeclidinium-vilanterol • Tiotropium-olodaterol	• Primary Medication Non-adherence	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DIABETES ALL CLASS	All diabetes medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Biguanides:** • Metformin **Biguanide Combinations:** • Glipizide-metformin • Glyburide-metformin • Rosiglitazone-metformin • Pioglitazone-metformin • Repaglinide-metformin • Sitagliptin-metformin • Saxagliptin-metformin • Linagliptin-metformin • Alogliptin-metformin • Dapagliflozin-metformin • Canagliflozin-metformin • Empagliflozin-metformin • Ertugliflozin-metformin **Sulfonylureas:** • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide *(Continued on next page)*	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

| *BGP PQA DIABETES ALL CLASS *(Continued)* | All diabetes medications used in CRS PQA-based measures | **Sulfonylurea Combinations:**
• Glipizide-metformin
• Glyburide-metformin
• Pioglitazone-glimepiride
Thiazilidinediones:
• Pioglitazone
• Rosiglitazone
Pre-populated by NDC; developed by PQA.
Thiazilidinedione Combinations:
• Rosiglitazone-metformin
• Pioglitazone-metformin
• Pioglitazone-glimepiride
• Alogliptin- pioglitazone
DiPeptidyl Peptidase (DPP)-IV Inhibitors:
• Alogliptin
• Linagliptin
• Saxagliptin
• Sitagliptin
DPP-IV Inhibitor Combinations:
• Alogliptin-metformin
• Alogliptin-pioglitazone
• Linagliptin-metformin
• Saxagliptin-metformin SR
• Saxagliptin-dapagliflozin
• Sitagliptin-metformin IR & SR
• Sitagliptin-ertugliflozin
• Linagliptin-empagliflozin | • Primary Medication Non-adherence

• Proportion of Days Covered by Medication Therapy | • GPRA Developmental

• Selected Measures |

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
		(Continued on next page)		
*BGP PQA DIABETES ALL CLASS *(Continued)*	All diabetes medications used in CRS PQA-based measures	**Incretin Mimetic Agents:** • Exenatide • Liraglutide • Lixisenatide • Semaglutide **Meglitinides:** • Nateglinide • Repaglinide • Repaglinide-metformin **Sodium glucose co-transporter2 inhibitors:** • Canagliflozin • Dapagliflozin • Empagliflozin • Dapagliflozin-metformin • Dapagliflozin-saxagliptin • Linagliptin-empagliflozin • Canagliflozin-metformin • Empagliflozin-metformin • Ertugliflozin-sitagliptin • Ertugliflozin-metformin **Deleted in v19.1:** Sitagliptin-simvastatin	• Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA DPP IV MEDS	All DPP-IV Inhibitor medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **DPP-IV Inhibitors:** • Alogliptin • Linagliptin • Saxagliptin • Sitagliptin **DPP-IV Inhibitor Combinations:** • Alogliptin-metformin • Alogliptin-pioglitazone • Linagliptin-metformin • Saxagliptin-metformin SR • Saxagliptin-dapagliflozin • Sitagliptin-metformin IR & SR • Sitagliptin-ertugliflozin • Linagliptin-empagliflozin **Deleted in v19.1:** • Sitagliptin-simvastatin	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA INFUSED MS MEDS	All infused multiple sclerosis medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Alemtuzumab • Mitoxantrone • Natalizumab • Ocrelizumab	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA LA INHALED BRONCHO MEDS	All long-acting inhaled bronchodilator agent medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Aclidinium bromide powder • Budesonide-formoterol fumarate dihydrate aerosol • Fluticasone propionate-salmeterol xinafoate powder • Fluticasone-vilanterol • Formoterol inhalation capsule • Glycopyrrolate • Glycopyrrolate-formoterol • Indacaterol maleate inhalation powder • Indacaterol-glycopyrrolate • Olodaterol aerosol • Salmeterol xinofoate • Tiotropium bromide powder • Tiotropium bromide-olodaterol • Unmeclidinium • Unmeclidinium-vilanterol • Unmeclidinium- aclidinium	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA NEBULIZED BRONCHO MEDS	All nebulized bronchodilator medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Albuterol Sulfate • Arformoterol Tartrate • Formoterol Fumarate • Glycopyrrolate • Ipratropium Bromide • Ipratropium-Albuterol • Levalbuterol HCl	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA NON-INFUSED MS MEDS	All non-infused multiple sclerosis medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Beta-Interferons:** • Interferon beta 1a • Interferon beta 1b • Peginterferon beta-1a **Immunomodulators:** • Glatiramer • Fingolimid • Daclizumab **Pyrimidine Synthesis Inhibitors:** • Teriflunomide **Nrf2 Activators:** • Dimethyl Fumerate	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA NON-WARFARIN ANTICOAG	All non-warfarin anticoagulant medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Apixaban • Dabigatran • Rivaroxaban • Edoxaban	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA OPIOID MEDS	All opioid medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Excludes injectable formulations:** • Buprenorphine (excludes single-agent and combination buprenorphine products used to treat opioid use disorder) • Butorphanol • Codeine • Dihydrocodeine • fentanyl • Hydrocodone • Hydromorphone • Levorphanol • Meperidine • Methadone • Morphine • Opium • Oxycodone • Oxymorphone • Pentazocine • Tapentadol • Tramadol	• Concurrent Use of Opioids and Benzodiazepines	• GPRA Developmental • Selected Measures
BGP PQA SABA MEDS	All short-acting beta agonist (SABA) medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Short-acting inhaled beta-agonists:** • Albuterol • Levalbuterol	• Medication Therapy for Persons with Asthma	• Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
*BGP PQA STATIN MEDS	All statin (HMG CoA reductase inhibitors) medications developed by PQA	Pre-populated by NDC; developed by PQA. **Statins (HMG CoA reductase inhibitors):** • Atorvostatin • Fluvastatin • Lovastatin • Pravastatin • Pitavastatin • Rosuvastatin • Simvastatin **Statin Combinations:** • Niacin-lovastatin • Niacin-simvastatin • Ezetimibe-simvastatin • Amlodipine-atorvastatin **Deleted in v19.1:** • Ezetimibe-atorvastatin • Sitagliptin-simvastatin	• Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes • Statin Therapy for the Prevention and Treatment of Cardiovascular Disease • Appropriate Medication Therapy after a Heart Attack • Primary Medication Non-adherence • Proportion of Days Covered by Medication Therapy	• National GPRA/GPRAMA • GPRA/GPRAMA Performance • GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA SULFONYLUREA MEDS	All sulfonylurea medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Sulfonylureas:** • Chlorpropamide • Glimepiride • Glipizide • Glyburide • Tolazamide • Tolbutamide **Sulfonylurea Combinations:** • Glipizide-metformin • Glyburide-metformin • Pioglitazone-glimepiride	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
BGP PQA THIAZOLIDINEDIONE MEDS	All thiazilidinedione medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. **Thiazilidinediones:** • Pioglitazone • Rosiglitazone **Thiazilidinedione Combinations:** • Rosiglitazone-metformin • Pioglitazone-metformin • Pioglitazone-glimepiride • Alogliptin-pioglitazone	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures

Taxonomy Name	Description	Drugs	Measures Used In	Reports Used In
BGP PQA WARFARIN	All warfarin, low molecular weight heparin or heparin medications used in CRS PQA-based measures	Pre-populated by NDC; developed by PQA. • Warfarin • Dalteparin • Fondaparinux • Enoxaparin • Heparin	• Proportion of Days Covered by Medication Therapy	• GPRA Developmental • Selected Measures
DM AUDIT ASPIRIN DRUGS	All aspirin medications	Any aspirin/acetylsalicylic acid (ASA) product used for antiplatelet therapy, aspirin and dipyridamone (aggrenox)	• Appropriate Medication Therapy after a Heart Attack • Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	• GPRA Developmental • Selected Measures

4.5   Taxonomy Check

CI19 > SET > **TC**

Use the **Taxonomy Check Setup Menu** option to scan for missing taxonomies or those taxonomies with no entries. The first time you use CRS 2019 v19.1, you should expect to see a list of those taxonomies that are new to the 2019 software, because they will have no members. Taxonomies that previously existed will retain the members previously associated to them and will not be overwritten with blank taxonomies.

Taxonomies can be checked for each of the following reports:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports

- Selected Measures Reports

- Elder Care Report

- IPC Measures Report

Run the taxonomy check for each report that the facility will run. If there are reports the facility will not run, do not run the taxonomy check for that report. For example, if the facility does not run the Elder Care report, skip that taxonomy check.

The steps for running the taxonomy check are the same for all of the reports.

> **Note:**   When you have completed the taxonomy setup for your
> site, rerun the **Taxonomy Check** option to ensure that all
> taxonomies have entries.

To check the site taxonomies:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter to display the **Setup Menu**.

3. At the "Select System Setup Option" prompt, type **TC** and press Enter to display the **Taxonomy Check Menu**, as in the following example:

```
                        **************************
                        **   IHS/RPMS CRS 2019    **
                        **   Taxonomy Check Menu   **
                        **************************
                              Version 19.1

                          DEMO INDIAN HOSPITAL
```

```
     NGTC    Taxonomy Check-National GPRA/GPRA Performance Rpts
     LRTC    Taxonomy Check-Selected Measures Reports
     ELTC    Taxonomy Check-Elder Care Report
     IPTC    Taxonomy Check-IPC Report

Select Taxonomy Check Option: NGTC <Enter>
```

Figure 4-14: **Taxonomy Check** menu – selecting taxonomy to check

4. At the "Select Taxonomy Check Option" prompt, type the menu option of the taxonomy check you want to run; for example, **NGTC**.

    A message displays that gives the name of the report for which the taxonomies are being checked.

```
Checking for Taxonomies to support the National GPRA/GPRA Performance Reports.
Please enter the device for printing.

DEVICE: HOME//   VIRTUAL TERMINAL    Right Margin: 80//

Checking for Taxonomies to support the National GPRA/GPRA Performance Reports...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 4-15: Checking taxonomies (Step 5)

5. Press Enter to continue. At the "Device" and "Right Margin" prompts, press Enter to display the information to the screen.

    The system checks if all taxonomies used in the report are present (Figure 4-15). The name of any taxonomy that is either missing or that has no members displays.

6. Review the list of taxonomies that need to be set up or populated.

    -   For instructions on setting up these taxonomies, see Section 4.6.

    -   If your taxonomies have all been set up and populated, the message "All taxonomies are present" displays.

    > **Note:** All taxonomies should be reviewed for completeness, even though many of the taxonomies used by CRS have already been established and populated by other RPMS applications (e.g., Diabetes Management) or by CRS 2018 v18.1.

7. To return to the **Taxonomy Check** menu, press Enter at the "End of taxonomy check. PRESS ENTER" prompt.

4.6   Taxonomy Setup

CI19 > SET > **TS**

> **Note:** Users must have the BGPZ TAXONOMY EDIT security
> key to edit lab and medication taxonomies used by CRS.

Use the **Taxonomy Setup (TS)** option on the **Setup Menu** to add to or edit members
in the required taxonomies used in CRS, or to view the taxonomies. All taxonomies
should be present after CRS 2019 is loaded, even taxonomies with no members yet.

Users without access can view a list of site-populated taxonomies and view tests and
drugs contained within taxonomies; however, they cannot edit the taxonomies.

> **Note:** *All* taxonomies should be reviewed for completeness before
> running the first CRS report.
> Add new test names, but do not delete the old test names.

The Taxonomy Setup Menu options are by report:

- National GPRA/GPRAMA, GPRA/GPRAMA Performance Reports
- All CRS Reports
- IPC Report
- All CRS Taxonomies (including site-populated and software-defined; i.e.,
  hard-coded)

You should set up the taxonomies for each report that your facility will run. If there
are reports your facility will not run, you do not need to set up taxonomies for that
report.

To set up the taxonomies for a site:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt,
   type **CI19**. The **CRS 2019** menu (Figure 4-3) displays.

2. At the "Select CRS 2019 Option" prompt, type **SET** and press Enter. The **CRS
   Setup** menu (Figure 4-4) displays.

3. At the "Select System Setup Option" prompt, type **TS** and press Enter. The
   Taxonomy Setup Menu (Figure 4-16) displays.

```
                        **************************
                        **   IHS/RPMS CRS 2019   **
                        **  Taxonomy Setup Menu  **
                        **************************
                                Version 19.1


                            DEMO INDIAN HOSPITAL


      NGTS    Taxonomy Setup-National GPRA/GPRA Performance Rpts
      CRTS    Taxonomy Setup-All CRS Reports
      IPCS    Taxonomy Setup-IPC Report
      VT      View All CRS Taxonomies


  Select Taxonomy Setup Option:
```

Figure 4-16: **Taxonomy Setup Menu**

4. At the "Select Taxonomy Setup Option" prompt, type the menu option of the
   taxonomy setup option to run; for example, **CRTS** or **NGTS**. A list of the site-
   populated taxonomies for the selected report displays.

   For example, selecting the **CRTS** option displays the list of lab and drug
   taxonomies included for all CRS reports (Figure 4-17).

```
2019 CRS TAXONOMY UPDATE      Oct 08, 2019 15:50:41        Page:    1 of    5
TAXONOMIES TO SUPPORT 2019 ALL CRS REPORTS REPORTING

1)  BGP ANTI-PLATELET DRUGS          DRUGS       Anti-Platelet Drugs.
2)  BGP ASTHMA INHALED STEROIDS      DRUGS       Inhaled Corticosteroids Drugs
3)  BGP ASTHMA LABA MEDS             DRUGS
4)  BGP CBC TESTS                    LAB         CBC Lab tests
5)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of Ca
6)  BGP CHLAMYDIA TESTS TAX          LAB         Chlamydia Lab Tests.
7)  BGP CMS ABG TESTS                LAB         ABG Lab tests
8)  BGP CMS SMOKING CESSATION MEDS   DRUGS
9)  BGP CMS WARFARIN MEDS            DRUGS       Contains Warfarin Drugs.
10)  BGP CREATINE KINASE TAX         LAB
11)  BGP FIT-DNA TESTS TAX           LAB         FIT-DNA Lab Tests
12)  BGP GPRA ESTIMATED GFR TAX      LAB         Estimated GFR Lab Tests
13)  BGP GPRA FOB TESTS              LAB         Fecal Occult Blood Lab Tests
14)  BGP HEDIS ACEI MEDS             DRUGS
15)  BGP HEDIS ANTI-INFECTIVE MEDS   DRUGS
16)  BGP HEDIS ANTICHOLINERGIC MEDS  DRUGS       Anticholinergic medications
+        Enter ?? for more actions                                      >>>
S    Select Taxonomy to Edit          Q    Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-17: Example list of site-populated taxonomies for all CRS reports

   Selecting the **NGTS** option displays the list of lab and drug taxonomies included
   for the National GPRA/GPRAMA Report (Figure 4-18).

```
2019 CRS TAXONOMY UPDATE      Oct 08, 2019 16:12:58        Page:    1 of    1
TAXONOMIES TO SUPPORT 2019 NATIONAL GPRA REPORT REPORTING

1)  BGP CD4 TAX                      LAB         CD4 Tests for HIV Quality of a
```

```
2)   BGP CHLAMYDIA TESTS TAX          LAB            Chlamydia Lab Tests.
3)   BGP CMS SMOKING CESSATION MEDS   DRUGS
4)   BGP GPRA ESTIMATED GFR TAX       LAB            Estimated GFR Lab Tests
5)   BGP GPRA FOB TESTS               LAB            Fecal Occult Blood Lab Tests
6)   BGP HEP C CONF TEST TAX          LAB
7)   BGP HEP C TESTS TAX              LAB
8)   BGP HIV TEST TAX                 LAB            HIV Screening Lab Tests
9)   BGP HIV-1 TEST TAX               LAB
10)  BGP HIV-2 TEST TAX               LAB
11)  BGP HPV TESTS TAX                LAB
12)  BGP PAP SMEAR TAX                LAB            Pap Smear Lab Tests
13)  BGP PQA STATIN MEDS              DRUGS
14)  BGP QUANT UACR TESTS             LAB
15)  DM AUDIT HGB A1C TAX             LAB            Hemoglobin A1C Lab Tests
16)  DM AUDIT LDL CHOLESTEROL TAX     LAB            LDL Cholesterol Lab Tests


          Enter ?? for more actions                                        >>>
S    Select Taxonomy to Edit          Q     Quit
D    Display a Taxonomy
Select Action:+//
```

Figure 4-18: Example list of site-populated taxonomies for the National GPRA/GPRAMA Report

5. To view the members of a taxonomy in the selected CRS report:

    a. At the "Select Action" prompt, type **D** and press Enter.

    b. At the "Which Taxonomy" prompt, type the number of the taxonomy to view
       and press Enter.

    For example, using the list displayed for the National GPRA/GPRAMA
    Report (Figure 4-18), typing **6** displays the BGP QUANT UACR TESTS
    taxonomy and its associated members (Figure 4-19).

```
TAXONOMY VIEW                   Oct 08, 2019 16:15:08        Page:   1 of    1
Display of the BGP QUANT UACR TESTS taxonomy
* View Taxonomies

1)   ALBUMIN/CREATININE
2)   MICROALBUMIN/CREATININE RATIO


          Select the Appropriate Action    Q to Quit
Q    Quit
Select Action: +//
```

Figure 4-19: Example of displaying taxonomy members

    c. To return to the taxonomy list, type **Q** and press Enter at the "Select Action"
       prompt.

6. To edit the members of a taxonomy in the selected CRS report:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which Taxonomy" prompt, type the number of the taxonomy you
       want to edit and press Enter.

For example, using the list displayed for the National GPRA/GPRAMA Report (Figure 4-18), typing **6** displays the BGP QUANT UACR TESTS taxonomy and its associated members, which include two lab tests, ALBUMIN/CREATININE and MICROALBUMIN/CREATININE RATIO. The action bar displays below the taxonomy members, as in the following example:

```
CRS TAXONOMY UPDATE            Oct 08, 2019 16:19          Page:   1 of   1
Updating the BGP QUANT UACR TESTS taxonomy

1)   ALBUMIN/CREATININE
2)   MICROALBUMIN/CREATININE RATIO


         Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+// A   Add Taxonomy Item

Which LAB Test: MICRO
     1    MICRO   MICROBIOLOGY TEST LIST
     2    MICRO TOTAL PROTEIN
     3    MICROALBUMIN
     4    MICROALBUMIN PANEL
     5    MICROALBUMIN/CREATININE RATIO PANEL
Press <RETURN> to see more, '^' to exit this list, OR
CHOOSE 1-5: 4 <Enter> MICROALBUMIN/CREATININE RATIO PANEL
```

Figure 4-20: Example of adding items to a lab taxonomy

7. To add an item to the selected taxonomy:

    a. At the "Select Action" prompt, type **A** and press Enter.

    b. At the "Which LAB Test" prompt, type the first few characters of the test you want to add and press Enter to view a list of tests beginning with those characters.

    c. At the "CHOOSE 1 – <number>" prompt, press Enter to view more tests, or type the number of the test you want to add to the taxonomy and press Enter.

        The test you added is now displayed as part of the taxonomy (Figure 4-21).

    d. To add more items to a taxonomy, repeat Steps 7a through 7c.

> **Note:** Your taxonomies must include *all* test names that have
> been used by your facility since at least 1995, even if these
> codes are currently inactive. Some measures search for
> tests as far back as 10 years.
>
> Many sites designate inactive lab tests by adding one of the
> following characters at the beginning of the test name: "z,"
> "Z," "xx," "X," or "*." Search for these characters in your
> lab file.
>
> Your taxonomies must also include all lab tests that are sent
> out and performed by another lab/reference lab. The names
> of these lab tests are often prefixed with the reference lab
> name, such as "TRICORE A1c."

```
CRS TAXONOMY UPDATE            Oct 08, 2019 16:57:29       Page:   1 of    1
Updating the BGP QUANT UACR TESTS taxonomy

1)   ALBUMIN/CREATININE
2)   MICROALBUMIN/CREATININE RATIO
3)   MICROALBUMIN/CREATININE RATIO PANEL


          Enter ?? for more actions
A    Add Taxonomy Item    R    Remove an Item       Q    Quit
Select Action:+//
```

Figure 4-21: Example of lab taxonomy with added test

8. To remove an item from the selected taxonomy:

   a. At the "Select Action" prompt, type **R** and press Enter.

   b. At the "Remove Which Item" prompt, type the number of the test you want to
      remove and press Enter.

   c. At the "Are you sure you want to remove the <NAME> lab test" prompt, type
      Y and press Enter to continue removing the test, or press Enter to accept the
      default **N** (No) and retain the test in the taxonomy.

      The test you remove will no longer display as part of the taxonomy.

   d. To remove more items from a taxonomy, repeat Steps 8a through 8c.

9. When you finish adding and removing your site's tests in the selected taxonomy,
   review the displayed list of taxonomy members.

   If the list is complete and correct, type **Q** and press Enter at the "Select Action"
   prompt to save changes to the selected taxonomy and return to the list of
   taxonomies for the selected report.

10. To edit more taxonomies in the selected report, repeat Steps 6 through 9.

11. When you finish editing taxonomies in the selected report, type **Q** and press Enter at the "Select Action" prompt to return to the **Taxonomy Setup Menu**.

12. To edit taxonomies in other reports, repeat Steps 4 through 9.

13. When you finish editing taxonomies for all reports that your facility uses, type a caret (**^**) at the "Select Taxonomy Setup Option" prompt to return to the **Setup Menu**.

14. At the "Select System Setup Option" prompt, type **TC** and press Enter to select the **Taxonomy Check** option (see Section 4.5) to perform a final check of taxonomies needed for CRS in this report.

> **Note**: You must include *all* test names that have been used by your facility since at least 1995, even if these codes are currently inactive. Some measures search for tests as far back as 10 years.
> Many sites designate inactive lab tests by adding one of the following characters at the beginning of the test name: "z," "Z," "xx," "X," or "*." Search for these characters in your laboratory file.

4.7   Using Q-Man to Populate a Taxonomy

Q-Man is the RPMS query utility. Q-Man builds queries through a series of elements. The Q-Man User Manual provides detailed and easy-to-follow instructions for constructing queries. Download a PDF version of the manual from the following RPMS Web site under the IHS PCC Suite (BJPC):

http://www.ihs.gov/RPMS/index.cfm?module=Applications&option=View&AC_ID=0.

4.8   Update the Demo/Test Patient Search Template

CORE APPLICATIONS > PCCR > OTH > **DPST**

As of v11.0, CRS will use the RPMS Demo/Test Patient Search Template to determine which demo patients to exclude from reports. This can be found in the **PCC Management Reports**, **Other PCC Management Reports/Option**s menu and requires the APCLZ UPDATE DEMO TEMPLATE key to access.

If this RPMS Demo/Test Patient Search Template is empty, the following message will display when running CRS reports:

```
Your RPMS DEMO PATIENT NAMES Search Template has no entries.
If you have 'DEMO' patients whose names begin with something
other than 'DEMO,PATIENT' they will not be excluded from this report
unless you update this template.
Do you wish to continue to generate this report? Y//
```

Figure 4-22: Empty template message

5.0   Reports and Patient Lists

The CRS is a reporting tool that provides local facilities and Area Offices with a straightforward way to monitor their progress toward clinical performance goals. This chapter describes the different types and formats of reports and patient lists.

CRS accommodates both national (GPRA/GPRAMA) reporting and local, customized performance tracking.

All reports review and calculate data for a minimum one-year time period, i.e., searching patient records for data matching the numerator criteria for the entire year prior to the selected report end date. A few measures review data for more than one year, such as Cancer Screening: Mammogram Rates, which looks for a mammogram in past two years.

The National GPRA/GPRAMA and GPRA/GPRAMA Performance report data files can be exported to the Area Office and aggregated for an Area Office report.

5.1   Report and Patient List Overview

Several output options are included in CRS 2019. In addition to the predefined National GPRA/GPRAMA Report, users have many choices for customizing reports for local facility use by selecting different populations or specific measure topics.

Report options include:

- National GPRA/GPRAMA Reports:

    – National GPRA/GPRAMA Report (menu option **GP**; without patient lists)
    – National GPRA/GPRAMA Patient List (menu option **LST**)
    – National GPRA/GPRAMA Clinical Performance Summaries (menu option **SUM**)
    – National GPRA/GPRAMA Report by Designated Provider (menu option **DPRV**)
    – National GPRA Dashboard (menu option **DSH**)
    – Create Search Template for National Patient List (menu option **NST**)
    – GPRA/GPRAMA Forecast Patient List (menu option **FOR**)
    – GPRA/GPRAMA Forecast Denominator Definitions (menu option **FORD**)
    – Comprehensive National GPRA Patient List (menu option **CMP**)

- Reports for Local Use:

  - Selected Measures w/Community Specified (menu option **COM**)
  - Selected Measures w/Patient Panel Population (menu option **PP**)
  - Selected Measures with All Communities (menu option **ALL**)

- Other National Reports:

  - GPRA/GPRAMA Performance Report (menu option **GPU**; National GPRA/GPRAMA Report with user-defined report parameters)
  - Elder Care Report (menu option **ELD**)
  - Patient Education Reports:
    - Patient Education w/Community Specified (menu option **PCM**)
    - Patient Education w/Patient Panel Population (menu option **P3**)
  - IPC Measures Report (menu option **IPC**)

- Taxonomy Reports:

  - Lab Taxonomy Report (menu option **TXL**)
  - Medication Taxonomy Report (menu option **TXM**)

Table 5-1, Table 5-2, and Table 5-3 show the population options available with each report type. Note that the two taxonomy reports are not included in the tables because they report on site-populated taxonomies only and not patients. Also, the GPRA/GPRAMA Forecast Denominator Definitions report is not listed because it merely defines the denominators used in the GPRA/GPRAMA Forecast Patient List.

Table 5-1: Population Options with National GPRA/GPRAMA Reports

Population Options	GP	LST	SUM	DPRV	DSH	NST	FOR	CMP
GPRA Community Taxonomy	X	X	X	X	X	X		X
Other Site-Populated Community Taxonomy	X*	X	X*	X*	X*	X		X
AI/AN Patients only	X	X	X	X	X	X		X
Non-AI/AN Patients		X				X		X
Both AI/AN and Non-AI/AN Patients		X				X	X	X
All RPMS patients (any community of residence)							X	
Patient panel/Search Template (user specified list of patients)						X	X	

> **Note**: *Although users may change the community taxonomy to a non-GPRA taxonomy, the GPRA taxonomy must be used for submitting the quarterly reports to the Area Office.

Table 5-2: Population Options with Local Reports

Population Options	COM	PP	ALL
GPRA Community Taxonomy	X		
Other Site-Populated Community Taxonomy	X		
One Community	X		
AI/AN Patients only	X		X
Non-AI/AN Patients	X		X
Both AI/AN and Non-AI/AN Patients	X		X
All RPMS patients (any community of residence)			X
Patient panel/Search Template (user specified list of patients)			
Patient List	X		X

Table 5-3: Population Options with Other National Reports

Population Options	GPU	ELD	IPC	PCM
GPRA Community Taxonomy	X	X	X	X
Other Site-Populated Community Taxonomy	X	X	X	X
One Community	X		X	
AI/AN Patients only	X	X	X	X
Non-AI/AN Patients	X	X	X	X
Both AI/AN and Non-AI/AN Patients	X	X	X	X
All RPMS patients (any community of residence)			X	
Patient panel/Search Template (user specified list of patients)			X	
Patient List		X	X	X

5.2   National GPRA/GPRAMA Report

CI19 > RPT > NTL > **GP**

5.2.1   Overview

Sites will run the National GPRA/GPRAMA Report when they are ready to submit annual GPRA and GPRAMA data to their respective Area Offices for 2019 GPRA and GPRAMA reporting. This is also the report option used for quarterly GPRA and GPRAMA reporting.

National reporting for clinical performance measures is accomplished with the National GPRA/GPRAMA Report. The National GPRA/GPRAMA Report includes measures (specific denominators and numerators) described in the current IHS Performance Plan to Congress, for example, diabetic patients with controlled blood pressure (BP) (see Section 5.2.3 for specific content), as well as other measures representing potential new GPRA measures or other strategic agency clinical focus (for example, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease).

The population for the National GPRA/GPRAMA Report should include only patients with a community of residence that is listed in the site's official GPRA Community taxonomy. The Area Office GPRA Coordinators have defined the existing PRC catchment areas[i] as the GPRA Community[ii]. The default community taxonomy is selected in the Site Parameters setup (see Section 4.1).

The National GPRA/GPRAMA Report is predefined to include only the AI/AN patient-type population, defined as Beneficiary 01 in the Patient Registration file.

The National GPRA/GPRAMA Report is required to be run at least quarterly, to review progress toward meeting critical agency goals.

The National GPRA/GPRAMA Report can be exported to the Area Office by the site for aggregation into an Area-Office-wide report. Patient lists for this report can be created by running the National GPRA/GPRAMA Patient List (menu option **LST**).

---

[i] A catchment area includes patients who are registered within a particular service unit *and* who reside in one of the communities assigned to the service unit.

[ii] The exception to this definition is Oklahoma City Area Office, which will inform its sites directly as to which communities to include.

5.2.2   Running the Report

> **Note:** Before running the National GPRA/GPRAMA Report for
> national (GPRA reporting) use, you should know the name
> of the community taxonomy to be used, if it is different
> from the default.

To run the National GPRA/GPRAMA Report:

1. Navigate to the **CLINICAL REPORTING SYSTEM (CRS)** menu.

```
                 ****************************************************
                 **    IHS/RPMS CLINICAL REPORTING SYSTEM (CRS)    **
                 ****************************************************
                                 Version 19.1

                              DEMO INDIAN HOSPITAL

     CI19    CRS 2019 ...
     CI18    CRS 2018 ...
     CI17    CRS 2017 ...
     CI16    CRS 2016 ...
     CI15    CRS 2015 ...

Select IHS Clinical Reporting System (CRS) Main Menu Option: CI19 <Enter>
CRS 2019
```

Figure 5-1: **CRS** main menu options

2. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt,
    type **CI19** and press Enter to display the **CRS 2019 Clinical Reporting System**
    menu.

```
                    ********************************
                    **      IHS/RPMS CRS 2019      **
                    **  Clinical Reporting System  **
                    ********************************
                                Version 19.1

                             DEMO INDIAN HOSPITAL

     RPT    Reports ...
     SET    System Setup ...
     AO     Area Options ...

Select CRS 2019 Option: RPT <Enter>  Reports
```

Figure 5-2: **CRS 2019 Clinical Reporting System** menu: selecting **Reports** option

3. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display
    the **CRS 2019 Reports** menu.

```
                    **************************
                    **    IHS/RPMS CRS 2019   **
                    **       Reports Menu     **
```

```
                         *************************
                                Version 19.1

                             DEMO INDIAN HOSPITAL

    NTL    National GPRA/GPRAMA Reports ...
    LOC    Reports for Local Use: IHS Clinical Measures ...
    OTH    Other National Reports ...
    TAX    Taxonomy Reports ...

Select Reports Option: NTL <Enter>  National GPRA/GPRAMA Reports ...
```

Figure 5-3: **CRS 2019 Reports Menu**: selecting **National GPRA/GPRAMA Reports** option

4. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

```
                   *********************************
                   **      IHS/RPMS CRS 2019      **
                   **    National GPRA Reports    **
                   *********************************
                                Version 19.1

                             DEMO INDIAN HOSPITAL

    GP     National GPRA/GPRAMA Report
    LST    National GPRA/GPRAMA Patient List
    SUM    National GPRA/GPRAMA Clinical Perf Summaries
    DPRV   National GPRA/GPRAMA Report by Designated Provider
    DSH    National GPRA Dashboard
    NST    Create Search Template for National Patient List
    FOR    GPRA/GPRAMA Forecast Patient List
    FORD   GPRA/GPRAMA Forecast Denominator Definitions
    CMP    Comprehensive National GPRA/GPRAMA Patient List

Select National GPRA/GPRAMA Reports Option: GP <Enter>  National
GPRA/GPRAMA Report
```

Figure 5-4: **National GPRA Reports** menu – selecting the National GPRA/GPRAMA Report

5. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **GP** and press Enter to display the following information about the National GPRA/GPRAMA report:

```
                    IHS 2019 National GPRA/GPRAMA Report

This will produce a National GPRA/GPRAMA report.
You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
October 1, 2018 through September 30, 2019 with a Baseline Year of October
1, 2009 through September 30, 2010. This report will include beneficiary
population of American Indian/Alaska Native only.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
```

```
for the Area Office to use in Area aggregated data. Depending on site
specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.

Press enter to continue: <Enter>
```

Figure 5-5: National GPRA/GPRAMA Report – report description

6. At the prompt, press Enter to continue.

7. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-6: Checking taxonomies message

   - If the following message displays, your report results for the measure that uses
     the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-7: Missing taxonomies message

   To exit from the report and edit your taxonomies, type a caret (**^**) at each
   prompt until you return to the main menu.

```
Specify the community taxonomy to determine which patients will be
included in the report. You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
Do you wish to export this data to Area? Y <Enter>  YES
```

Figure 5-8: Selecting the community taxonomy and exporting area data

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the
   following:

   - Press Enter to accept the default taxonomy if it is your official GPRA
     community taxonomy. (The default community taxonomy can be set in Site
     Parameters.)

   - Type the name of your official GPRA community taxonomy and press Enter.

   - Type the first few letters of the taxonomy name and press Enter to view a list
     of taxonomies beginning with those letters, or type two question marks (**??**)
     and press Enter to view the entire list. Then type the number of the taxonomy
     you want to use and press Enter.

> **Note:** Use your site's official GPRA community taxonomy if you are running the National GPRA/GPRAMA Report for national (GPRA reporting) use.

9. At the "Do you wish to export this data to Area?" prompt, type **Y** (Yes) and press Enter *only* if you are ready to send the final data to your Area Office.

   If you are not ready to send the final data to your Area Office, type **N** (No) and press Enter.

10. A summary of the report displays, as shown in Figure 5-9. If any information is incorrect, type a caret (**^**) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
            SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:          Oct 01, 2018 to Sep 30, 2019
     Previous Year Period:   Oct 01, 2017 to Sep 30, 2018
     Baseline Period:        Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-9: Summary of Report to be generated

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-10: Choosing an output type

11. At the "Select an Output Option" prompt, type the letter that corresponds to the type of output you want and press Enter.

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file (5.2.2.1).

   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation (5.2.2.2). For detailed instructions, see Appendix B.

   - **B** (Both) produces both a printed report and a delimited file.

> **Note:** If you want to print to a file or you do not know your
> printer name, check with your site manager.

After selecting report options, you will be given the opportunity to queue your
report to run at a later time.

> **Note:** You should generally plan to queue your report to run
> during off hours, when the network is not as busy. At most
> sites, you can queue your report to print by typing **Q** at the
> prompt and pressing Enter.
> Check with your site manager if you need further
> information about how to specify these options.

5.2.2.1 Print Option

1. At the "Select an Output Option" prompt, type **P** and press Enter.

2. At the "DEVICE: HOME" prompt (which may vary at different sites), do one of
   the following:

   - To print the report on a printer, type the name of the printer at the "Home"
     prompt and press Enter. If you do not know your printer name, check with
     your site manager.

   - To print the report to your screen, press Enter at the default "Home" prompt.
     Depending on the software you are using to access RPMS, you may need to
     turn on your logging or screen capture program *before* printing to the screen.

     – At most sites, to print a report to your screen without multiple "Enter
       Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt
       and press Enter, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-11: "Home" prompt

     – To print the report to a file, type **Host** or **HFS** at the "Home" prompt, then
       specify the file location and name at the "HOST FILE NAME" prompt as
       in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
ADDRESS/PARAMETERS: "WNS"//
```

Figure 5-12: Specify the file location

     – At the "Won't you queue this?" prompt, type **Y** to queue your report to
       run at another time or **N** to run the report now, and press Enter.

– If you choose to queue the report, type the time you want it to run at the "Requested Start Time" prompt. Type the time in HH:MM:SS format using 24-hour time.

5.2.2.2 Delimited Output Option

The following sequence illustrates Steps 1 through 3 of this process:

```
Select an Output Option: P// D <Enter>  Create Delimited output file (for
use in Excel)

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:
          S          SCREEN - delimited output will display on screen for
capture
          F          FILE - delimited output will be written to a file in
pub

Select output type: S// F <Enter>  FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
mytestfile <Enter>

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be mytestfile.txt

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW// 20:00:00 <Enter>  (OCT 08, 2019@20:00:00)
```

Figure 5-13: Selecting the Delimited Output option

1. At the "Select an Output Option" prompt, type **D** and press Enter.

2. At the "Select output type" prompt, do one of the following:

   • To display the delimited output on your screen, press Enter to accept the default (SCREEN).

   • To print the delimited output to a text file, type **F** (FILE) and press Enter.

     – At the "Enter a filename for the delimited output" prompt, type the name of the file.

     File names cannot exceed 40 characters and are given the extension .txt automatically. Most sites are set up to print the file to your network's Public directory, so you may need to use File Transfer Protocol (FTP) to move the delimited file from the Public directory to your computer. Ask your site manager for additional information about retrieving files from your local network.

If the report will take several hours to run, it is recommended that you print to a file.

3. At the "Won't you queue this?" prompt, do one of the following:

- To queue your report to run at another time, press Enter to accept the default (Y). At the "Requested Start Time" prompt, type the time for the report to run in HH:MM:SS format using 24-hour time and press Enter.

- To run the report now, type **N** and press Enter.

5.2.3   Report Content

The contents of both the National GPRA/GPRAMA and GPRA/GPRAMA Performance reports are exactly the same and are defined in Table 5-4. Performance measures included in the current GPRA Performance Plan to Congress (e.g., GPRA measures) are preceded by one asterisk (*). Developmental GPRA measures are preceded by two asterisks (**). GPRAMA measures are preceded by three asterisks (***).

Table 5-4: Content of the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
Diabetes Prevalence	User Population, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during Report Period
*Diabetes (DM): Glycemic Control	*User Population Diabetic patients	1) With Hemoglobin A1c, any value *2) With Poor control 3) With A1c greater than or equal to (>=) 7 and less than (<) 8 4) With Good control

*DM: Blood Pressure Control	1) Active Diabetic patients
	 *2) User Population Diabetic patients
		1) With BP assessed
		 *2) With Controlled BP
		 **3) With BP less than (<) 140/90, or less than (<) 150/90 for patients ages 60 years and older
		    **A) With BP less than (<) 140/90 for patients under age 60 years
		    **B) With BP less than (<) 150/90 for patients age 60 years and older

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	1) Active Diabetic patients, ages 40–75 years or age 21 years and older with documented CVD or an LDL greater than or equal to (>=) 190 or hypercholesterolemia *2) User Population Diabetic patients, ages 40–75 years or age 21 years and older with documented CVD or an LDL greater than or equal to (≥) 190 or hypercholesterolemia, broken down by age groups	*1) With Statin Therapy 2) With denominator exclusion A) With documented allergy, intolerance, or other adverse effect to statin medication
*DM: Nephropathy Assessment	1) Active Diabetic patients *2) User Population Diabetic patients	*With estimated GFR *and* a urine albumin-to-creatinine ratio or with ESRD

*DM: Retinopathy	1) Active Diabetic patients
	*2) User Population Diabetic patients
		*1) With qualified retinal evaluation and no bilateral blindness (no refusals)
		    A) Patients with validated teleretinal visit
		    B) Patients with Ophthalmology visit
		    C) Patients with Optometry visit

*Access to Dental Services	*1) User Population, broken down by age groups **2) User Population patients with dental visit **3) User Population patients with dental exam **4) Pregnant or breastfeeding female patients **5) No denominator. This measure is a total count only, not a percentage.	*1) With documented dental visit (no refusals) **2) With dental exam **3) With all treatment completed **4) With prenatal or nursing mother dental visit **5) Total number of visits with general anesthesia
*Dental Sealants	*1) User Population patients ages 2–15 years, broken down by age groups 2) User Population patients ages 5–19 years 3) No denominator. This measure is a total count only, not a percentage. **4) User Population patients ages 2–15 years with dental visit	*1) With intact dental sealants 2) Total number of dental sealants provided (no refusals) **3) With intact dental sealants

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Topical Fluoride	*1) User Population patients ages 1–15 years, broken down by age groups 2) No denominator. This measure is a total count only, not a percentage. **3) User Population patients ages 1–15 years with dental visit **4) No denominator. This measure is a total count only, not a percentage.	*1) With topical fluoride application 2) Total number of patients with at least one topical fluoride application (no refusals) **3) With topical fluoride application **4) Total number of topical fluoride applications
**Caries Risk Assessment	**User Population patients with a dental exam	**With caries risk assessment
*Influenza	1) Active Clinical patients ages 6 months through 17 years 2) Active Clinical patients ages 18 years and older 3) *User Population patients ages 6 months through 17 years 4) *User Population patients 18 years and older 5) User Population patients ages 65 years and older	*1) With influenza vaccination in past year or contraindication ever (no refusals) A) With contraindication or a documented NMI refusal

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Adult Immunizations	1) Active Clinical patients ages 19 years and older 2) User Population patients ages 19–59 years 3) User Population patients ages 60–64 years 4) User Population patients 65 years and older *5) User Population patients ages 19 years and older **6) User Population Diabetic patients **7) User Population patients ages 18-64 years and high risk for pneumococcal **8) User Population patients ages 19–49 years **9) User Population patients ages 50–64 years **10) User Population patients ages 60–64 years **11) User Population patients 65 years and older **12) User Population patients ages 19 years and older **13) Pregnant female Active Clinical patients **14) Pregnant female Active Clinical patients with visit during the third trimester	1) With Tdap/Td in the past 10 years (no refusals) 2) With Tdap ever (no refusals) 3) With influenza vaccine in past year (no refusals) 4) With Zoster ever (no refusals) 5) With PPSV23/PCV13 vaccine or contraindication ever, and, if patient is older than 65 years, either a dose of PPSV23/PCV13 vaccine after the age of 65 years or a dose of PPSV23/PCV13 vaccine in the past 5 years (no refusals) 6) With A) a dose of PCV13 on or after age 19 years OR who received a dose of PPSV23 in the past year *and* B) a dose of PPSV23 on or after age 65 years *or* a dose of PPSV23 in the past 5 years *or* who received a dose of PCV13 in the past year (no refusals) 7) With a dose of PCV13 on or after age 19 years *or* who received a dose of PPSV23 in the past year (no refusals) 8) With a dose of PPSV23 on or after age 65 years *or* a dose of PPSV23 in the past 5 years *or* who received a dose of PCV13 in the past year (no refusals) 9) With a dose of PPSV23 AND a dose of PCV13 on or after age 65 years (no refusals) 10) With a dose of PPSV23 on or after age 65 years (no refusals) 11) With a dose of PCV13 on or after age 65 years (no refusals) 12) With 1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year) (no refusals) 13) With 1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever) (no refusals) ***(Continued on next page)***

| *Adult Immunizations *(Continued)* | 1) Active Clinical patients ages 19 years and older
2) User Population patients ages 19–59 years
3) User Population patients ages 60–64 years
4) User Population patients 65 years and older
*5) User Population patients ages 19 years and older
**6) User Population Diabetic patients
**7) User Population patients ages 18-64 years and high risk for pneumococcal
**8) User Population patients ages 19–49 years
**9) User Population patients ages 50–64 years
**10) User Population patients ages 60–64 years
**11) User Population patients 65 years and older
**12) User Population patients ages 19 years and older
**13) Pregnant female Active Clinical patients
**14) Pregnant female Active Clinical patients with visit during the third trimester | 14) With 1:1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 1 Zoster ever) (no refusals)
15) With 1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Zoster ever) (no refusals)
16) With 1:1:1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 1 Zoster ever, 1 PPSV23/PCV13) (no refusals)
17) With 1:1:1:1:1* combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Influenza in past year, 1 Zoster ever, 1 up-to-date PPSV23/PCV13) (no refusals)
18) With 1:1:1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Zoster ever, 1 PPSV23/PCV13) (no refusals)
19) With 1:1:1:1* combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date PPSV23/PCV13) (no refusals)
*20) With age-appropriate immunization combinations
**21) With PPSV23 vaccine or contraindication ever, and, if patient is older than 65 years, either a dose of PPSV23 vaccine after the age of 65 years or a dose of PPSV23
**22) With 1:1 combo (1 Tdap/Td in past 10 years, 1 Tdap ever) (no refusals)
**23) With 1:1:1* combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Zostavax in the past 5 years or 2 doses of Shingrix ever) (no refusals)
**24) With 1:1:2 combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 2 doses of Shingrix ever) (no refusals)
**25) With 1:1:1*:1* combo (1 Tdap/Td in past 10 years, 1 Tdap ever, 1 Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date PPSV23/PCV13) (no refusals)
**26) With age-appropriate immunization combinations
**27) Pregnant patients with 1 dose of Tdap in the past 20 months.
 **A) With contraindication or a documented not medically indicated (NMI) refusal
 (Continued on next page) |

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Adult Immunizations *(Continued)*	1) Active Clinical patients ages 19 years and older 2) User Population patients ages 19–59 years 3) User Population patients ages 60–64 years 4) User Population patients 65 years and older *5) User Population patients ages 19 years and older **6) User Population Diabetic patients **7) User Population patients ages 18-64 years and high risk for pneumococcal **8) User Population patients ages 19–49 years **9) User Population patients ages 50–64 years **10) User Population patients ages 60–64 years **11) User Population patients 65 years and older **12) User Population patients ages 19 years and older **13) Pregnant female Active Clinical patients **14) Pregnant female Active Clinical patients with visit during the third trimester	**B) With Tdap during the first trimester. **C) With Tdap during the second trimester. **D) With Tdap during the third trimester. **E) With Tdap during unknown trimester. **28) Pregnant patients with influenza vaccine in the past year. **A) With contraindication or a documented not medically indicated (NMI) refusal **29) Pregnant patients with 1 dose of Tdap in the past 20 months and influenza vaccine in the past year. **30) Pregnant patients with Tdap during the third trimester

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Childhood IZ	1) Active Clinical patients ages 19–35 months 2) Active Immunization Package patients ages 19–35 months *3) User Population patients ages 19–35 months	*1) With 4:3:1:3*:3:1:4 combo (i.e., 4 DTaP, 3 Polio, 1 MMR, 3-4 HiB, 3 Hepatitis B, 1 Varicella, 4 Pneumococcal), including NMI refusals, contraindications and evidence of disease 2) With 4 doses of Diphtheria, Tetanus, And Pertussis (DTaP) 3) With 3 doses of Polio 4) With 1 doses of Measles, Mumps. And Rubella (MMR) 5) With 3-4 doses of Haemophilus influenzae type b (HiB) 6) With 3 doses of Hepatitis B 7) With 1 dose of Varicella 8) With 4 doses of Pneumococcal **9) With 1 dose of Hep A **10) With 2-3 doses of Rotavirus **11) With 2 doses of Influenza
**Adolescent IZ	**User Population patients ages 13–17 years	**1) With 1:1:2* combination (i.e. 1 Tdap/Td, 1 Meningococcal, 2 or 3 HPV) **2) With 1:1 combination (i.e. 1 Tdap/Td, 1 Meningococcal) B) With 1 Tdap ever **3) With 1 Meningococcal **4) With 2 or 3 HPV

*Cancer Screening: Pap Smear Rates	1) Female Active Clinical patients ages 24–64 years
	*2) Female User Population patients ages 24–64 years
		*1) With documented Pap smear in past 3 years, or if patient is age 30–64, either a Pap Smear in past 3 years or a Pap Smear and HPV DNA on the same day in past 5 years
		   A) Patients ages 24–29 years with a documented Pap Smear in past 3 years
		   B) Patients ages 30–64 years with a documented Pap Smear in past 3 years
		   C) Patients ages 30–64 years with a documented Pap Smear 3–5 years ago and HPV DNA on the same day in past 5 years

*Cancer Screening: Mammogram Rates	1) Female Active Clinical patients ages 52–74 years *2) Female User Population patients ages 52–74 years	*With documented mammogram in past 2 years (no refusals)

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
*Colorectal Cancer Screening	*1) Active Clinical patients ages 50–75 years 2) User Population patients ages 50–75 years	*1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With Fecal Occult Blood Test (FOBT) or Fecal Immunochemical Test (FIT) in past year

Tobacco Use and Exposure Assessment	User Population patients ages 5 years and older	1) Screened for tobacco use
		2) Tobacco users
		   A) Smokers
		   B) Smokeless
		   C) ENDS
		3) Exposed to environmental tobacco smoke (ETS)

*Tobacco Cessation	1) Active Clinical patients identified as current tobacco users prior to the report period *2) User Population patients identified as current tobacco users prior to the report period, broken down by age and gender groups	1) With tobacco cessation counseling or received a prescription for cessation medication (no refusals) 2) Quit tobacco use *3) With tobacco cessation counseling or received a prescription for a smoking cessation aid, or who quit their tobacco use (no refusals)
**Suicide Risk Assessment	**User Population patients ages 12 and older who were seen in ER for suicidal ideation	**With suicide risk assessment on the day of the ER visit
*Alcohol Screening	1) Active Clinical Plus BH patients ages 9–75 years 2) Female Active Clinical patients ages 14–46 years 3) Female Active Clinical patients ages 14–46 years screened for alcohol use *4) User Population patients ages 9–75 years 5) User Population patients ages 9–75 years screened for alcohol use	*1) With documented alcohol screening (no refusals) 2) With alcohol-related patient education 3) With positive alcohol screen

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)

*Screening, Brief Intervention, and Referral to Treatment	1) Active Clinical Plus BH patients ages 9–75 years screened positive for risky or harmful alcohol use
	2) User Population patients ages 9–75 years
	*3) User Population patients ages 9–75 years screened positive for risky or harmful alcohol use
		1) Patients screened in Ambulatory Care for risky or harmful alcohol use
		   A) Patients screened positive for risky or harmful alcohol use
		   B) Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) in Ambulatory care within 7 days of screen
		*2) Patients provided a brief negotiated interview (BNI) or Brief Intervention (BI) in Ambulatory Care within 7 days of screen
		   A) Patients who received a BNI/BI on same day as screen
		   B) Patients who received a BNI/BI 1–3 days after screen
		   C) Patients who received a BNI/BI 4–7 days after screen
		   D) Patients who were referred treatment within 7 days of screen

**Substance Use Disorder (SUD) in Women of Childbearing Age	**1) Female Active Clinical patients age 14–46
	**2) Female User Population patients age 14–46
	**3) Female User Population patients age 14–46 years who screened positive for substance abuse
	**4) Pregnant User Population patients
	**5) Pregnant User Population patients screened positive for substance abuse
		**1) Patients screened for Substance Use Disorder (SUD)
		**2) Patients screened for pregnancy intention assessment
		**3) Patients screened for both Substance Use Disorder (SUD) and pregnancy intention assessment
		**4) Patients screened positive for pregnancy intention
		**5) Patients provided a Brief Negotiated Interview (BNI) or Brief Intervention (BI) in Ambulatory Care within 7 days of positive screen
		   **A) Patients who received a BNI/BI on same day as screen
		   **B) Patients who received a BNI/BI 1–3 days after screen
		   **C) Patients who received a BNI/BI 4–7 days after screen
		   **D) Patients who were referred treatment within 7 days of screen
		**6) Patients with a diagnosis of substance use disorder

***IPV/DV Screening	1) Female Active Clinical patients ages 14–46 years
	***2) Female User Population patients ages 14–46 years
		***1) With documented IPV/DV screen (no refusals)
		   A) With IPV/DV exam
		   B) With IPV/DV-related diagnosis
		   C) With IPV/DV education

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)

*Depression Screening	1) Active Clinical patients ages 12–17 years
	2) Active Clinical patients ages 18 years and older, broken down by gender
	*3) User Population patients ages 12–17 years, broken down by gender
	*4) User Population patients ages 18 years and older
	5) Active Diabetic patients
		*1) With depression screening or diagnosed with mood disorder (no refusals)
		    A) With depression screening
		    B) With mood disorder diagnosis

Childhood Weight Control	1) Active Clinical patients ages 2–5 years with BMI *2) User Population patients ages 2–5 years with BMI	With a BMI at or above the 95th percentile
**Weight Assessment and Counseling for Nutrition and Physical Activity	**Active Clinical patients ages 3–17 years, broken down by gender and age groups.	**1) With comprehensive assessment 2) With BMI documented 3) With nutrition counseling 4) With physical activity counseling

**Physical Activity Assessment	**1) User Population patients ages 5 and older.
	**2) Numerator 1 (User Population Patients assessed for physical activity during the Report Period).
		**Patients assessed for physical activity during the Report Period
		    **A) Patients from Numerator 1 who have received exercise education following their physical activity assessment.
		    **B) Patients from Numerator 1 who have set at least one exercise goal following their physical-activity assessment

**Cardiovascular Disease and Blood Pressure Control	**1) Active Clinical patients ages 18 and older **2) Active Clinical Pts w/ coronary heart disease (CHD)	**With BP documented
*Controlling High Blood Pressure – Million Hearts	*User Population ages 18–85 years diagnosed with hypertension and no documented history of ESRD or current diagnosis of pregnancy	*Patients with BP less than (<) 140/90
*Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	*1) User Population patients ages 40–75 years with diabetes or age 21 years and older with documented CVD or an LDL greater than or equal to (≥) 190 or hypercholesterolemia, broken down by age groups	*1) With Statin Therapy 2) With denominator exclusion A) With documented allergy, intolerance, or other adverse effect to statin medication

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Appropriate Medication Therapy after a Heart Attack	**Active Clinical patients 35 and older discharged for an AMI	**1) With beta-blocker Rx//contraindication (no refusals) **2) With ASA Rx/contraindication (no refusals) **3) With ACEI/ARB Rx/contraindication (no refusals) **4) With statin Rx/contraindication (no refusals) **5) With all above meds

*HIV Screening	1) Pregnant Active Clinical female patients with no documented miscarriage, abortion, or HIV diagnosis
	*2) User Population patients ages 13–64 years with no recorded diagnosis of HIV ever
	**3) User Population patients ages 13–64 years with first recorded HIV diagnosis during the Report Period
	**4) No denominator. This measure is a total count only, not a percentage
		1) With HIV test in past 20 months (no refusals)
		*2) With HIV screening ever
		**3) With HIV screening during the Report Period (no refusals)
		**4) With HIV screening within the past 5 years
		**5) With positive result
		**6) With negative result
		**7) With no result
		**8) With CD4 count
		   **A) With CD4 less than (<)200
		   **B) With CD4 greater than or equal to (≥) 200 and less than or equal to (≤) 350
		   **C) With CD4 greater than (>) 350 and less than or equal to (≤) 500
		   **D) With CD4 greater than (>) 500
		   **E) With no CD4 result
		**9) Total number of HIV screens for User Population patients with no prior HIV diagnosis

**HIV Quality of Care	**User Population patients ages 13 and older with at least two direct care visits (i.e., not Contract/PRC) with HIV diagnosis during the Report Period, including one HIV diagnosis in last six months	**1) With CD4 test only **2) With viral load only **3) With CD4 and viral load **4) With CD4 and/or viral load **5) With prescription for antiretroviral medication

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)

**Hepatitis C Screening	**1) User Population patients born between 1945–1965 with no recorded Hep C diagnosis
	**2) User Population patients with documented positive Ab result or Hep C diagnosis ever
	**3) User Population patients born between 1945–1965 with documented positive Ab result or Hep C diagnosis ever
	**4) User Population patients with positive Ab result or Hep C diagnosis and with positive Hepatitis C confirmation result ever
	**5) User Population patients born between 1945–1965 with positive Ab result or Hep C diagnosis and with positive Hepatitis C confirmation result ever
	**6) User Population patients ages 18 and older with no recorded Hep C diagnosis
		**1) With Hep C Screening
		  **A) With positive result
		  **B) With negative result
		**2) With documented positive Ab result ever
		**3) With documented Hep C diagnosis ever
		**4) With Hepatitis C confirmation test
		  **A) With positive result
		  **B) With negative result
		**5) Patients who ever had a negative confirmation test twelve weeks or greater after a positive confirmation test (cured).
		  **A) Patients who had a negative confirmation test twelve weeks or greater after their most recent positive confirmation test (currently cured).

**Chlamydia Testing	**1) Female Active Clinical patients ages 16–29 years, broken down by age groups **2) Female User Population patients ages 16–29 years, broken down by age groups **3) Female Active Clinical patients ages 16–29 years who are identified as sexually active, broken down by age groups **2) Female User Population patients ages 16–29 years who are identified as sexually active, broken down by age groups	**1) Patients tested for Chlamydia during the Report Period. **2) With chlamydia test refusal
**Sexually Transmitted Infection (STI) Screening	**1) HIV/AIDS screenings needed for key STI incidents for Active Clinical patients **2) HIV/AIDS screenings needed for key STI incidents for User Population patients	**1) With needed HIV/AIDS screenings performed **2) With HIV screening refusal
**Proportion of Days Covered by Medication Therapy	**All denominators	**All numerators

Performance Measure	Denominator	Numerators (documented in past year, unless defined otherwise)
**Concurrent Use of Opioids and Benzodiazepines	**Active Clinical patients ages 18 years and older who had two or more prescriptions for opioids	**With two or more prescriptions for benzodiazepines with concurrent use of opioids and benzodiazepines for 30 or more cumulative days
**Medication Therapy Management Services	**Active Clinical patients ages 18 and older with medications dispensed at their facility	**With medication therapy management
**Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	**User Population patients ages 65 and older	**With at least two prescription fills for any benzodiazepine sedative hypnotic medications for more than 90 days
Breastfeeding Rates	1) 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). 2) User Population patients who are 30–394 days old *3) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of two months (45–89 days). 4) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of six months (165–209 days). 5) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of nine months (255–299 days). 6) User Population patients who are 30–394 days old who were screened for infant feeding choice at the age of 1 year (350–394 days).	1) With infant feeding choice (IFC) screening at least once 2) With IFC screen at 2 months 3) With IFC screen at 6 months 4) With IFC screen at 9 months 5) With IFC screen at 1 year *6) With IFC screen at 2 months and exclusively/mostly breastfed 7) With IFC screen at 6 months and exclusively/mostly breastfed 8) With IFC screen at 9 months and exclusively/mostly breastfed 9) With IFC screen at 1 year and exclusively/mostly breastfed
**Optometry	**Active Clinical patients 18 years and older with primary open-angle glaucoma	**With optic nerve head evaluation

5.3   National GPRA/GPRAMA Patient List

CI19 > RPT > NTL > **LST**

5.3.1   Overview

Patient Lists are available for performance measures included in the National GPRA/GPRAMA Report and the GPRA/GPRAMA Performance Report. You may choose whether to display those patients who meet or do not meet a measure, for example, a list of patients with or without mammograms.

For some measures, more options are available. For example, the Diabetes: Glycemic Control topic includes the following patient list performance measure options:

- List of diabetic patients with a documented A1c
- List of diabetic patients without a documented A1c
- List of diabetic patients with poor glycemic control (A1c greater than 9)
- List of diabetic patients with A1c equal to or greater than 7 and less than 8
- List of diabetic patients with good glycemic control (A1c less than 8)

The following patient list options are available:

- Random list (10% of the total list)
- List by designated primary care provider
- Entire patient list

5.3.2   Running the Patient List

To run the National GPRA/GPRAMA Patient List, use the following steps:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports Menu**.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **LST** and press Enter to display the following information about the National GPRA/GPRAMA Patient List:

```
                IHS GPRA/GPRAMA Performance Report Patient List
                        CRS 2019, Version 19.1
```

```
This will produce a list of patients who either met or did not meet a
National GPRA/GPRAMA Report performance measure or a list of both those
patients who met and those who did not meet a National GPRA/GPRAMA Report
performance measure. You will be asked to select one or more performance
measure topics and then choose which performance measure numerators you
would like to report on.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.
Press enter to continue: <Enter>
```

Figure 5-14: Running the National GPRA/GPRAMA Patient List – patient list description

5. At the "Press enter to continue" prompt, press Enter.

6. The system checks the site-populated taxonomies.

   • If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-15: Checking taxonomies message

   • If the following message displays, the report results for the measure that uses
     the taxonomy specified are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-16: Missing taxonomies message

   To exit from the report and edit your taxonomies, type a caret (^) at any
   prompt until you return to the main menu.

7. The Performance Measure Selection list of available topics displays, as in the
   following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 15:27:17      Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

 1)  Diabetes Prevalence
 2)  Diabetes: Glycemic Control
 3)  Diabetes: Blood Pressure Control
 4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
 5)  Diabetes: Nephropathy Assessment
 6)  Diabetic Retinopathy
 7)  Access to Dental Service
 8)  Dental Sealants
 9)  Topical Fluoride
10) Caries Risk Assessment
11) Influenza
```

```
 12) Adult Immunizations
 13) Childhood Immunizations
 14) Adolescent Immunizations
 15) Cancer Screening: Pap Smear Rates
 16) Cancer Screening: Mammogram Rates
+        Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-17: Performance Measure Selection screen

8. The action bar appears at the bottom of the screen. At the "Select Action" prompt, do one of the following:

- To view multiple pages:

    – Press Enter to accept the default (+) and to view the next page.
    – Type a minus sign/hyphen (**-**) and press Enter to return to the previous page.

- To select measure topics:

    – Type **S** and press Enter.
    – At the "Which Measure Topic?" prompt, type the numbers preceding the target measures and press Enter. To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

    After pressing Enter, each measure selected is marked with an asterisk (*) before its number (Figure 5-18).

- To deselect measure topics:

    – At the "Select Action" prompt, type **D** and press Enter.
    – At the "Which item(s)" prompt, type the numbers preceding the measures you want to remove.

    After pressing Enter, each measure you deselected is no longer marked with an asterisk (*) before its number.

- To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 15:31:38       Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

*1)  Diabetes Prevalence
 2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
 4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
 5)  Diabetes: Nephropathy Assessment
 6)  Diabetic Retinopathy
 7)  Access to Dental Service
 8)  Dental Sealants
 9)  Topical Fluoride
 10) Caries Risk Assessment
 11) Influenza
```

```
 12) Adult Immunizations
 13) Childhood Immunizations
 14) Adolescent Immunizations
 15) Cancer Screening: Pap Smear Rates
 16) Cancer Screening: Mammogram Rates
+        Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-18: Selected performance measure topics

9. For each performance measure you selected, the patient lists available for that topic are displayed, as in the following example:

```
Please select one or more of these report choices within the
Diabetes Prevalence performance measure topic.

     1)  Diabetes DX Ever
Which item(s): (1-1): 1   <Enter>

Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.

     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Uncontrolled BP
     5)  Controlled BP (GPRA Dev)
     6)  Uncontrolled BP (GPRA Dev)

Which item(s): (1-4): 1,3   <Enter>
```

Figure 5-19: Selecting patient lists for each topic

10. At the "Which item(s)" prompt, type the number of the items on which you want to report.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R          Random Patient List
          P          Patient List by Provider
          A          All Patients

Choose report type for the Lists: R// P <Enter> List by Provider
Enter Designated Provider Name: PROVIDER1,FIRST  <Enter>
```

Figure 5-20: Selecting Patient List by Provider report type

11. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select **P** (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
> Print patient lists only when you need them, or print to an electronic file.

12. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type **1**, **2**, **3**, or **4** and press Enter.

    At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

    At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

14. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a list of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to use and press Enter.

```
     Select one of the following:

          1          Indian/Alaskan Native (Classification 01)
          2          Not Indian Alaskan/Native (Not Classification 01)
          3          All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-21: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

16. A summary of the report displays, as shown in Figure 5-22. If any information is incorrect, type a caret (**^**) at the prompt to return to the previous menu. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
              SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:          Oct 01, 2018 to Sep 30, 2019
     Previous Year Period:   Oct 01, 2017 to Sep 30, 2018
     Baseline Period:        Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-22: Summary of Report to be generated

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

Note:	Depending on a variety of factors — the number of performance measures selected, the size of your database, your server configuration (RAM, processor speed, etc.) — the report may take 6–8 hours to run. *Always test your first report at night or on the weekend*.

5.3.3   Patient List Content

Table 5-5 lists the following information for the National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports:

- Performance measure topics

- Associated met/not met measures

- Content of the patient lists

A search template may be created for any of the measures listed in the table using the NST menu option of the National GPRA Reports menu.

> **Note:** Not every performance measure topic will have a **Met** and **Not Met** patient list option. For example, for patients assessed as obese, only a patient list containing patients meeting the measure is available. Developmental GPRA measures are denoted by a single asterisk (*).

Table 5-5: Content of the National GPRA/GPRAMA Patient List Report by Performance Measure Topic and Performance Measure

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Diabetes Prevalence	Diabetes DX Ever	List of patients ever diagnosed with diabetes
Diabetes: Glycemic Control	Documented A1c	List of diabetic patients with a documented A1c
Diabetes: Glycemic Control	No Documented A1c	List of diabetic patients without a documented A1c
Diabetes: Glycemic Control	Poor Glycemic Control	List of diabetic patients with poor glycemic control (A1c greater than 9.5)
Diabetes: Glycemic Control	A1c greater than or equal to 7 and less than 8	List of diabetic patients with A1c equal to or greater than 7 and less than 8
Diabetes: Glycemic Control	Good Glycemic Control	List of diabetic patients with good glycemic control (A1c less than 8)
Diabetes: Glycemic Control	Without Good Glycemic Control	List of diabetic patients without good glycemic control (A1c greater than or equal to 8)
Diabetes: Blood Pressure Control	BP Assessed	List of diabetic patients who had their BP assessed
Diabetes: Blood Pressure Control	BP Not Assessed	List of diabetic patients who did not have their BP assessed
Diabetes: Blood Pressure Control	Controlled BP	List of diabetic patients with controlled BP, defined as less than 140/90
Diabetes: Blood Pressure Control	Uncontrolled BP	List of diabetic patients with uncontrolled BP, defined as greater than 140/90

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Diabetes: Blood Pressure Control	*Controlled BP	*List of diabetic patients with BP less than 140/90, or less than 150/90 for patients ages 60 years and older
*Diabetes: Blood Pressure Control	*Uncontrolled BP	*List of diabetic patients with BP greater than or equal to 140/90, or greater than or equal to 150/90 for patients ages 60 years and older
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Statin Therapy	List of diabetic patients ages 40–75 years or 21 and older with CVD or LDL greater than or equal to 190 or hypercholesterolemia with statin therapy
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	Without Statin Therapy	List of diabetic patients ages 40–75 or 21 and older with CVD or LDL greater than or equal to 190 or hypercholesterolemia without statin therapy
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	With Denominator Exclusions	List of patients with denominator exclusions
Diabetes: Nephropathy Assessment	Nephropathy Assessed	List of diabetic patients with nephropathy assessment
Diabetes: Nephropathy Assessment	Nephropathy Not Assessed	List of diabetic patients without nephropathy assessment
Diabetic Retinopathy	Retinopathy Assessed	List of diabetic patients who received any retinal screening
Diabetic Retinopathy	Retinopathy Not Assessed	List of diabetic patients who did not receive any retinal screening
Diabetic Retinopathy	Validated Teleretinal Visit	List of diabetic patients with a validated teleretinal visit
Diabetic Retinopathy	Ophthalmology Visit	List of diabetic patients with an ophthalmology visit
Diabetic Retinopathy	Optometry Visit	List of diabetic patients with an optometry visit
Access to Dental Services	Documented Dental Visit	List of patients with documented dental visit
Access to Dental Services	No Documented Dental Visit	List of patients without documented dental visit

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Access to Dental Services	*With Dental Visit and Exam	*List of User Pop patients with dental visit during the Report Period with dental exam
*Access to Dental Services	*With Dental Visit and No Exam	*List of User Pop patients with dental visit during the Report Period with no dental exam
*Access to Dental Services	*Treatment Completed	*List of User Pop patients with dental exam and all treatment completed
*Access to Dental Services	*Treatment Not Completed	*List of User Pop patients with dental exam and not all treatment completed
*Access to Dental Services	*With Prenatal or Nursing Mother Visit	*List of pregnant or breastfeeding female patients with treatment
*Access to Dental Services	*No Prenatal or Nursing Mother Visit	*List of pregnant or breastfeeding female patients without treatment
*Access to Dental Services	*With General Anesthesia	*List of User Pop patients under 6 years of age with general anesthesia
Dental Sealants	With Intact Dental Sealants	List of User Pop patients 2–15 years old with intact dental sealant
Dental Sealants	No Intact Dental Sealants	List of User Pop patients 2–15 years old without intact dental sealant
Dental Sealants	With Dental Sealants	List of patients who received dental sealants during Report Period
*Dental Sealants	*With Dental Visit and Intact Dental Sealants	*List of User Pop patients 2–15 years old with dental visit during the Report Period with intact dental sealant
*Dental Sealants	*With Dental Visit and No Intact Dental Sealants	*List of User Pop patients 2–15 years old with dental visit during the Report Period without intact dental sealant
Topical Fluoride	With Topical Fluoride Application	List of User Pop patients 1–15 years old with topical fluoride application
Topical Fluoride	No Topical Fluoride Application	List of User Pop patients 1–15 years old without topical fluoride application
Topical Fluoride	With Topical Fluoride Application	List of patients who received at least one topical fluoride application during Report Period
*Topical Fluoride	*With Dental Visit and Topical Fluoride Application	*List of User Pop patients 1–15 years old with dental visit during the Report Period with topical fluoride application
*Topical Fluoride	*With Dental Visit and No Topical Fluoride Application	*List of User Pop patients 1–15 years old with dental visit during the Report Period without topical fluoride application
*Topical Fluoride	*With At Least One Topical Fluoride Application	*List of patients who received at least one topical fluoride application during Report Period.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Caries Risk Assessment	*With Caries Risk Assessment	*List of User Pop patients with dental exam during the Report Period with caries risk assessment.
*Caries Risk Assessment	*No Caries Risk Assessment	*List of User Pop patients with dental exam during the Report Period without caries risk assessment.
Influenza	User Population Patients ages 6 months through 17 years with documented Influenza Immunization	List of patients ages 6 months through 17 years with influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 6 months through 17 years without documented Influenza immunization	List of patients 6 months through 17 years without influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 18 years and older with documented Influenza immunization	List of patients 18 years and older with influenza vaccination, contraindication, or NMI refusal
Influenza	User Population Patients 18 years and older without documented Influenza immunization	List of patients 18 years and older without influenza vaccination, contraindication, or NMI refusal
Adult Immunizations	User Population Patients With 1:1:1	List of patients ages 19–59 years with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period)
Adult Immunizations	User Population Patients Without 1:1:1	List of patients ages 19–59 years without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period)
Adult Immunizations	User Population Patients With 1:1	List of patients ages 19–59 years with 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
Adult Immunizations	User Population Patients Without 1:1	List of patients ages 19–59 years without 1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever)
Adult Immunizations	User Population Patients With 1:1:1:1	List of patients ages 60–64 years with 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever)
Adult Immunizations	User Population Patients Without 1:1:1:1	List of patients ages 60–64 years without 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever)
Adult Immunizations	User Population Patients With 1:1:1	List of patients ages 60–64 years with 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever)

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Adult Immunizations	User Population Patients Without 1:1:1	List of patients ages 60–64 years without 1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever)
Adult Immunizations	User Population Patients With 1:1:1:1:1	List of patients ages 65 years and older with 1:1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 PPSV23/PCV13)
Adult Immunizations	User Population Patients Without 1:1:1:1:1	List of patients ages 65 years and older without 1:1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 PPSV23/PCV13)
Adult Immunizations	User Population Patients With 1:1:1:1:1*	List of patients ages 65 years and older with 1:1:1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 up-to-date PPSV23/PCV13)
Adult Immunizations	User Population Patients Without 1:1:1:1:1*	List of patients ages 65 years and older without 1:1:1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 influenza during the Report Period, 1 Zoster ever, 1 up-to-date PPSV23/PCV13)
Adult Immunizations	User Population Patients With 1:1:1:1	List of patients ages 65 years and older with 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 PPSV23/PCV13 conjugate)
Adult Immunizations	User Population Patients Without 1:1:1:1	List of patients ages 65 years and older without 1:1:1:1 combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 PPSV23/PCV13 conjugate)
Adult Immunizations	User Population Patients With 1:1:1:1*	List of patients ages 65 years and older with 1:1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date PPSV23/PCV13 conjugate)
Adult Immunizations	User Population Patients Without 1:1:1:1*	List of patients ages 65 years and older without 1:1:1:1* combination (i.e., 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 Zoster ever, 1 up-to-date PPSV23/PCV13 conjugate)
Adult Immunizations	With age-appropriate immunizations	List of User Population patients ages 19 years and older with age-appropriate immunizations
Adult Immunizations	Without age-appropriate immunizations	List of User Population patients ages 19 years and older without age-appropriate immunizations
*Adult Immunizations	*Diabetic Patients with PPSV23	*List of diabetic patients with PPSV23 vaccination, contraindication, or NMI refusal
*Adult Immunizations	*Diabetic Patients without PPSV23	*List of diabetic patients without PPSV23 vaccination, contraindication, or NMI refusal

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Adult Immunizations	*High Risk Patients with PPSV23	*List of patients 18 through 64 considered high risk for pneumococcal with PPSV23 vaccination, contraindication, or NMI refusal
*Adult Immunizations	*High Risk Patients without PPSV23	*List of patients 18 through 64 considered high risk for pneumococcal without PPSV23 vaccination, contraindication, or NMI refusal
*Adult Immunizations	*User Population Patients 19-49 With 1:1	*List of patients 19–49 with 1:1 combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever).
*Adult Immunizations	*User Population Patients 19-49 Without 1:1	*List of patients 19–49 without 1:1 combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever).
*Adult Immunizations	*User Population Patients 50-64 With 1:1:1*	*List of patients 50–64 with 1:1:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 50-64 Without 1:1:1*	*List of patients 50–64 without 1:1:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 50-64 With 1:1:2	*List of patients 50–64 with 1:1:2 combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 50-64 Without 1:1:2	*List of patients 50–64 without 1:1:2 combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 60-64 With 1:1:1*	*List of patients 60–64 with 1:1:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 60-64 Without 1:1:1*	*List of patients 60–64 without 1:1:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever).
*Adult Immunizations	*User Population Patients 65+ With 1:1:1*:1*	*List of patients 65+ years with 1:1:1*:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date PPSV23/PCV13).
*Adult Immunizations	*User Population Patients 65+ Without 1:1:1*:1*	*List of patients 65+ years without 1:1:1*:1* combination (i.e. 1 Tdap/Td in the past 10 years, 1 Tdap ever, 1 dose of Zostavax in the past 5 years or 2 doses of Shingrix ever, 1 up-to-date PPSV23/PCV13).
*Adult Immunizations	*With age-appropriate immunizations	*List of User Population patients 19+ years with age-appropriate immunizations.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Adult Immunizations	*Without age-appropriate immunizations	*List of User Population patients 19+ years without age-appropriate immunizations.
*Adult Immunizations	*Pregnant Active Clinical Patients with Tdap	*List of pregnant Active Clinical Patients with Tdap documented in the past 20 months
*Adult Immunizations	*Pregnant Active Clinical Patients without	*List of pregnant Active Clinical Patients without Tdap documented in the past 20 months
*Adult Immunizations	*Pregnant Active Clinical Patients with Influenza	*List of pregnant Active Clinical Patients with Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients without Influenza	*List of pregnant Active Clinical Patients without Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients with Tdap and Influenza	*List of pregnant Active Clinical Patients with Tdap documented in the past 20 months and Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients without Tdap and Influenza	*List of pregnant Active Clinical Patients without Tdap documented in the past 20 months and Influenza documented during the Report Period
*Adult Immunizations	*Pregnant Active Clinical Patients with Visit in Third Trimester and Tdap in Third Trimester	*List of pregnant AC patients with a visit during the third trimester with Tdap documented during the third trimester
*Adult Immunizations	*Pregnant Active Clinical Patients with Visit in Third Trimester and without Tdap in Third Trimester	*List of pregnant AC patients with a visit during the third trimester without Tdap documented during the third trimester
Childhood Immunizations	User Population Patients With 4:3:1:3*:3:1:4	List of User Population Patients ages 19–35 months who received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 HiB, 3 Hep B, 1 Varicella, 4 Pneumococcal) **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	User Population Patients Without 4:3:1:3*:3:1:4	List of User Population patients ages 19–35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 or 4 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. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Childhood Immunizations	Active Immunization Package Patients with 4:3:1:3*:3:1:4	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 or 4 HiB, 3 Hep B, 1 Varicella, and 4 Pneumococcal) **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	Active Immunization Package Patients without 4:3:1:3*:3:1:4	List of patients Active Immunization Package patients ages 19–35 months who have not received the 4:3:1:3*:3:1:4 combination (4 DTaP, 3 Polio, 1 MMR, 3 or 4 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. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Childhood Immunizations	Patients in Active Clinical denominator who are not in Active Immunization Package Patients denominator	List of patients ages 19–35 months who are in Active Clinical denominator but who are not in Active Immunization Package Patients denominator, with IZ, if any.
*Childhood Immunizations	*Active Immunization Package Patients with 1 dose of Hep A	*List of Active Immunization Package patients ages 19–35 months who received 1 dose of the Hep A vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 1 dose of Hep A	*List of Active Immunization Package patients ages 19–35 months who have not received 1 dose of the Hep A vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients with 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19–35 months who received two or three doses of the rotavirus vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 2 or 3 doses of Rotavirus	*List of Active Immunization Package patients 19–35 months who have not received 2 or 3 doses of the rotavirus vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Childhood Immunizations	*Active Immunization Package Patients with 2 doses of Influenza	*List of Active Immunization Package patients ages 19–35 months who received 2 doses of the influenza vaccine. **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Childhood Immunizations	*Active Immunization Package Patients without 2 doses of Influenza	*List of Active Immunization Package patients 19–35 months who have not received 2 doses of the influenza vaccine **Note**: Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
*Adolescent Immunizations	*User Population 13 through 17 with 1:1:2*	*List of User Population patients 13–17 with 1:1:2* combination (i.e., one Tdap/Td, one Meningococcal, two or three HPV)
*Adolescent Immunizations	*User Population 13 through 17 without 1:1:2*	*List of User Population patients 13–17 without 1:1:2* combination (i.e., one Tdap/Td, one Meningococcal, two or three HPV). 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 one HPV, no IZ will be listed for HPV
*Adolescent Immunizations	*User Population 13 through 17 with 1:1	*List of User Population patients 13–17 with 1:1 combination (i.e., one Tdap/Td, one Meningococcal)
*Adolescent Immunizations	*User Population 13 through 17 without 1:1	*List of User Population patients 13–17 without 1:1 combination (i.e., one Tdap/Td, one Meningococcal)
*Adolescent Immunizations	*User Population 13 through 17 with one Tdap	*List of User Population patients 13–17 with one Tdap ever
*Adolescent Immunizations	*User Population 13 through 17 without one Tdap	*List of User Population patients 13–17 without one Tdap ever
*Adolescent Immunizations	*User Population 13 through 17 with one Meningococcal	*List of User Population patients 13–17 with one Meningococcal ever
*Adolescent Immunizations	*User Population 13 through 17 without one Meningococcal	*List of User Population patients 13–17 without one Meningococcal ever
*Adolescent Immunizations	*Female User Population 13 through 17 with 2 or 3 HPV	*List of female User Population patients 13–17 with two or three doses of HPV ever
*Adolescent Immunizations	*User Population 13 through 17 without 2 or 3 HPV	*List of User Population patients 13–17 without two or three doses of HPV ever. If a patient did not have all doses, the IZ will not be listed

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Cancer Screening: Pap Smear Rates	Documented Pap Smear or Pap Smear and HPV	List of female patients with a Pap smear documented in the past 3 years or Pap and HPV in the past 5 years
Cancer Screening: Pap Smear Rates	No Documented Pap Smear or Pap Smear and HPV	List of female patients without a Pap smear documented in the past 3 years or Pap and HPV in the past 5 years
Cancer Screening: Mammogram Rates	Documented Mammogram	List of female patients with a Mammogram documented in the past 2 years
Cancer Screening: Mammogram Rates	No Documented Mammogram	List of female patients without a Mammogram documented in the past 2 years
Colorectal Cancer Screening	CRC Screening	List of patients ages 50–75 years with CRC screening
Colorectal Cancer Screening	No CRC Screening	List of patients ages 50–75 years without CRC screening
Tobacco Use and Exposure Assessment	Documented Tobacco Screening	List of patients with documented tobacco screening
Tobacco Use and Exposure Assessment	No Documented Tobacco Screening	List of patients without documented tobacco screening
Tobacco Use and Exposure Assessment	Documented Tobacco Screening and Assessed as Tobacco User	List of patients identified as current tobacco users, both smokers and smokeless users
Tobacco Cessation	Tobacco Users w/cessation intervention or quit tobacco use	List of tobacco users with documented tobacco cessation intervention or who quit tobacco use
Tobacco Cessation	Tobacco Users without cessation intervention and did not quit tobacco use	List of tobacco users without documented tobacco cessation intervention and did not quit tobacco use
Tobacco Cessation	Tobacco Users w/cessation intervention	List of tobacco users with documented tobacco cessation intervention
Tobacco Cessation	Tobacco Users w/o documented cessation intervention	List of tobacco users without documented tobacco cessation intervention
Tobacco Cessation	Tobacco Users who quit tobacco use	List of tobacco users who quit tobacco use
Tobacco Cessation	Tobacco Users who did not quit tobacco use	List of tobacco users who did not quit tobacco use
*Suicide Risk Assessment	*With Suicide Risk Assessment	*List of User Pop patients seen in the ER with suicide ideation who have a documented suicide risk assessment.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Suicide Risk Assessment	*No Suicide Risk Assessment	*List of User Pop patients seen in the ER with suicide ideation who do not have a documented suicide risk assessment.
Alcohol Screening	Documented Alcohol Screening 9–75	List of User Population patients 9–75 years old with documented alcohol screening.
Alcohol Screening	Without Documented Alcohol Screening 9–75	List of User Population patients 9–75 years old without documented alcohol screening
Alcohol Screening	With Positive Alcohol Screen	List of User Population patients 9–75 years old with a positive alcohol screen
Alcohol Screening	With Negative Alcohol Screen	List of User Population patients 9–75 years old with a negative alcohol screen or no result
Alcohol Screening	Documented Alcohol Screening	List of female Active Clinical patients 14–46 years old with documented screening
Alcohol Screening	No Documented Alcohol Screening	List of female Active Clinical patients 14–46 years old without documented screening
Alcohol Screening	With Positive Alcohol Screen (FAS Prevention)	List of female Active Clinical patients 14–46 years old with a positive alcohol screen
Alcohol Screening	With Negative Alcohol Screen (FAS Prevention)	List of female Active Clinical patients 14–46 years old with a negative alcohol screen or no result.
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with alcohol screen	List of User Population patients 9–75 years old who were screened for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 without alcohol screen	List of User Population patients 9–75 years old who were not screened for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with BNI/BI	List of User Population patients 9–75 years old who received a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Pts 9–75 without BNI/BI	List of User Population patients 9–75 years old who did not receive a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen with referred treatment	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use and who were referred treatment within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen without referred treatment	List of User Population patients 9–75 years old who screened positive for risky or harmful alcohol use and who were not referred treatment within 7 days of screen

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen with BNI/BI	List of UP patients ages 9–75 years who screened positive for risky or harmful alcohol use and who received a BNI/BI within 7 days of screen
Screening, Brief Intervention, and Referral to Treatment	User Population Patients 9–75 with positive alcohol screen without BNI/BI	List of UP patients ages 9–75 years who screened positive for risky or harmful alcohol use and who did not receive a BNI/BI within 7 days of screen
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with SUD screen	*List of female User Pop patients 14–46 with SUD screening.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 without SUD screen	*List of female User Pop patients 14–46 without SUD screening.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with pregnancy intention assessment	*List of female User Pop patients 14–46 with pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 without pregnancy intention assessment	*List of female User Pop patients 14-46 without pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with SUD screen and pregnancy intention	*List of female User Pop patients 14–46 with SUD screening and pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 without SUD screen and pregnancy intention assessment	*List of female User Pop patients 14–46 without SUD screening and pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with positive SUD screen with pregnancy intention assessment	*List of female User Pop patients 14–46 with positive SUD screen with pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with positive SUD screen without pregnancy intention assessment	*List of female User Pop patients 14–46 with positive SUD screen without pregnancy intention assessment.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with positive SUD screen with BNI/BI	*List of female User Pop patients 14–46 with positive SUD screen with BNI/BI within 7 days of screen.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Female User Population Patients 14-46 with positive SUD screen without BNI/BI	*List of female User Pop patients 14–46 with positive SUD screen without BNI/BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with SUD diagnosis	*List of pregnant User Pop patients with SUD diagnosis.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with positive SUD screen with BNI/BI	*List of pregnant User Pop patients with positive SUD screen with BNI/BI within 7 days of screen.
*Substance Use Disorder (SUD) in Women of Childbearing Age	*Pregnant User Population Patients with positive SUD screen without BNI/BI	*List of pregnant User Pop patients with positive SUD screen without BNI/BI within 7 days of screen.
IPV/DV Screening	Documented IPV/DV Screening	List of female patients ages 14–46 years with documented IPV/DV screening
IPV/DV Screening	No Documented IPV/DV Screening	List of female patients ages 14–46 years without documented IPV/DV screening
Depression Screening	Documented Depression Screening (User Population ages 12–17)	List of User Population patients ages 12–17 years screened for depression/diagnosed with mood disorder
Depression Screening	No Documented Depression Screening (User Population ages 12–17)	List of User Population patients ages 12–17 years not screened for depression/diagnosed with mood disorder
Depression Screening	Documented Depression Screening (User Population greater than or equal to 18)	List of User Population patients ages 18 years and older screened for depression/diagnosed with mood disorder
Depression Screening	No Documented Depression Screening (User Population greater than or equal to 18)	List of User Population patients ages 18 years and older not screened for depression/diagnosed with mood disorder
Depression Screening	Documented Depression Screening (Active Diabetic)	List of Active Diabetic patients screened for depression/diagnosed with mood disorder.
Depression Screening	No Documented Depression Screening (Active Diabetic)	List of Active Diabetic patients not screened for depression/diagnosed with mood disorder.
Childhood Weight Control	With BMI greater than or equal to 95th Percentile	List of patients ages 2–5 years with BMI at or above the 95th percentile.

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Weight Assessment and Counseling for Nutrition and Physical Activity	*With Comprehensive Assessment	*List of Active Clinical patients ages 3–17 years with comprehensive assessment
*Weight Assessment and Counseling for Nutrition and Physical Activity	*Without Comprehensive Assessment	*List of Active Clinical patients ages 3–17 years without comprehensive assessment
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment	*List of User Population patients 5 and older who had a physical activity assessment
*Physical Activity Assessment	*User Population 5 and older without physical activity assessment	*List of User Population patients 5 and older who did not have a physical activity assessment.
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and exercise education	*List of User Population patients 5 and older who had a physical activity assessment and received exercise education
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and without exercise education	*List of User Population patients 5 and older who had a physical activity assessment and did not receive exercise education
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and exercise goal	*List of User Population patients 5 and older who had a physical activity assessment and set at least one exercise goal
*Physical Activity Assessment	*User Population 5 and older with physical activity assessment and without exercise goal	*List of User Population patients 5 and older who had a physical activity assessment and did not set at least one exercise goal
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical 18 and older with BP Assessed	*List of Active Clinical patients 18 years and older who had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical 18 and older w/o BP Assessment	*List of Active Clinical patients 18 years and older who have not had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical with CHD with BP Assessed	*List of Active Clinical patients who have CHD who had their blood pressure assessed
*Cardiovascular Disease and Blood Pressure Control	*Active Clinical with CHD w/o BP Assessment	*List of Active Clinical patients who have CHD who have not had their blood pressure assessed
Controlling High Blood Pressure – Million Hearts	With BP less than 149/90	List of hypertensive patients with BP less than 140/90

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
Controlling High Blood Pressure – Million Hearts	With BP greater than or equal to 140/90	List of hypertensive patients with BP greater than or equal to 140/90
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older with statin therapy	List of patients aged 40–75 with diabetes or 21 and older with CVD or LDL greater than or equal to 190 or hypercholesterolemia with statin therapy
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older without statin therapy	List of patients ages 40–75 years or 21 and older with diabetes with CVD or LDL greater than or equal to 190 or hypercholesterolemia without statin therapy
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	User Pop Patients ages 21 and older with denominator exclusions	List of patients with denominator exclusions
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with Beta-Blocker Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with beta-blocker therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without Beta-Blocker Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without beta-blocker therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with ASA Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with ASA therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without ASA Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without ASA therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with ACEI/ARB Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with ACEI/ARB therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without ACEI/ARB Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without ACEI/ARB therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with Statin Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI with statin therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without Statin Therapy	*List of Active Clinical patients age 35 years and older discharged for AMI without statin therapy
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older with All Meds	*List of Active Clinical patients age 35 years and older discharged for AMI with all appropriate medications

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Appropriate Medication Therapy after a Heart Attack	*Active Clinical 35 and older without All Meds	*List of Active Clinical patients age 35 years and older discharged for AMI without all appropriate medications
HIV Screening	Documented HIV Test for Pregnant Patients	List of pregnant patients with documented HIV test in past 20 months
HIV Screening	No Documented HIV Test for Pregnant Patients	List of pregnant patients without documented HIV test in past 20 months
HIV Screening	With HIV Screening Ever	List of User Population patients ages 13–64 years with documented HIV test ever
HIV Screening	Without HIV Screening Ever	List of User Population patients ages 13–64 years without documented HIV test ever
*HIV Screening	*With HIV Screening During Report Period (13–64 years)	*List of User Population patients ages 13–64 years with documented HIV test during the Report Period
*HIV Screening	*Without HIV Screening During Report Period (13–64 years)	*List of User Population patients ages 13–64 years without documented HIV test during the Report Period
*HIV Screening	*Positive Result	*List of User Population patients ages 13–64 years with documented HIV test and positive result
*HIV Screening	*Negative Result	*List of User Population patients ages 13–64 years with documented HIV test and negative result
*HIV Screening	*No Result	*List of User Population patients ages 13–64 years with documented HIV test and no result
*HIV Screening	*With HIV Screening in Past 5 Years	*List of User Population patients ages 13–64 years with documented HIV test in past 5 years.
*HIV Screening	*Without HIV Screening in Past 5 Years	*List of User Population patients aged 13–64 years without documented HIV test in past 5 years
*HIV Screening	*With HIV Test for User Population	*List of User Population patients with documented HIV test
*HIV Screening	*Newly HIV Positive Patients with CD4 Count	*List of HIV positive User Population patients ages 13–64 years with CD4 count
*HIV Screening	*Newly HIV Positive Patients without CD4 Count	*List of HIV positive User Population patients ages 13–64 years without CD4 count
*HIV Screening	*Male UP Patients 25–45 with positive HIV result	*List of Male User Population patients ages 25–45 years with positive HIV result
*HIV Screening	*Male UP Patients 25–45 without positive HIV result	*List of Male User Population patients ages 25–45 years without positive HIV result
*HIV Screening	*Male UP Patients 25–45 with HIV Test Ever	*List of Male User Population patients ages 25–45 years with documented HIV test ever
*HIV Screening	*Male UP Patients 25–45 without HIV Test Ever	*List of Male User Population patients ages 25–45 years without documented HIV test ever

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 test only	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 test only
*HIV Quality of Care	*Patients 13 and older without HIV Dx with CD4 test	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 test only
*HIV Quality of Care	*Patients 13 and older with HIV Dx with HIV viral load only	*List of patients age 13 and older with HIV diagnosis during the Report Period who received HIV viral load only
*HIV Quality of Care	*Patients 13 and older with HIV Dx without HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive HIV viral load only
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 and HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 and HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx without CD4 and HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 and HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx with CD4 or HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who received CD4 or HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx without CD4 or HIV viral load	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive CD4 or HIV viral load
*HIV Quality of Care	*Patients 13 and older with HIV Dx with prescription for antiretroviral medication	*List of patients age 13 and older with HIV diagnosis during the Report Period who received a prescription for an antiretroviral medication
*HIV Quality of Care	*Patients 13 and older with HIV Dx without prescription for antiretroviral medication	*List of patients age 13 and older with HIV diagnosis during the Report Period who did not receive a prescription for an antiretroviral medication
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis who were ever screened for Hep C
*Hepatitis C Screening	*Patients with no Hepatitis C Diagnosis with no Hepatitis C Screening	*List of patients born between 1945 and 1965 with no prior Hep C diagnosis or screening who were ever screened for Hep C
*Hepatitis C Screening	*Patients with Positive Hepatitis C Screen	*List of patients with Hep C screening and positive result
*Hepatitis C Screening	*Patients with Negative Hepatitis C Screen	*List of patients with Hep C screening and negative result
*Hepatitis C Screening	*Patients with Positive Ab Result	*List of patients with positive Ab result

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis	*List of patients with Hep C diagnosis
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and Confirmatory Test	*List of patients with Hep C diagnosis/positive Ab result who were given Hep C confirmatory test
*Hepatitis C Screening	*Patients with Hepatitis C Diagnosis and no Confirmatory Test	*List of patients with Hep C diagnosis/positive Ab result who were not given Hep C confirmatory test
*Hepatitis C Screening	*Patients with Positive Confirmatory Test Result	*List of patients with Hep C confirmatory test and positive result
*Hepatitis C Screening	* Patients with Negative Confirmatory Test Result	*List of patients with Hep C confirmatory test and negative result
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who were Ever Cured	*List of patients with positive confirmatory test who were ever cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who were Never Cured	*List of patients with positive confirmatory test who were never cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who are Currently Cured	*List of patients with positive confirmatory test who are currently cured
*Hepatitis C Screening	*Patients with Positive Confirmatory Test who are not Currently Cured	*List of patients with positive confirmatory test who are not currently cured
*Hepatitis C Screening	*User Population Patients 18+ with no Hepatitis C Diagnosis with Hepatitis C Screening	List of User Population patients 18+ with no prior Hep C diagnosis who were ever screened for Hep C.
*Hepatitis C Screening	*User Population Patients 18+ with no Hepatitis C Diagnosis with no Hepatitis C Screening	List of User Population patients 18+ with no prior Hep C diagnosis who were never screened for Hep C.
*Hepatitis C Screening	*User Population Patients 18+ with Positive Hepatitis C Screen	List of User Population patients 18+ with Hep C screening and positive result.
*Hepatitis C Screening	*User Population Patients 18+ with Negative Hepatitis C Screen	List of User Population patients 18+ with Hep C screening and negative result.
*Chlamydia Testing	*Active Clinical ages 16–29 years with Chlamydia screening	*List of Active Clinical patients with documented chlamydia screening
*Chlamydia Testing	*Active Clinical ages 16–29 years without Chlamydia screening	*List of Active Clinical patients without documented chlamydia screening

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Chlamydia Testing	*With Chlamydia screening refusal	*List of Active Clinical patients with documented chlamydia screening refusal
*Chlamydia Testing	*Active Clinical sexually active ages 16–29 years with Chlamydia screening	*List of Active Clinical patients who are sexually active with documented chlamydia screening
*Chlamydia Testing	*Active Clinical sexually active ages 16–29 years without Chlamydia screening	*List of Active Clinical patients who are sexually active without documented chlamydia screening
*STI Screening	*Diagnosed with an STI with HIV screen	*List of Active Clinical patients diagnosed with an STI who were screened for HIV
*STI Screening	*Diagnosed with an STI without HIV screen	*List of Active Clinical patients diagnosed with an STI who were not screened for HIV
*STI Screening	*With HIV screening refusal	*List of Active Clinical patients diagnosed with an STI with HIV screening refusal
*STI Screening	*Diagnosed with an STI with HIV screen	*List of User Population patients diagnosed with an STI who were screened for HIV
*STI Screening	*Diagnosed with an STI without HIV screen	*List of User Population patients diagnosed with an STI who were not screened for HIV
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Beta-blockers greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for beta-blockers is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Beta-blockers less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for beta blockers is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Beta-blocker Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to 30 days in their beta-blocker medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for RAS Antagonists greater than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for RAS Antagonists is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for RAS Antagonists less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for RAS Antagonists is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with RAS Antagonist Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to 30 days in their RAS Antagonist medication therapy

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for CCBs greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for calcium channel blockers is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for CCBs less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for calcium channel blockers is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with CCB Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to 30 days in their calcium channel blocker medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Biguanides greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for biguanides is greater than or equal to (>) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Biguanides less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for biguanides is less than 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Biguanide Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to 30 days in their biguanide medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Sulfonylureas greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for sulfonylureas is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Sulfonylureas less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for sulfonylureas is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Sulfonylurea Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their sulfonylurea medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Thiazolidinediones greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for thiazolidinediones is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Thiazolidinediones less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for thiazolidinediones is less than (<) 80%

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Thiazolidinedione Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their thiazolidinedione medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for DPP-IVs greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for DPP-IV is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for DPP-IVs less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for DPP-IV is less than (≤) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with DPP-IVs Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their DPP-IV medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Diabetes All Classes greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for Diabetes All Class is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Diabetes All Classes less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for Diabetes All Class is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Diabetes All Class Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their Diabetes All Class medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Statins greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for statins is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Statins less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for statins is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Statin Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their statin medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Non-warfarin Anticoagulants greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-warfarin anticoagulants is greater than or equal to (≥) 80%

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Non-warfarin Anticoagulants less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-warfarin anticoagulants is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with Non-warfarin Anticoagulant Gap greater than or equal to 30 Days	*List of User Population patients age 18 years and older who had a gap greater than or equal to (≥) 30 days in their non-warfarin anticoagulant medication therapy
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Antiretroviral Agents greater than or equal to 90%	*List of User Population patients age 18 years and older whose proportion of days covered for antiretroviral agents is greater than or equal to (≥) 90%
*Proportion of Days Covered by Medication Therapy	*User Population 18 and older with PDC for Antiretroviral Agents less than 90%	*List of User Population patients age 18 years and older whose proportion of days covered for antiretroviral agents is less than (<) 90%
*Proportion of Days Covered by Medication Therapy	*User Population with COPD with PDC for Long-acting inhaled bronchodilators greater than or equal to 80%	*List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population with COPD with PDC for Long-acting inhaled bronchodilators less than 80%	*List of User Population patients with COPD whose proportion of days covered for long-acting inhaled bronchodilators is less than (<) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18+ with PDC for Non-infused disease modifying agents greater than or equal to 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-infused disease modifying agents is greater than or equal to (≥) 80%
*Proportion of Days Covered by Medication Therapy	*User Population 18+ with PDC for Non-infused disease modifying agents less than 80%	*List of User Population patients age 18 years and older whose proportion of days covered for non-infused disease modifying agents is less than (<) 80%
*Concurrent Use of Opioids and Benzodiazepines	*With concurrent use of opioids and benzodiazepines	*List of Active Clinical patients 18 years and older with 2 or more prescriptions for opioids with 30 or more days of concurrent use of benzodiazepines
*Concurrent Use of Opioids and Benzodiazepines	*Without concurrent use of opioids and benzodiazepines	*List of Active Clinical patients 18 years and older with 2 or more prescriptions for opioids without 30 or more days of concurrent use of benzodiazepines
*Medication Therapy Management Services	*Active Clinical 18 and older with MTM	*List of Active Clinical patients age 18 and older receiving medications with medication therapy management

Performance Measure Topic	Performance Measure	Patient List (time frame for meeting the measure is during the report period, unless defined otherwise.)
*Medication Therapy Management Services	*Active Clinical 18 and older without MTM	*List of Active Clinical patients age 18 and older receiving medications without medication therapy management
Breastfeeding Rates	Patients 30–394 days with IFC Screening	List of patients 30–394 days old who were screened for IFC at least once
Breastfeeding Rates	Patients 30–394 days without IFC Screening	List of patients 30–394 days old who were not screened for IFC at least once
Breastfeeding Rates	At 2 months of age, were Exclusively or Mostly Breastfed	List of User Population patients screened at the age of 2 months (38–89 days) and were either exclusively or mostly breastfed
Breastfeeding Rates	At 2 months of age, were Not Exclusively or Mostly Breastfed	List of User Population patients screened at the age of 2 months (38–89 days) old and were not exclusively or mostly breastfed
*Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	*With Two or More Prescriptions for Benzodiazepine Sedative Hypnotic Medications	*List of User Population patients 65 and older with two or more prescriptions for benzodiazepine sedative hypnotic medications
*Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	*Without Two or More Prescriptions for Benzodiazepine Sedative Hypnotic Medications	*List of User Population patients 65 and older without two or more prescriptions for benzodiazepine sedative hypnotic medications
*Optometry	*Active Clinical ages 18 and older with Primary Open-Angle Glaucoma and Optic Nerve Head Evaluation	*List of Active Clinical patients ages 18 years and older with primary open-angle glaucoma and optic nerve head evaluation
*Optometry	*Active Clinical ages 18 and older with Primary Open-Angle Glaucoma and no Optic Nerve Head Evaluation	*List of Active Clinical patients ages 18 years and older with primary open-angle glaucoma and no optic nerve head evaluation

5.4   National GPRA/GPRAMA Clinical Performance Summaries Report

CI19 > RPT > NTL > **SUM**

5.4.1   Overview

The Clinical Performance Summary contains three sections:

- Selected Non-GPRA Measures

- GPRA Developmental Measures

- Official GPRA Measures

> **Note:** You will not be able to export this data to the Area Office. Use the **GP** menu option to export your data to the Area Office.

To run the National GPRA/GPRAMA Clinical Performance Summaries Report, use the following steps.

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **SUM** and press Enter to display the following information about the National GPRA/GPRAMA Clinical Performance Summaries Report.

```
      IHS 2019 National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the
National GPRA/GPRAMA Report for the 2019 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator you
need to run the GP menu option.

You will be asked to provide the community taxonomy to determine which
patients will be included. This report will be run for the Report Period
October 1, 2018 through September 30, 2019 with a Baseline Year of July 1,
2009 through June 30, 2010. This report will include beneficiary population
of American Indian/Alaska Native only.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: <Enter>
```

Figure 5-23: National GPRA/GPRAMA Clinical Performance Summaries Report – description

5. At the "Press Enter to continue" prompt, press Enter. The system checks to see if all taxonomies required for this report are present and have associated members.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-24: Checking taxonomies

6. At the "PRESS ENTER" prompt, press Enter to continue. The date ranges for this report are hard-coded. The system displays the dates, as in the following example:

```
The date ranges for this report are:
    Report Period:         Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:  Oct 01, 2017 to Sep 30, 2018
    Baseline Period:       Oct 01, 2009 to Sep 30, 2010
```

Figure 5-25: Displaying date ranges

7. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to see a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to include and press Enter.

8. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

  Detailed instructions for the **Print** and **Delimited Output** options are in Section 5.2.2, Step 11.

The National GPRA/GPRAMA Clinical Performance Summaries Report includes all of the clinical performance summaries contained in the GP National GPRA/GPRAMA Report.

> **Note:** The BG191 file is *not* created when this report is run.

5.5   National GPRA/GPRAMA Report by Designated Provider

5.5.1   Overview

This report will produce a National GPRA/GPRAMA Report for a selected designated primary care provider. This report includes only patients assigned to the selected provider, but the patients must still meet the definitions of the denominators used in the report.

> **Note:**   You will not be able to export this data to the Area Office;
> use the **GP** menu option to export your data to the Area
> Office.

To run the National GPRA/GPRAMA Report by Designated Provider:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA Reports Option" prompt, type **DPRV** and press Enter to display the following information about the National GPRA/GPRAMA Report by Designated Provider.

```
        IHS 2019 National GPRA/GPRAMA Report by Designated Provider

This will produce a National GPRA/GPRAMA Report for a selected designated
primary care provider. Your facility must be using the designated
primary care provider functionality that assigns a panel of patients to a
primary care provider; otherwise, you will not be able to run this
report. The report will include only the patients assigned to the
selected provider but the patients must still meet the definitions of the
denominators used in the report.

This report will be run for the Report Period of October 1, 2018 through
September 30, 2019 with a Baseline Year of October 1, 2009 through
September 30, 2010.

You will NOT be able to export this data to the Area Office; use the GP
menu option to export your data to the Area Office.

Press enter to continue: **<Enter>**
```

Figure 5-26: National GPRA/GPRAMA Report by Designated Provider – description

5. Press Enter to continue. The system checks if all taxonomies required for this report are present and have members associated to them.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>

Which Designated Provider: PROVIDER,DEMO <Enter>
```

Figure 5-27: Checking taxonomies

6. At the "End of taxonomy check" prompt, press Enter to continue.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

         P           Provider's Names
         T           Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-28: Selecting provider names or a taxonomy

7. At the prompt, do one of the following:

- To enter provider names, press Enter, and then follow these steps:
    – Type the name of the designated primary care provider you want to report on and press Enter.
    – Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on and press Enter.
    – Repeat the above steps until all provider names are entered, then press Enter.
- To enter a taxonomy of providers, type **T** and press Enter, and then follow this step:
    – At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

8. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)
- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to include and press Enter.

The hard-coded date ranges for this report display:

```
The date ranges for this report are:
    Report Period:         Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:  Oct 01, 2017 to Sep 30, 2018
    Baseline Period:       Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-29: Displaying date ranges

9. At the "Include Measure Logic Text in the Output Report" prompt, do one of the following:

- Press Enter to accept the default (include the printed logic text in the report).

- Type **N** (No) and press Enter to not print the logic text in the report.

10. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

The National GPRA/GPRAMA Report by Designated Provider includes the same content as the National GPRA/GPRAMA Report except that the rates are based on the designated primary care provider only.

> **Note:** The BG191 file is *not* created when a user runs this report.

5.6   National GPRA Dashboard

CI19 > RPT > NTL > **DSH**

5.6.1   Overview

To run the National GPRA Dashboard Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter. The **CRS 2019** main menu displays.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter. The **CRS Reports Menu** displays.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter. The **National GPRA Reports** menu displays.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **DSH** and press Enter. The following information about the National GPRA Dashboard Report displays.

```
                    IHS 2019 National GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets. The report can be run
for your entire facility or a single primary provider. You will be asked to
provide the community taxonomy to determine which patients will be
included.  This report will be run for the Report Period October 1, 2018
through September 30, 2019 with a Baseline Year of October 1, 2009 through
September 30, 2010.  This report will include beneficiary population of
American Indian/Alaska Native only.
```

Figure 5-30: National GPRA Dashboard Report – description

5. The system checks whether all taxonomies required for this report are present and have members associated to them. At the prompt, press Enter to continue.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-31: Checking taxonomies

```
      Select one of the following:

          F          Entire Facility
          P          One Designated Provider

Run report for: F//
```

Figure 5-32: National GPRA Dashboard Report – selecting entire facility or one provider

6. At the "Run report for" prompt, do one of the following:

- To run the report for the entire facility, press Enter to accept the default (**F**).

- To run the report for one designated provider, type **P** and press Enter. Then follow these steps:

  - To enter provider names, press Enter. Then follow these steps:

    - Type the name of the designated primary care provider you want to report on and press Enter.

    - Type the first few letters of a provider's name and press Enter to view a selection of available providers beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the provider you want to report on and press Enter.

    - Repeat the above steps until all provider names are entered, then press Enter.

  - To enter a taxonomy of providers, type **T** and press Enter. At the "Enter Provider Taxonomy name" prompt, type the name of the taxonomy and press Enter.

```
You can enter individual provider names or a TAXONOMY of providers.

     Select one of the following:

          P          Provider's Names
          T          Taxonomy of Providers

Do you want to enter: P//
```

Figure 5-33: Selecting provider names or a taxonomy

7. At the "Run report for GPRA year 2019 or 2020" prompt, enter the GPRA year for which you would like to run the report.

8. The system displays the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
    Report Period:          Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:   Oct 01, 2017 to Sep 30, 2018
```

Figure 5-34: Displaying date ranges

9. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Do one of the following:

  – Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters.

  – Type two question marks (**??**) and press Enter to view the entire list.

  Then type the number of the taxonomy you want to include and press Enter.

10. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

The National GPRA Dashboard Report includes all of the National GPRA measures and their status as compared to the current targets.

> **Note**:   The BG191 file is *not* created when a user runs this report.

5.7   Search Template for National Patient List

CI19 > RPT > NTL > **NST**

5.7.1   Overview

A search template may be created from a National GPRA/GPRAMA Patient List for patients meeting or not meeting a performance measure included in the National GPRA/GPRAMA Report.

You can select the performance measure, such as Pap smear in the past four years, and then choose the list you want; for example, patients without a Pap smear. You select the community taxonomy to determine which patients will be included and choose the report period.

The following patient list options are available:

- A random list (10% of the total list)

- A list by designated primary care provider

- The entire patient list

When the Search Template for National Patient List option is run, the National GPRA/GPRAMA Report for the selected performance measure is included, but the patient list is not.

5.7.2   Creating a Search Template

To create a search template for a national patient list:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS 2019 Reports Menu**.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **NST** and press Enter to display the following information about the search template:

```
            IHS GPRA/GPRAMA Performance Patient Search Template Creation
                        CRS 2019, Version 19.1

This will produce a search template of patients who either met or did not
meet a National GPRA/GPRAMA Report performance measure. You will be asked
to select one performance measure topic and then to choose which
performance
measure numerators you would like to create a search template for.
For example, you can create a search template of all patients who
did not meet the measure for having a Pap Smear in the past 3 years.

You will also be asked to provide the community taxonomy to determine
which patients will be included, the beneficiary population of the
patients, and the Report Period and Baseline Year.

Press enter to continue: <Enter>
```

Figure 5-35: Creating a Search Template for a National Patient List – description

5. At the prompt to continue, press Enter.

6. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-36: Checking taxonomies

- If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-37: Checking taxonomies

To exit from the report and edit your taxonomies, type a caret (**^**) at any prompt until you return to the main menu.

7. The Performance Measure Selection list of available topics displays, as in the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 09:33:40        Page:   1 of    2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
3)  Diabetes: Blood Pressure Control
4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with
Diabt
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Service
8)  Dental Sealants
9)  Topical Fluoride
10) Caries Risk Assessment
11) Influenza
12) Adult Immunizations
13) Childhood Immunizations
14) Adolescent Immunizations
15) Cancer Screening: Pap Smear Rates
16) Cancer Screening: Mammogram Rates
  +         Enter ?? for more actions
S    Select Measure      D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-38: Performance Measure Selection screen

8. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:

- To view multiple pages:
    - Type a plus sign (**+**) and press Enter to view the next page.
    - Type a minus sign/hyphen (**-**) and press Enter to return to the previous page.
- To select a specific performance measure topic:
a. Type **S** and press Enter.
b. At the "Select Only One Measure" prompt, type the number corresponding to the performance measure topic you want and press Enter.

> **Note:** Only one topic may be selected when creating a search
> template.

The measure you selected is marked with an asterisk (*) before its number, as in
the following example:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 09:35:41        Page:   1 of   2
IHS GPRA/GPRAMA Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes: Glycemic Control
*3)  Diabetes: Blood Pressure Control
4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with
Diabt
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Access to Dental Service
8)  Dental Sealants
9)  Topical Fluoride
10) Caries Risk Assessment
11) Influenza
12) Adult Immunizations
13) Childhood Immunizations
14) Adolescent Immunizations
15) Cancer Screening: Pap Smear Rates
16) Cancer Screening: Mammogram Rates
+         Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-39: Selected performance measure topic

9. To save your selected topic, type **Q** and press Enter.

The patient lists available for the performance measure topic you selected are
displayed, as in the following example:

```
Please select one or more of these report choices within the
Diabetes: Blood Pressure Control performance measure topic.

     1)  BP Assessed
     2)  BP Not Assessed
     3)  Controlled BP
     4)  Uncontrolled BP
     5)  Controlled BP (GPRA Dev)
     6)  Uncontrolled BP (GPRA Dev)
Which item(s): (1-10): 3 <Enter>
```

Figure 5-40: Selecting patient lists

10. At the "Which item(s)" prompt; type the numbers of the items on which you want
to report.

11. At the "Patient Search Template" prompt, do one of the following:

- Type the name of the search template to which you want to save the patient list and press Enter.

- Type the first few letters of a search template name and press Enter to view a list of templates beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the name of the template you want to use and press Enter.

If a search template with the name you type does not currently exist, you are asked to confirm that you want to add it as a new search template. Type **Y** to add the new template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

If a search template with the name you typed already exists, you are asked if you want to overwrite an existing search template (Figure 5-41). Type **Y** to overwrite the exiting template, or type **N** to return to the "Patient Search Template" prompt to type another template name.

```
        Enter a search template name for the following list of patients:
    List of diabetic patients with controlled BP, defined as <140/90.
Patient Search Template: DEMO_DM_CONTROLLED_BP
  Are you adding 'DEMO_DM_CONTROLLED_BP' as
    a new SORT TEMPLATE? No// Y  (Yes)
     An unduplicated PATIENT list resulting from this report
     will be stored in the DEMO_DM_CONTROLLED_BP Search Template.
```

Figure 5-41: Specifying patient search template name

12. Repeat Step 11 to provide a search template name for each selected patient list.

```
Select List Type.

     Select one of the following:

         R          Random Patient List
         P          Patient List by Provider
         A          All Patients

Choose report type for the Lists: R// <Enter>  Random Patient List
```

Figure 5-42: Selecting the list report type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Note:** Printed patient lists will likely require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

```
     Select one of the following:

          1           January 1 - December 31
          2           April 1 - March 31
          3           July 1 - June 30
          4           October 1 - September 30
          5           User-Defined Report Period

Enter the date range for your report:
```

Figure 5-43 Selecting report date range

14. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

15. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

16. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy and press Enter.

```
      Select one of the following:

            1          Indian/Alaskan Native (Classification 01)
            2          Not Indian Alaskan/Native (Not Classification 01)
            3          All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-44: Selecting beneficiary population

17. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

Note:	The output contains only the National GPRA/GPRAMA Report for the selected performance measure topic and will not include the lists of patients. The lists of patients will be stored in the search templates you created.

5.7.3   Search Template Content

The content of the National Search Template is the same as the content for the National GPRA/GPRAMA Patient List, except that it is saved to a search template.

5.8   GPRA/GPRAMA Forecast Patient List

CI19 > RPT > NTL > **FOR**

5.8.1   Overview

The GPRA/GPRAMA Forecast Patient List is linked to the Scheduling package and produces a list of patients with or without scheduled appointments that identifies all of the GPRA and GPRAMA measures each patient has not yet met.

The list may be run using several different options:

- By specified clinic and appointment date range

- For a selected patient and appointment date range

- All appointments for an entire facility or division to all clinics or specified clinics

- Any selected set of patients regardless of appointment status

This can be used to create a list of all GPRA and GPRAMA screenings or tests that a patient is due for at his or her next visit.

The denominator logic for this list is different than the denominator logic used in the National GPRA/GPRAMA Report. The definitions are different because, although a patient may not meet the GPRA or GPRAMA definition of "Active Clinical" or "Active Diabetic" at a particular appointment, the patient may meet one of those definitions later in the GPRA year. Thus, it was necessary to develop a separate set of denominator definitions for this patient list. The numerator logic, however, is the same. You can use the **GPRA/GPRAMA Forecast Denominator Definitions (FORD)** menu option to print these definitions.

This report is based on the CRS clinical logic and, consequently, may produce different results from the current clinical reminders available in the EHR package.

5.8.2   Running the Patient List

To run the GPRA/GPRAMA Forecast Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS 2019 Reports** Menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FOR** and press Enter to display the following information about the GPRA/GPRAMA Forecast Patient List:

```
This patient list is linked to the Scheduling Menu and enables users to
run a list of patients that are scheduled for appointments during a
user-defined time period to list of clinics at the facility defined by the
user and shows the GPRA/GPRAMA measures the patient will not meet as of
the date of the appointment. The list uses revised CRS logic for the GPRA/
GPRAMA measures, which is defined in the report, and also includes
information for the provider on how to fulfill the GPRA/GPRAMA measures.
PRESS ENTER: <Enter>
```

Figure 5-45: GPRA/GPRAMA Forecast Patient List – description

5. At the prompt, press Enter.

```
      Select one of the following:

          C          by CLINIC NAME for a specified appointment date range
          P          Selected Patient w/Appointments
          D          One Facility's or Divisions Appointments
          A          Any selected set of patients regardless of appt status

Create List/Sort by: C//  C <Enter>
```

Figure 5-46: Selecting report criteria

6. At the "Create List/Sort by" prompt, type the letter corresponding to the report selection criterion you want to use and press Enter, where:

- **C** (By clinic name) creates a list for all clinics or for one or more selected clinics at a facility sorted by a specified appointment date range (default).

- **P** (Selected patient) creates a list for one selected patient's appointments.

- **D** (One facility's or division's appointments) creates a list for all of a facility's or division's appointments.

- **A** (Any selected set of patients) creates a list for any selected set of patients, regardless of whether they had a scheduled appointment status. This option should be used for walk-in patients.

Detailed instructions for each of the report selection criteria are found below.

5.8.2.1   C (By Clinic Name)

1. At the "Create List/Sort by" prompt, type **C** and press Enter, as shown in the following example:

```
Create List/Sort by: C// C by CLINIC NAME for a specified appointment date
range

Run report for GPRA year 2019 or 2020:  2019  (2019) <Enter>
```

```
      Select one of the following:

           A          ANY Clinic
           S          One or more selected Clinics

Include patients with Appointments to: A// S <Enter> One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

      Select one of the following:

           R          Forecast Report for the Patients
           S          Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/19 <Enter> (NOV 01, 2019)
Enter Ending Appointment Date: 11/2/19 <Enter> (NOV 02, 2019)

      Select one of the following:

           A          ALL Patients with Appointments in the date range
           O          ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/19  (OCT 29, 2019)
```

Figure 5-47: Patient list by clinic

2. At the "Run report for GPRA year 2019 or 2020" prompt, enter the GPRA year for which you would like to run the report.

3. At the "Include patients with Appointments to" prompt, do one of the following:

   - To include patients with appointments to all clinics, type **A** and press Enter.

   - To include patients with appointments to one or more selected clinics, type **S** and press Enter, then follow these steps:

     – At the "Select CLINIC" prompt, do one of the following:

        - Type the name of a clinic and press Enter for each clinic you want to include.

        - Type the first few letters of a clinic name and press Enter to view a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the clinic and press Enter.

     – When you have selected all the clinics you want to include, press Enter without typing a clinic name.

4. At the "Do you wish to create" prompt, do one of the following:

- To run a Forecast Report for the patients, type **R** and press Enter.

- To create a Search Template of the patients in the report, type **S** and press Enter.

5. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.

6. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.

> **Note:** You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, use an appointment date range of one day, since there could be thousands of appointments scheduled during the week, resulting in a very large report.

7. At the "Run the forecast report for:" prompt, do one of the following:

- To include all patients with appointments in the date range entered, type **A** and press Enter.

- To include only patients whose appointments were added on since a specified date, type **O** and press Enter, and then follow these steps:

  – At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.

8. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.2   P (Selected Patient)

1. At the "Create List/Sort by" prompt, type **P** and press Enter.

```
Create List/Sort by: C// P  Selected Patient w/Appointments

Run report for GPRA year 2019 or 2020:  2019  (2019) <Enter>

Select PATIENT NAME: PATIENT <Enter>
   1     PATIENT,CRJF                      M 05-14-1980              WW 900259
   2     PATIENT,CRS                       F 01-01-1985 XXX-XX-4444 WW 23456
   3     PATIENT,CRSA                      F 06-01-1970              WW 900000
   4     PATIENT,CRSAA                     F 02-01-1956              WW 900027
   5     PATIENT,CRSAB                     M 03-01-1957              WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                            M 05-14-1980              WW 900259

     Select one of the following:

         R          Forecast Report for the Patients
         S          Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients
```

```
Enter Beginning Appointment Date: 11/1/19 <Enter>  (NOV 01, 2019)
Enter Ending Appointment Date: 11/2/19 <Enter> (NOV 02, 2019)
```

Figure 5-48: Patient list by patient

2. At the "Run report for GPRA year 2019 or 2020" prompt, enter the GPRA year for which you would like to run the report.

3. At the "Select PATIENT NAME" prompt, do one of the following:

   - Type the name of a patient and press Enter.

   - Type the first few letters of a patient name and press Enter to view a selection of patients beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the patient and press Enter.

4. At the "Do you wish to create" prompt, do one of the following:

   - To run a Forecast Report for the patients, type **R** and press Enter.

   - To create a Search Template of the patients in the report, type **S** and press Enter.

5. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.

6. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.

7. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.3   D (One Facility's or Division's Appointments)

1. At the "Create List/Sort by" prompt, type **D** and press Enter.

```
Create List/Sort by: C// D  One Facility's or Divisions Appointments
Select MEDICAL CENTER DIVISION NAME: DEMO INDIAN HOSPITAL        2582

Run report for GPRA year 2019 or 2019:  2019  (2019) <Enter>

     Select one of the following:

          A          ANY Clinic
          S          One or more selected Clinics

Include patients with Appointments to: A// S <Enter>  One or more selected
Clinics

Select CLINIC: 01 GENERAL <Enter>

Select CLINIC: <Enter>

     Select one of the following:
```

```
          R          Forecast Report for the Patients
          S          Search Template of the Patients

Do you wish to create: R// R  Forecast Report for the Patients

Enter Beginning Appointment Date: 11/1/19 <Enter> (NOV 01, 2019)
Enter Ending Appointment Date: 11/2/19 <Enter> (NOV 02, 2019)

     Select one of the following:

          A          ALL Patients with Appointments in the date range
          O          ONLY Patients added on since a specified date

Run the forecast report for: A// ONLY Patients added on since a specified
date
Patients 'Added On' on or after what date:  10/29/19  (OCT 29, 2019)
```

Figure 5-49: Running the GPRA/GPRAMA Forecast Patient List by facility or division

2. At the "Run report for GPRA year 2019 or 2020" prompt, enter the GPRA year for which you would like to run the report.

3. At the "Select MEDICAL CENTER DIVISION NAME" prompt, do one of the following:

   - Type the name of a facility or division and press Enter.

   - Type the first few letters of a facility or division name and press Enter to view a selection beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the facility or division and press Enter.

4. At the "Include patients with Appointments to" prompt, do one of the following:

   - To include patients with appointments to all clinics, type **A** and press Enter.

   - To include patients with appointments to one or more selected clinics:

     – Type **S** and press Enter.
     – At the "Select CLINIC" prompt, do one of the following:

       - Type the name of a clinic and press Enter for each clinic that you want to include.

       - Type the first few letters of a clinic name and press Enter to view a selection of clinics beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the clinic and press Enter.

     – When you have selected all the clinics that you want to include, press Enter without typing a clinic name.

5. At the "Do you wish to create" prompt, do one of the following:

   - To run a Forecast Report for the patients, type **R** and press Enter.

- To create a Search Template of the patients in the report, type **S** and press Enter.

6. At the "Enter Beginning Appointment Date" prompt, type the beginning date of the period for which you want to create the list and press Enter.

7. At the "Enter Ending Appointment Date" prompt, type the ending date of the period for which you want to create the list and press Enter.

> **Note:** You should only enter an appointment date range for a short duration, such as a day but no more than a week. For larger facilities, an appointment date range of one day should be used, since there could be thousands of appointments scheduled during the week and the report would be very large.

8. At the "Run the forecast report for:" prompt, do one of the following:

- To include all patients with appointments in the date range entered, type **A** and press Enter.

- To include only patients whose appointments were added on since a specified date, type **O** and press Enter, then follow these steps:

  – At the "Patients 'Added On' on or after what date" prompt, type the date on or after which patients were added to the appointment schedule.

9. Instructions for the "Device" prompt are found in Step 6 below.

5.8.2.4   A (Any Selected Set of Patients)

1. At the "Create List/Sort by" prompt, type **A** and press Enter.

```
Create List/Sort by: C// A <Enter>  Any selected set of patients regardless
of appt status

Run report for GPRA year 2019 or 2020:  2019  (2019) <Enter>

Select patient(s): PATIENT <Enter>
   1    PATIENT,CRJF                  M 05-14-1980               WW 900259
   2    PATIENT,CRS                   F 01-01-1985 XXX-XX-4444   WW 23456
   3    PATIENT,CRSA                  F 06-01-1970               WW 900000
   4    PATIENT,CRSAA                 F 02-01-1956               WW 900027
   5    PATIENT,CRSAB                 M 03-01-1957               WW 900028
ENTER '^' TO STOP, OR
CHOOSE 1-5: 1 <Enter>
  PATIENT,CRJF                        M 05-14-1980               WW 900259
Select patient(s): <Enter>

     Select one of the following:

         R          Forecast Report for the Patients
         S          Search Template of the Patients
```

```
Do you wish to create: R// R  Forecast Report for the Patients
```

Figure 5-50: Running the GPRA/GPRAMA Forecast Patient List by patient name

2. At the "Run report for GPRA year 2019 or 2020" prompt, enter the GPRA year for which you would like to run the report.

3. At the "Select patient(s)" prompt, do one of the following:

   - To select individual patients, do one of the following:

     – Type the name of each patient and press Enter for each patient.
     – Type the first few letters of a patient name and press Enter to view a selection of patients beginning with those letters. Then type the number of a patient and press Enter.

       When you have selected all the patients you want to include, press Enter without typing a patient name or number.

   - To run the list for patients included in a search template, do one of the following:

     – Type a left bracket ([) followed by the name of the search template and press Enter.
     – Type a left bracket ([) followed by one or more letters in the search template name and press Enter to view a list of search templates beginning with those letters. Then type the number of a search template and press Enter.

       In Figure 5-51, all search templates containing "D" in the name are displayed and the third template named DEMO_VISITS_MALE_21-55 was selected. It contains 32 patients; therefore, the patient list will be run only for those 32 patients included in the search template.

4. At the "Do you wish to create" prompt, do one of the following:

   - To run a Forecast Report for the patients, type **R** and press Enter.

   - To create a Search Template of the patients in the report, type **S** and press Enter.

5. Instructions for the "Device" prompt are found in Step 6 below.

```
Create List/Sort by: C// Any selected set of patients regardless of appt status
Select patient(s): [D
     1   DEMO_2003VISITS_MALE_21-55
                          (Jun 01, 2019)     User #6213 File #9000001
     2   DEMO_MALE_VISITS_21-55
                          (Jun 09, 2019)     User #6213 File #9000001
     3   DEMO_VISITS_MALE_21-55
                          (May 22, 2019)     User #6213 File #9000001  INQ
```

```
  4   DM_A1c_Test060110    (Jun 01, 2019)    User #6213 File #9000001
CHOOSE 1-4: 3 DEMO_VISITS_MALE_21-55
                             (May 22, 2019)    User #6213 File #9000001  INQ

32 entries added.
Select patient(s):
```

Figure 5-51: Running the GPRA/GPRAMA Forecast Patient List by search template

> 6. At the "Device" prompt, type a printer name or a file name.

> > **Note:** This report is *only* available in the printed format.

> > - To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites)
> >
> >   To print a report to the screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.
> >
> >   Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80 <Enter>  VT    Right Margin: 80// <Enter>
```

Figure 5-52: Printing a report without multiple prompts

> > - To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-53: Specifying the file location

5.9   GPRA/GPRAMA Forecast Denominator Definitions

CI19 > RPT > NTL > **FORD**

5.9.1   Overview

This option is used to print the denominator definitions used in the GPRA/GPRAMA Forecast Patient List (**FOR**).

5.9.2   Running the Forecast Denominator Definitions

To print the GPRA/GPRAMA Forecast Denominator Definitions:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS 2019 Reports** Menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **FORD** and press Enter.

5. At the "Device" prompt, type a printer name or a file name.

> **Note:** This report is *only* available in printed format.

- To print to the screen, press Enter to accept the default prompt, "Home" (which may vary at different sites).

  To print a report to your screen without multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt, as shown below.

  Depending on the software you use to access RPMS, turn on your logging or screen capture program *before* printing to the screen.

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// 0;P-OTHER80  VT    Right Margin: 80//
```

Figure 5-54: Printing a report without multiple prompts

- To print to a file, type **Host** or **HFS** at the "Home" prompt, then specify the file location and name at the "Host File Name" prompt, as in the following example:

```
Select an Output Option: P// <Enter>  Print Report on Printer or Screen
DEVICE: HOME// HFS <Enter>  HFS
HOST FILE NAME: C:\TMP\TMP.HFS// C:\lb_test.doc <Enter>
```

Figure 5-55: Specifying the file location

5.10   Comprehensive National GPRA/GPRAMA Patient List

CI19 > RPT > NTL > **CMP**

5.10.1   Overview

This option produces a patient list that displays all of the patients included in the National GPRA/GPRAMA Report and all of the performance measures reported to Congress and the OMB that each patient did not meet. This report option also displays the name and discipline of the provider the patient last saw and the date of the visit with the provider. For a list of the performance measures included in this report, see Section 5.10.3.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider

- The entire patient list of patients and the measures they did not meet

5.10.2   Running the Patient List

To print the Comprehensive National GPRA/GPRAMA Patient List:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS 2019 Reports** Menu.

3. At the "Select Reports Option" prompt, type **NTL** and press Enter to display the **National GPRA Reports** menu.

4. At the "Select National GPRA/GPRAMA Reports Option" prompt, type **CMP** and press Enter to display the following information about the Comprehensive National GPRA/GPRAMA Patient List:

```
                Comprehensive National GPRA/GPRAMA Patient List
                        CRS 2019, Version 19.1
 This report will enable users to run a patient list that shows all of the
 National GPRA/GPRAMA Report performance measures in which
 a patient was included but did not meet. Performance measures
 not relevant to a patient will not be listed. For example, if a male
 patient who is 30 years old, he would not be listed as having not met
 the Child Immunizations or Pap Smear measures.

 The list will include the National GPRA/GPRAMA Report logic and performance
 measure rates for Report Period, Previous Year, and Baseline Year for all
 the measures, followed by a list of patients that shows which
 measures each patient did not meet.

 You will be asked to provide the community taxonomy to determine
 which patients will be included, the beneficiary population of the
 patients,
 and the Report Period and Baseline Year.
```

```
Press ENTER to Continue: <Enter>
```

Figure 5-56: Comprehensive National GPRA/GPRAMA Patient List – information display

5. At the prompt, press Enter.

   A message displays warning about the number of pages the report could potentially include and recommending that you select the delimited output option.

6. Type **Y** and press Enter to continue or type a caret (**^**) to return to the previous menu.

7. The system checks the site-populated taxonomies.

   - If the following message displays, press Enter.

```
Checking for Taxonomies to support the National GPRA/GPRAMA Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-57: Checking taxonomies

   - If the following message displays, your report results for the measure that uses the specified taxonomy are likely to be inaccurate.

```
The taxonomies are missing or have no entries
```

Figure 5-58: Taxonomies message

      To exit from the report and edit your taxonomies, type a caret (**^**) at any prompt until you return to the main menu.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R          Random Patient List
          P          Patient List by Provider
          A          All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-59: Selecting list for all patients

8. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** Printed patient lists are likely to require a great deal of paper, even when you are producing a random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them, or print to an electronic file.

9. The system displays the date range options for the patient list, as in the following example:

```
     Select one of the following:

          1          January 1 – December 31
          2          April 1 – March 31
          3          July 1 – June 30
          4          October 1 – September 30
          5          User-Defined Report Period

Enter the date range for your report: 1 <Enter> January 1 – December 31
```

Figure 5-60: Selecting report date range

10. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the four-digit calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

11. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

12. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

  Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) to view the entire list. Type the number of a taxonomy and press Enter.

```
     Select one of the following:

          1             Indian/Alaskan Native (Classification 01)
          2             Not Indian Alaskan/Native (Not Classification 01)
          3             All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1//  <Enter>
Indian/Alaska Native (Classification 01)
```

Figure 5-61: Selecting beneficiary population

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

14. A summary of the Comprehensive National GPRA/GPRAMA Patient List Report displays.

15. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note:** Depending on a variety of factors — the number of performance measures selected, the size of your database, your server configuration (RAM, processor speed, etc.) — the report may take 6–8 hours to run. *Always test your first report at night or on the weekend*.

5.10.3   Patient List Content

The following table shows the National GPRA/GPRAMA Report performance measures that are included in the GPRA Performance Plan to Congress (e.g., GPRA measures) that are applicable to each patient and will be included in this report.

Performance measures that are counts and not rates, such as Dental Sealants, are not included in this report. In addition, measures that report on patients with documented health issues, such as Poor Glycemic Control, are also not included in this report.

Table 5-6: Content of the Comprehensive National GPRA/GPRAMA Patient List Report by Performance Measure Topic

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Diabetes (DM): Poor Glycemic Control	Poor Glycemic Control	DM Poor Control
DM: Blood Pressure Control	Controlled BP	DM Control BP
DM: Statin Therapy	With Statin Therapy	DM Statin Therapy
DM: Nephropathy Assessment	Nephropathy Assessed	DM Nephropathy
DM: Retinopathy	Retinopathy Assessed	DM Retinopathy
Access to Dental Services	Documented Dental Visit	Dental Visit
Dental Sealants	Intact Dental Sealants	Intact Sealants
Topical Fluoride	Documented Topical Fluoride	Doc Top Fluoride
Influenza 6 months through 17 years	Documented Influenza Immunization 6 months through 17 years	User Population 6 mos through 17 yrs Influenza IZ
Influenza 18 and older	Documented Influenza Immunization 18 and older	User Population 18 and older Influenza IZ
Adult Immunizations	User Pop 19 and older with age-appropriate IZ	User Population 19 and older age-appropriate IZ
Childhood Immunizations	User Population Patients With All Documented Childhood Immunizations 4:3:1:3*:3:1:4	User Population Child IZ
Cancer Screening: Pap Smear Rates	Documented Pap Smear	User Population Pap Smear

Performance Measure Topic	Performance Measure	Abbreviation for Patient List, "Measures Not Met" Column
Cancer Screening: Mammogram Rates	Documented Mammogram	User Population Mammogram
Colorectal Cancer Screening	Documented CRC Screening	User Population CRC Scrn
Tobacco Cessation	Documented Tobacco Cessation/Quit	User Population Tobacco Cess/Quit
Alcohol Screening	Documented Alcohol Screening	User Population Alcohol Scrn
Screening, Brief Intervention, and Referral to Treatment (SBIRT)	Documented BI/BNI	User Population SBIRT
Intimate Partner (Domestic) Violence Screening	Documented IPV/DV Screening	User Population IPV/DV Scrn
Depression Screening	Documented Depression Screening	User Population Depr Scrn 12 through 17
Depression Screening	Documented Depression Screening	User Population Scrn 18 and older
Childhood Weight Control	BMI less than (<) 95th Percentile	Child Weight Control
Controlling High Blood Pressure - Million Hearts	Controlled High BP	Control High BP
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	With Statin Therapy	CVD Statin Therapy
HIV Testing	Documented HIV Test	UP HIV Test Ever
Breastfeeding Rates	Documented IFC Screening	User Population Feed Choice Scrn

5.11   Selected Measures Reports for Local Facility Use

CI19 > RPT > **LOC**

5.11.1   Overview

The following reports are intended for local use by a facility for specific public health or performance improvement initiatives. Each report allows selection of one or more performance measure topics and different populations. All Selected Measures reports include the option to run patient lists.

- **Selected Measures with Community Specified (COM)** includes *all* selected denominators and numerators for performance measure topics. The report displays *both* Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators, for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by gender and age where defined.

This report uses a community taxonomy to define the population. If this report is used to review and improve local data for national GPRA reporting, the site's "official" GPRA Community taxonomy should be used. Other community taxonomies can also be specified for other local uses, such as comparing one community to another.

This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both. For comparison to national reporting, only the AI/AN population can be selected.

- **Selected Measures with Patient Panel Population (PP)** includes *all* numerators, including any breakdowns by gender and age where defined, for selected performance measure topics. The report displays *only* one denominator, the number of patients in the user-defined patient panel.

  The population for this report is defined by a user-specified list (panel) of patients and includes only those communities of which the patients are residents. For detailed instructions see Appendix C.

- **Selected Measures with All Communities (ALL)** includes *all* denominators and numerators for selected performance measure topics. The report displays both Active Clinical and GPRA User Population denominators, in addition to any other measure-specific denominators; for example, Active Adult Diabetic patients. For any selected topic, this report displays *all* numerators, including any breakdowns by gender and age where defined.

  The population for this report is *any* patient in the database, regardless of the community of residence. This report also provides an option for selecting different patient-type populations: AI/AN, non-AI/AN, or both.

5.11.2   Running the Reports with Patient Lists

To run the Selected Measures Reports with Patient Lists:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu, as in the following example:

```
             ******************************************************
             **                  IHS/RPMS CRS 2019              **
             **    Reports for Local Use: IHS Clinical Measures **
             ******************************************************
                            Version 19.1
```

```
                        DEMO INDIAN HOSPITAL

   COM     Selected Measures w/Community Specified
   PP      Selected Measures w/Patient Panel Population
   ALL     Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option:
```

Figure 5-62: **CRS Reports for Local Use: IHS Clinical Measures** menu options

The following reports are the CRS reports for local use:

- **COM**. Selected Measures w/Community Specified reports only on patients
  residing in a community of residence that is included in the selected Community
  Taxonomy.

- **PP**. Selected Measures w/Patient Panel Population reports only on patients
  included in a selected patient panel. See Appendix C for detailed instructions.

- **ALL**. Selected Measures w/All Communities reports on all patients in the site's
  RPMS database, regardless of community of residence.

> **Note:** To stop at any time during the report setup, type a caret (**^**)
> at any prompt until you return to your desired location.

5.11.2.1 Running the Selected Measures Community Specified Report

CI19 > RPT > LOC > **COM**

To run the Selected Measures Community Specified Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt,
   type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display
   the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the
   Reports for Local Use, IHS Clinical Measures menu, as in the following
   example:

```
          ******************************************************
          **                IHS/RPMS CRS 2019               **
          **   Reports for Local Use: IHS Clinical Measures  **
          ******************************************************
                          Version 19.1

                        DEMO INDIAN HOSPITAL

   COM     Selected Measures w/Community Specified
   PP      Selected Measures w/Patient Panel Population
   ALL     Selected Measures w/All Communities
```

```
Select Reports for Local Use: IHS Clinical Measures Option: COM <Enter>
Selected Measures with Community Specified
```

Figure 5-63: **CRS Reports for Local Use** menu – selecting the **Selected Measures with Community Specified** option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt, type **COM** and press Enter to display information about the report option and a list of the available report types.

```
     IHS 2019 CRS - Clinical Performance Measure Report (Selected Measures)

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period, 2) the baseline period to compare data to, and 3) the
Community taxonomy to determine which patients will be included.

   Select one of the following:

        DM         Diabetes-Related Measures
        CVD        Cardiovascular Disease Prevention for At-Risk Patients
        WH         Women's Health-Related Measures
        PQA        Pharmacy Quality Alliance Measures
        SEL        Selected Performance Measures (User Defined)

Which set of Performance measures should be included in this report: SEL
<Enter>
Selected Performance Measures (User Defined)
```

Figure 5-64: Selected Measures with Community Specified – information display

Select from five predefined reports that contain topics specific to diabetes (**DM**), cardiovascular disease (**CVD**), women's health (**WH**), or Pharmacy Quality Alliance (**PQA**) or you may choose your own topics (**SEL**) for the report.

5. At the "Which set of Performance measures should be included in this report" prompt, do one of the following:

-   To run one of the predefined reports, type **DM**, **CVD**, **WH, or PQA** and press Enter, then go to Step 8 for the taxonomy check.

-   To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The Performance Measure Selection screens are displayed, as in the following examples:

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 11:01:09       Page:   1 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected

 1)  Diabetes Prevalence
 2)  Diabetes Comprehensive Care
 3)  Diabetes: Glycemic Control
 4)  Diabetes: Blood Pressure Control
```

```
  5)   Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
  6)   Diabetes: Nephropathy Assessment
  7)   Diabetic Retinopathy
  8)   Diabetes: Access to Dental Services
  9)   Access to Dental Service
 10) Dental Sealants
 11) Topical Fluoride
 12) Influenza
 13) Adult Immunizations
 14) Childhood Immunizations
 15) Adolescent Immunizations
 16) Cancer Screening: Pap Smear Rates
+        Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-65: Performance Measure Selection screen, Page 1

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 11:03:23        Page:   2 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 17) Cancer Screening: Mammogram Rates
 18) Colorectal Cancer Screening
 19) Tobacco Use and Exposure Assessment
 20) Tobacco Cessation
 21) Alcohol Screening
 22) Screening, Brief Intervention, and Referral to Treatment (SBIRT)
 23) Substance Use Disorder (SUD) in Women of Childbearing Age
 24) Intimate Partner (Domestic) Violence Screening
 25) Depression Screening
 26) Suicide Risk Assessment
 27) Antidepressant Medication Management
 28) Obesity Assessment
 29) Childhood Weight Control
 30) Weight Assessment and Counseling for Nutrition and Physical Activity
 31) Nutrition and Exercise Education for At Risk Patients
 32) Physical Activity Assessment
+        Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-66: Performance Measure Selection screen, Page 2

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 11:04:32        Page:   3 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 33) Cardiovascular Disease and Blood Pressure Control
 34) Controlling High Blood Pressure - Million Hearts
 35) Statin Therapy for the Prevention and Treatment of Cardiovascular Disease
 36) Appropriate Medication Therapy after a Heart Attack
 37) Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atria
 38) Heart Failure and Evaluation of LVS Function
 39) HIV Screening
 40) HIV Quality of Care
 41) Hepatitis C Screening
 42) Chlamydia Testing
 43) Sexually Transmitted Infection (STI) Screening
 44) Asthma
```

```
 45) Asthma Assessments
 46) Medication Therapy for Persons with Asthma
 47) Proportion of Days Covered by Medication Therapy
 48) Primary Medication Non-adherence
+          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-67: Performance Measure Selection screen, Page 3

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 11:05:33      Page:   4 of    5
IHS Clinical Performance Measures
* indicates the performance measure has been selected
+
 49) Concurrent Use of Opioids and Benzodiazepines
 50) Medications Education
 51) Medication Therapy Management Services
 52) Public Health Nursing
 53) Breastfeeding Rates
 54) Use of High-Risk Medications in the Elderly
 55) Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly
 56) Functional Status Assessment in Elders
 57) Fall Risk Assessment in Elders
 58) Palliative Care
 59) Annual Wellness Visit
 60) Optometry
 61) Goal Setting
+          Enter ?? for more actions
S    Select Measure       D    De Select Measure    Q    Quit
Select Action:+//
```

Figure 5-68: Performance Measure Selection screen, Page 4

> 7. The action bar displays at the bottom of the screen. At the "Select Action" prompt, do one of the following:
>
>   a. To view multiple pages:
>
>   - Type a plus sign (+) and press Enter to view the next page.
>
>   - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
>
>   b. To select performance measure topics:
>
>   - Type **S** and press Enter.
>
>   - At the "Which item(s)" prompt, type the numbers preceding the measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).
>
>   After pressing Enter, each selected performance measure is marked with an asterisk (*) before its number (Figure 5-69).
>
>   c. To save your selected topics, type **Q** (Quit) and press Enter.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 11:08:01      Page:   1 of    4
```

```
IHS Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
*2)  Diabetes Comprehensive Care
3)  Diabetes: Glycemic Control
4)  Diabetes: Blood Pressure Control
5)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabt
*6)  Diabetes: Nephropathy Assessment
7)  Diabetic Retinopathy
8)  Diabetes: Access to Dental Services
9)  Access to Dental Service
10) Dental Sealants
11) Topical Fluoride
12) Influenza
13) Adult Immunizations
*14) Childhood Immunizations
15) Adolescent Immunizations
16) Cancer Screening: Pap Smear Rates
+         Enter ?? for more actions
S    Select Measure      D   De Select Measure   Q    Quit
Select Action:+//  Q <Enter> Quit
```

Figure 5-69: Selected Measures Reports – showing selected performance measure topics

8. The system checks the taxonomies required to run the report. At the prompt, press Enter to continue.

```
     Select one of the following:

         1          January 1 - December 31
         2          April 1 - March 31
         3          July 1 - June 30
         4          October 1 - September 30
         5          User-Defined Report Period

Enter the date range for your report: 4  Oct 1 - Sep 30

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2019
Enter Year: 2019 <Enter> 2019
```

Figure 5-70: Selected Measures Reports – selecting report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

    a. To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

        At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

    b. To define a custom report period, type **5** and press Enter.

        At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer (No).

- To change your report date range, type **Y** and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period are displayed, as in the following example,

```
The date ranges for this report are:
    Report Period:        Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:  Oct 01, 2017 to Sep 30, 2018
    Baseline Period:       Oct 01, 2009 to Sep 30, 2010
```

Figure 5-71: Selected Measure Reports – display of selected report date ranges

11. At the "Run Report for One Community?" prompt, do one of the following:

- To run the report using a community taxonomy, press Enter to accept the default answer (No) and go to Step 12.

- To run the report for only one community, type **Y** and press Enter. Type the name of a community and press Enter. Skip to Step 13.

12. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies, or type two question marks (**??**) to view the entire list. Type the number of the taxonomy you want to include and press Enter.

13. Your HOME location (as defined in Section 4.2) displays.

14. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

> **Note:** You must have security access to run any patient list. This prompt will not display if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed (Figure 5-72).

  Continue with Step 14 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No." Go to Step 16 to select the beneficiary (patient) population for the report.

```
Do you want patient lists for any the measures? N// Y <Enter>  Yes

MEASURE LIST SELECTION          Oct 08, 2019 12:16:49         Page:   1 of 1
IHS 2019 Clinical Performance Measure Lists of Patients
* indicates the list has been selected

1)  DM Comprehensive Care: List of diabetic pts w/documented tests, if any
2)  DM Nephropathy: List of diabetic patients w/nephropathy assessment, if
any
3)  Childhood Imm: List of Pts 19-35 months with IZ, if any


          Enter ?? for more actions
S    Select List                          D    De Select List
A    All Lists                            Q    Quit
Select Action:+// Q <Enter> Quit
```

Figure 5-72: Selected Measures Report – choosing patient lists

15. To select patient lists:

   a. At the "Select Action" prompt, type **S** and press Enter.

   b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

      After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

   c. To save your selected lists, type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

         R          Random Patient List
         P          Patient List by Provider
         A          All Patients

Choose report type for the Lists: R// A <Enter>  All Patients
```

Figure 5-73: Selected Measures Report – patient list type

16. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider name" prompt and press Enter.

```
     Select one of the following:

          1           Indian/Alaskan Native (Classification 01)
          2           Not Indian Alaskan/Native (Not Classification 01)
          3           All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-74: Selected Measures Report – selecting beneficiary population

17. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

A summary of the Selected Measures report displays, as in the following example:

```
     SUMMARY OF 2019 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
    Report Period:         Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:  Oct 01, 2017 to Sep 30, 2018
    Baseline Period:       Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The HOME location is: HOME 505989

These performance measures will be calculated: Diabetes Comprehensive Care
;       Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Lists will be produced for these measures: Diabetes Comprehensive Care ;
Diabetes: Nephropathy Assessment ; Childhood Immunizations ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-75: Summary Screen for Selected Measures Report

18. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a Printed Report and Delimited File

Select an Output Option: P// B <Enter> Both a Printed Report and Delimited
File

You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:

      S          SCREEN - delimited output will display on screen for
capture
      F          FILE - delimited output will be written to a file in pub

Select output type: S// F <Enter> FILE - delimited output will be written
to a file in pub
Enter a filename for the delimited output (no more than 40 characters):
STST3-6 <Enter>

When the report is finished your delimited output will be found in the
Q:\ directory. The filename will be STST3-6.txt

DEVICE: HOME//
```

Figure 5-76: Running the Selected Measures Report – output options

19. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note:** This is the last point at which you can exit before starting
> the report process. *If you have included patient lists, the
> report may take 6–10 hours to run.* Always test your first
> report at night or on the weekend.
> To exit, type a caret (**^**) at the "Device" prompt.

5.11.2.2 Running the Selected Measures with Patient Panel Report

CI19 > RPT > LOC > **PP**

To run the Selected Measures with Patient Panel Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt,
   type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display
   the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the
   Reports for Local Use, IHS Clinical Measures menu, as in the following
   example:

```
              ******************************************************
              **                 IHS/RPMS CRS 2019              **
              **    Reports for Local Use: IHS Clinical Measures   **
              ******************************************************
                               Version 19.1

                            DEMO INDIAN HOSPITAL

    COM     Selected Measures w/Community Specified
    PP      Selected Measures w/Patient Panel Population
    ALL     Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: PP  <Enter>
Selected Measures w/ Patient Panel Population
```

Figure 5-77: **CRS Reports for Local Use** menu – Selected Measures with Patient Panel
Population option

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt,
   type **PP** and press Enter to display information about the Selected Measures
   report (Figure 5-78). Press Enter to continue.

   The system checks the taxonomies required for this report, as in the following
   example:

```
         2019 Clinical Performance Measure Report (Selected Measures)
           Report on all Patients in a User Defined Search Template

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and 2) the baseline period to compare data.
```

```
NOTE: With this option all patients in a user defined search template
will be included in the report. The user population and Active Clinical
user logic will NOT be applied.
You can create a search template using Q-MAN, PGEN, VGEN or other
RPMS options.

Checking for Taxonomies to support the Selected Measures Report

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-78: Running the Selected Measures Patient Panel Report – display of report
information and taxonomy check

5. At the "End of taxonomy check" prompt, press Enter.

6. At the "Enter Search Template name" prompt, do one of the following:

   - Type the name of the search template (i.e., the patient panel) you want to use
     and press Enter

     For instructions on creating search templates, see Appendix C.

   - Type the first few letters of the search template name and press Enter to view
     a selection of search templates beginning with those letters, or type two
     question marks (**??**) to view the entire list. Then type the number of a search
     template and press Enter.

Note:	This field is *case-sensitive*. Therefore, if the Caps Lock key is on and you enter the first few letters of the search template name, you will only see a list of search templates that are named in all capital letters; search templates with names in lower case letters will not display.

7. At the "Which set of Measures should be included in this report" prompt, do one
   of the following:

   - To run a one of the predefined reports, type **DM**, **CVD**, **WH, or PQA** and
     press Enter, then follow these steps:

   a. Select a date range and baseline year (see Steps 12 and 13 in this section).

   b. Select patient lists to include if desired (see Step 9 in this section), and a
      report type for the lists (see Step 11 in this section).

   c. Select an output type (see Step 15 in this section).

      For a list of the topics contained in the predefined topic reports, see
      Section 5.11.3.

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 8.

8. The Performance Measure Selection screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:

    - To view multiple pages of available topics:

        – Type a plus sign (+) and press Enter to view the next page.
        – Type a minus sign/hyphen (**-**) and press Enter to return to the previous page.

    - To select performance measure topics:

        – Type **S** and press Enter.
        – At the "Which item(s)" prompt, type the numbers preceding the performance measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).
        – After pressing Enter, each selected performance measure is marked with an asterisk (*) before its corresponding number.

    - To save your selected measures, type **Q** (Quit) and press Enter.

9. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

    > **Note:** You must have security access to run any patient list. This prompt will display if you do not have security access.

    - To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are displayed.

        Continue with Step 10 to select the lists.

    - To run the report without including patient lists, press Enter to accept the default (No). Go to Step 12 to select the date range for the report.

10. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

        After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

11. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

12. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer, "No."

- To change your report date range, type **Y** and press Enter.

13. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

A summary of the Selected Measures report displays, as in the following example:

```
      SUMMARY OF 2019 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
    Report Period:          Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
    Baseline Period:        Jan 01, 2010 to Dec 31, 2010

The following search template of patients will be included in
this report: DEMO_MALE_VISITS_21-55
The HOME location is: HOME 505989
```

```
These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ;

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-79: Selected Measures Patient Panel Report – summary of report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.

   - **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

   > **Notes:** This is the last point from which you can exit before starting the report process. *The report may take 6–10 hours to run*. Always test your first report at night or on the weekend.
   > To exit, type a caret (**^**) at the "Device" prompt.

5.11.2.3 Running the Selected Measures with All Communities Report

CI19 > RPT > LOC > **ALL**

To run the Selected Measures with All Communities Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **LOC** and press Enter to display the **Reports for Local Use, IHS Clinical Measures** menu.

```
          ****************************************************
          **                IHS/RPMS CRS 2019              **
          **    Reports for Local Use: IHS Clinical Measures   **
```

```
          ****************************************************
                            Version 19.1

                          DEMO INDIAN HOSPITAL

   COM     Selected Measures w/Community Specified
   PP      Selected Measures w/Patient Panel Population
   ALL     Selected Measures w/All Communities

Select Reports for Local Use: IHS Clinical Measures Option: ALL <Enter>
Selected Measures w/All Communities
```

Figure 5-80: **CRS Reports for Local Use** menu – Selected Measures w/All Communities

4. At the "Select Reports for Local Use: IHS Clinical Measures Option" prompt,
   type **ALL** and press Enter to display information about the Selected Measures
   report, followed by the prompt to select a set of measures to include in the report,
   as shown in Figure 5-81.

```
        IHS 2019 Clinical Performance Measure Report (Selected Measures)
          Report on all Patients regardless of Community of Residence

This will produce a Performance Measure Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the
reporting period and, 2) the baseline period to compare data to.

NOTE: With this option all patients in your database will be reviewed
regardless of what community they live in. You will NOT be asked to enter
a community taxonomy name.

     Select one of the following:

          DM           Diabetes-Related Measures
          CVD          Cardiovascular Disease Prevention for At-Risk Patients
          WH           Women's Health-Related Measures
          PQA          Pharmacy Quality Alliance Measures
          SEL          Selected Measures (User Defined)

Which set of Measures should be included in this report:
```

Figure 5-81: Selected Measures All Communities Report – display of report information and
             prompt to select measures

5. At the "Which set of measures should be included in this report" prompt, do one
   of the following:

   • To run one of the predefined reports, type **DM**, **CVD**, **WH**, or **PQA** and press
     Enter. Press Enter after the taxonomy check then follow these steps:

     – Select a date range and baseline year (see Steps 11 and 12 in this section).
     – Select patient lists to include, if desired, and select a report type for the
       lists (see Steps 7, 8, and 9 in this section).
     – Select a beneficiary population (see Step 13 in this section).
     – Select an output type (see Step 16 in this section).

For a list of the topics contained in the predefined topic reports, see Section 5.11.3.

- To include user-defined performance measures in this report, type **SEL** and press Enter, then continue with Step 6.

6. The Performance Measure Selection screen displays with the action bar at the bottom of the screen. At the "Select Action" prompt, do one of the following:

- To view multiple pages of available topics:
  - Type a plus sign (+) to view the next page.
  - Type a minus sign/hyphen (**-**) to return to the previous page.
- To select performance measure topics:
  - Type **S** and press Enter.
  - At the "Which item(s)" prompt, type the numbers preceding the performance measures you want. To select multiple measures, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 8, 12).

    After pressing Enter, each selected performance measure you selected is marked with an asterisk (*) before its number.

  - To save your selected performance measures, type **Q** (Quit) and press Enter.

7. At the "Do you want patient lists for any of the measures?" prompt, type **Y** or **N** and press Enter.

> **Note:** You must have security access to run any patient list. This prompt will not be displayed if you do not have security access.

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Measure List Selection screen. Only patient lists for the topics you have selected for your report are listed.

  Continue with Step 8 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No). Go to Step 10 to continue the report selection process.

8. To select patient lists:

a. At the "Select Action" prompt, type **S** and press Enter.

b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include.

After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

    c. To save your selected lists, type **Q** (Quit) and press Enter.

9. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

10. The taxonomies required to run the report are checked. Press Enter to continue.

11. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

All reports review and calculate data for at least a one-year time period by searching patient records for data matching the numerator criteria for the entire current report period selected.

If you pick a report period end date that is later than the date you are running the report, a warning message displays. At the "Do you want to change your Current Report Dates?" prompt, do one of the following:

- To continue with the report, press Enter to accept the default answer (No).

- To change your report date range, type **Y** and press Enter.

12. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

The date ranges you selected for the report, including Report Period, Previous Year Period, and Baseline Period, as well as your HOME location (as defined in Section 4.2) display.

13. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

14. A summary of the Selected Measures report displays, as in the following example:

```
     SUMMARY OF 2019 CLINICAL MEASURE PERFORMANCE REPORT TO BE GENERATED

The date ranges for this report are:
    Report Period:          Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
    Baseline Period:        Jan 01, 2010 to Dec 31, 2010

ALL Communities included.
The HOME location is: HOME 505989

These measures will be calculated: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Statin Therapy to Reduce Cardiovascular Disease Risk in Patients
with Diabetes ;

Lists will be produced for these measures: Diabetes Prevalence ; Diabetes
Comprehensive Care ; Diabetes: Glycemic Control ; Diabetes: Blood Pressure
Control ; Statin Therapy to Reduce Cardiovascular Disease Risk in Patients
with Diabetes ;

Please choose an output type. For an explanation of the delimited
file please see the user manual.

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-82: Selected Measures All Communities Report – output report summary

15. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

16. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

> **Note:** This is the last point from which you can exit before
> starting the report process. *The report may take up to 24*
> *hours or longer to run if you have included patient lists.*
> Always test your first report at night or on the weekend.
> To exit, type a caret (**^**) at the "Device" prompt.

5.11.3   Reports Content

Table 5-7: Selected Measures Report: Diabetes-Related

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Diabetes Prevalence	All denominators	All numerators
Diabetes Comprehensive Care	Active Diabetic Patients	1) Patients with A1c, regardless of result 2) Patients with BP documented in past 2 years 3) Patients with controlled BP 4) Patients with nephropathy assessment, defined as an estimated GFR and a urine albumin-to-creatinine ratio, or with ESRD Dx. 5) Patients receiving any retinal screening (no refusals) 6) Patients with diabetic foot exam 7) Patients with A1c and Blood Pressure and Nephropathy Assessment and Retinal exam and Diabetic Foot Exam
Diabetes (DM): Glycemic Control	All denominators	All numerators
DM: Blood Pressure Control	All denominators	All numerators
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	All denominators	All numerators
DM: Nephropathy Assessment	All denominators	Patients with nephropathy assessment, defined as an estimated GFR *and* a urine albumin-to-creatinine ratio, or with ESRD Dx
DM: Retinopathy	All denominators	All numerators
Diabetic Access to Dental Services	Active Diabetic patients	All numerators
Influenza	Active Diabetic patients	All numerators
Adult Immunizations	Active Diabetic patients	All numerators

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Depression Screening	Active Diabetic patients, broken down by gender	All numerators
Nutrition and Exercise Education for At Risk Patients	Active Diabetic patients, broken down by gender	All numerators

Table 5-8: Selected Measures Report: CVD Prevention for At-Risk Patients

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	All denominators	All numerators
Tobacco Use and Exposure Assessment	Active Clinical patients ages 45 years and older, by gender	1) Patients who have been screened for tobacco use 2) Patients identified as current tobacco users A) Patients identified as current smokers
Depression Screening	Active IHD patients, broken down by gender	All numerators
Obesity Assessment	Active Clinical patients ages 20–74, by gender	For those with a BMI calculated, patients considered obese using BMI and standard tables
Cardiovascular Disease and Blood Pressure Control	All denominators	All numerators
Controlling High Blood Pressure – Million Hearts	All denominators	All numerators
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	All denominators	All numerators
Appropriate Medication Therapy after a Heart Attack	All denominators	All numerators
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation at Discharge	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (Documented in Past Year, unless Defined Otherwise)
Heart Failure and Evaluation of LVS Function	All denominators	All numerators

Table 5-9: Selected Measures Report: Women's Health Related

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Cancer Screening: Pap Smear Rates	All denominators	All numerators
Cancer Screening: Mammogram Rates	All denominators	All numerators
Colorectal Cancer Screening	Female Active Clinical patients ages 51–80 years without a documented history of colorectal cancer	All numerators
Tobacco Use and Exposure Assessment	1) Female Active Clinical patients ages 5 years and older, broken down by age 2) Pregnant female User Population patients 3) Female User Population patients ages 5 years and older	All numerators
Alcohol Screening	1) Female Active Clinical patients ages 14–46 years 2) Female Active Clinical patients ages 14–46 years screened for alcohol use during the Report Period	All numerators
Substance Use Disorder (SUD) in Women of Childbearing Age	All denominators	All numerators
Intimate Partner/Domestic Violence Screening	All denominators	All numerators

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Depression Screening	1) Female Active Clinical patients ages 12–17 years 2) Female Active Clinical ages 18 years and older 3) Female Active Clinical ages 65 years and older 4) Female User Population patients ages 12–17 years 5) Female User Population ages 18 years and older 6) Female User Population ages 65 years and older 7) Female Active Diabetic 8) Female Active IHD	All numerators
Obesity Assessment	1) Female Active Clinical patients ages 2–74 years, by age groups 2) Female User Population patients ages 2–74 years, by age groups	All numerators
Weight Assessment and Counseling for Nutrition and Physical Activity	Female Active Clinical patients ages 3 years and older, broken down by age groups	All numerators
Physical Activity Assessment	1) Female Active Clinical patients ages 5 years and older, by age groups 2) Numerator 1, Female Active Clinical patients ages 5 and older, by age groups.	All numerators
Prenatal HIV Testing	All denominators	All numerators
Chlamydia Testing	All denominators, by age groups.	All numerators
Sexually Transmitted Infection (STI) Screening	HIV/AIDS screenings needed for key STI incidents for female Active Clinical patients that occurred during the defined period (For numerators 2 and 3 only)	1) Count: Number of Female Active Clinical patients diagnosed with 1 or more key STIs during the defined period 2) Number of needed HIV/AIDS screenings performed from 1 month prior to the date of first STI diagnosis of each incident through 2 months after 3) Patients with documented HIV screening refusal during the Report Period

Table 5-10: Selected Measures Report: Pharmacy Quality Alliance

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Medication Therapy for Persons with Asthma	Active Clinical patients ages 5–50 years with persistent asthma without a documented history of emphysema or chronic obstructive pulmonary disease (COPD)	1) Patients with Suboptimal Control 2) Patients with Absence of Controller Therapy
Proportion of Days Covered by Medication Therapy	All denominators	All numerators
Primary Medication Non-adherence	All denominators	All numerators
Concurrent Use of Opioids and Benzodiazepines	All denominators	All numerators
Medication Therapy Management Services	All denominators	All numerators
Use of High-Risk Medications in the Elderly	Active Clinical patients ages 65 years and older, broken down by age	All numerators
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	All denominators	All numerators

5.11.4   Selected Measures Reports Patients Lists

Patient lists for individual performance measures are available with any Selected Measures report (**COM**, **PP**, or **ALL** menu options) and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)
- A list by designated primary care provider
- The entire list of patients

After selecting the measures to report, users select those measures for which they want to run patient lists.

5.11.5   Patient Lists Content

Table 5-11: Content of the Selected Measures Patient List Report by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	List of diabetic patients with most recent diagnosis
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any
Diabetes: Glycemic Control	List of diabetic patients with most recent A1c value, if any
Diabetes: Blood Pressure Control	List of diabetic patients with blood pressure value, if any
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	List of diabetic patients with statin therapy or exclusion, if any
Diabetes: Nephropathy Assessment	List of diabetic patients with nephropathy assessment, if any
Diabetic Retinopathy	List of diabetic patients with qualified retinal evaluation, if any
Diabetes: Access to Dental Services	List of diabetic patients and documented dental visit, if any
Access to Dental Services	List of patients with documented dental visit and date
Dental Sealants	List of patients with intact dental sealants
Topical Fluoride	List of patients who received at least one topical fluoride application during Report Period
Influenza	List of patients with Influenza code, if any
Adult Immunizations	List of patients age 18 years and older or DM Dx with IZ or contraindication, if any
Childhood Immunizations	List of patients 19–35 months with IZ, if any. 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. **Note:** Because age is calculated at the beginning of the Report Period, the patient's age on the list will be 7–23 months.
Adolescent Immunizations	List of patients ages 13–17 years with IZ, if any. 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 one HPV, no IZ will be listed for HPV.
Cancer Screening: Pap Smear Rates	List of women ages 24–64 years with documented Pap smear and HPV, if any
Cancer Screening: Mammogram Rates	List of women ages 52–74 years with mammogram/refusal, if any
Colorectal Cancer Screening	List of patients ages 50–75 years with CRC screening or refusal, if any
Tobacco Use and Exposure Assessment	List of patients 5 years and older with documented tobacco screening, if any

Performance Measure Topic	Patient List
Tobacco Cessation	List of tobacco users with tobacco cessation intervention, if any, or who have quit tobacco use
Alcohol Screening	List of patients with documented alcohol screening and result, if any
Screening, Brief Intervention, and Referral to Treatment	List of patients with screening for risky or harmful alcohol use, results of screen, BNI/BI, and referral, if any
Substance Use Disorder (SUD) in Women of Childbearing Age	List of female patients age 14–46 or pregnant with documented SUD screening, pregnancy intention, BNI/BI, and referral, if any.
IPV/DV Screening	List of female patients ages 13 years and older with documented IPV/DV screening, if any
Depression Screening	List of patients with documented depression screening/diagnosed with mood disorder, if any
Suicide Risk Assessment	List of patients seen in the ER with suicide ideation who have a documented suicide risk assessment.
Antidepressant Medication Management	List of patients with new depression Dx and acute phase treatment (APT) and continuation phase treatment (CONPT), if any
Obesity Assessment	List of patients with current BMI, if any
Childhood Weight Control	List of patients ages 2–5 years, with current BMI
Weight Assessment and Counseling for Nutrition and Physical Activity	List of patients ages 3 years and older with assessments, if any
Nutrition and Exercise Education for at Risk Patients	List of at risk patients, with education if any
Physical Activity Assessment	List of patients with physical activity assessment and any exercise education or goals
Cardiovascular Disease Prevention: Blood Pressure Control	List of Patients ages 18 years and older or with CHD with blood pressure value, if any
Controlling High Blood Pressure – Million Hearts	List of patients with hypertension and BP value, if any
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	List of patients ages 40–75 years with diabetes or 21 years and older with CVD or LDL greater than or equal to (≥) 190 or hypercholesterolemia with statin therapy or exclusion, if any
Appropriate Medication Therapy after a Heart Attack	List of patients with AMI, with appropriate medication therapy, if any
Stroke and Stroke Rehabilitation: Anticoagulant Therapy Prescribed for Atrial Fibrillation	List of patients with stroke/transient ischemic attack (TIA) and atrial fibrillation with anticoagulant therapy, if any
Heart Failure and Evaluation of LVS Function	List of Active Clinical heart failure patients 18 and older who received evaluation of LVS function, if any
HIV Screening	List of pregnant patients or User Population patients with documented HIV test, if any

Performance Measure Topic	Patient List
HIV Quality of Care	List of patients ages 13 years and older diagnosed with HIV, with CD4 test, viral load or antiretroviral Rx, if any
Hepatitis C Screening	List of patients with documented Hepatitis C screening or confirmatory test ever, if any
Chlamydia Testing	List of patients with documented chlamydia screening or refusal, if any
STI Screening	List of patients diagnosed with one or more STIs during the defined time period with related screenings or refusal
Asthma	List of patients diagnosed with asthma and any asthma-related hospitalizations/ER/Urgent Care visits
Asthma Assessments	List of asthmatic patients with assessments, if any
Medication Therapy for Persons with Asthma	List of patients with asthma with asthma medications, if any
Proportion of Days Covered by Medication Therapy	List of patients ages 18 years and older prescribed medication therapy medication with proportion of days covered and gap days
Primary Medication Non-adherence	List of patients ages 18 years and older with an e-prescription for chronic medications, with returned to stock, if any
Concurrent Use of Opioids and Benzodiazepines	List of patients ages 18 years and older with concurrent use of opioids and benzodiazepines, if any
Medications Education	List of patients receiving medications with medication education, if any
Medication Therapy Management Services	List of patients ages 18 years and older receiving medications with medication therapy management, if any
Public Health Nursing	List of patients 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.
Breastfeeding Rates	List of patients 30–394 days old, with IFC value, if any
Use of High-Risk Medications in the Elderly	List of patients age 65 years and older with at least one prescription for a high-risk medication
Use of Benzodiazepine Sedative Hypnotic Medications in the Elderly	List of patients age 65 years and older with two or more prescriptions for benzodiazepine sedative hypnotic medications

Performance Measure Topic	Patient List
Functional Status Assessment in Elders	List of patients age 55 years and older with functional status codes, if any. The following are the abbreviations 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
Fall Risk Assessment in Elders	List of patients age 65 years and older with fall risk assessment, if any
Palliative Care	List of patients with a palliative care visit
Annual Wellness Visit	List of patients with an annual wellness visit in the past 15 months
Optometry	List of patients age 18 years and older with primary open-angle glaucoma and optic nerve head evaluation, if any
Goal Setting	List of User Population patients with goal setting information during the Report Period

5.12   GPRA/GPRAMA Performance Report

CI19 > RPT > OTH > **GPU**

5.12.1 Overview

The GPRA/GPRAMA Performance Report (**GPU**) includes the same performance measures included in the National GPRA/GPRAMA Report (see Section 5.2.3). However, unlike the National GPRA/GPRAMA Report, users select *all* report parameters (i.e., report end date, report year, baseline year, patient population, and community taxonomy) for this report. For the report end date, users may select from predefined quarters, such as September 30 or December 31, or users may enter any end date, such as November 14.

The GPRA/GPRAMA Performance Report can be exported to the Area Office by the site for aggregation into an area-wide report.

Patient lists for this report are run in the same way as the National GPRA/GPRAMA Report, as described in Section 5.3.2.

5.12.2   Running the Report

To run the GPRA/GPRAMA Performance Report:

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                     ********************************
                     **       IHS/RPMS CRS 2019      **
                     **    Other National Reports   **
                     ********************************
                              Version 19.1

                          DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   PED    Patient Education Reports ...
   IPC    IPC Measures Report

Select Other National Reports Option: GPU <Enter> GPRA/GPRAMA Performance
Report
```

Figure 5-83: Other National Reports Menu – selecting GPRA/GPRAMA Performance report

4. At the "Select Other National Reports Option" prompt, type **GPU** and press Enter to display information about the GPRA/GPRAMA Performance Report, as shown below. Press Enter to continue.

```
      IHS GPRA/GPRAMA Performance Report for a User Selected Date Range

This will produce a National GPRA/GPRAMA report for a year period you
specify.

You will be asked to provide: 1) the reporting period, 2) the baseline
period to compare data to, 3) the Community taxonomy and 4) the patient
population (i.e. AI/AN only, non AI/AN, or both) to determine which
patients will be included.

You can choose to export this data to the Area office. If you
answer yes at the export prompt, a report will be produced in export format
for the Area Office to use in Area aggregated data. Depending on site
specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.

Press enter to continue: <Enter>
```

```
Checking for Taxonomies to support the GPRA Performance Report...

All taxonomies are present.

End of taxonomy check. PRESS ENTER: <Enter>
```

Figure 5-84: Running the GPRA/GPRAMA Performance Report – report description display
            and taxonomy check

5. The site-populated taxonomies needed to run the report are checked. Press Enter
    to continue.

```
Do you want to run the report on a Patient Panel? N// YES

Please enter the search template name.  The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO PANEL
                        (Jun 19, 2019)        User #5785 File #9000001   INQ
```

Figure 5-85: Running the GPRA/GPRAMA Performance Report – selecting report date range

6. At the "Do you want to run the report on a Patient Panel?" prompt, do one of the
    following:

    - To run the report using a patient panel, type **Y** and press Enter, and then
      follow this step:

      – At the "Enter SEARCH TEMPLATE name" prompt, enter the name of the
        patient panel and press Enter.

    - To run the report on all applicable patients, type **N** and press Enter.

```
    Select one of the following:

        F          Entire Facility
        P          One Designated Provider

Run report for: F//
```

Figure 5-86: Running the GPRA/GPRAMA Performance Report – selecting entire facility or
            one provider

7. At the prompt, do one of the following:

    - To run the report for the entire facility, press Enter.

    - To run the report for one designated provider, type **P** and press Enter, and then
      follow this step:

      – At the "Which Designated Provider" prompt, enter the name of the
        provider and press Enter.

```
    Select one of the following:

        1          January 1 – December 31
```

```
          2              April 1 - March 31
          3              July 1 - June 30
          4              October 1 - September 30
          5              User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5-87: Running the GPRA/GPRAMA Performance Report – selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

   • To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

   • To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges you have selected for the report, including the Report Period, the Previous Year Period, and the Baseline Period are displayed, as in the following example:

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2019
Enter Year: 2019  (2019)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010  (2010)

The date ranges for this report are:
    Report Period:          Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
    Baseline Period:        Jan 01, 2010 to Dec 31, 2010

Run Report for One Community? N// O
Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-88: Running the GPRA/GPRAMA Performance Report – selecting dates and community taxonomy

10. At the "Run Report for One Community?" prompt, do one of the following:

   • To run the report using a community taxonomy, press Enter to accept the default answer "No" and go to Step 11.

   • To run the report for only one community, type **Y** and press Enter. Type the name of a community and press Enter. Skip to Step 12.

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to accept the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies, or type two question marks (**??**) to view the entire list. Type the number of the taxonomy you want to include and press Enter.

```
Select one of the following:

         1           Indian/Alaskan Native (Classification 01)
         2           Not Indian Alaskan/Native (Not Classification 01)
         3           All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1  <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-89: Running the GPRA/GPRAMA Performance Report – selecting beneficiary population

12. Your HOME location, as defined in the Site Parameters (Section 4.1), displays.

13. At the "Do you wish to export this data to Area?" prompt, type **Y** or **N**. You should only choose this option when you are ready to send final data to your Area Office.

A summary of the GPRA/GPRAMA Performance Report displays, as in the following example:

```
         SUMMARY OF IHS GPRA/GPRAMA PERFORMANCE REPORT TO BE GENERATED
                      CRS 2019, Version 19.1

The date ranges for this report are:
     Report Period:         Jan 01, 2019 to Dec 31, 2019
     Previous Year Period:  Jan 01, 2018 to Dec 31, 2018
     Baseline Period:       Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES
The Beneficiary Population is: Indian/Alaskan Native (Classification 01)
The HOME location is: HOME 505989

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

         P           Print Report on Printer or Screen
         D           Create Delimited output file (for use in Excel)
```

```
            B           Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-90: Summary Screen for GPRA/GPRAMA Performance Report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

5.12.3   Report Content

The topics included in the GPRA/GPRAMA Performance Report are the same as those included on the National GPRA/GPRAMA Report (for details, see Section 5.2.3). The GPRA/GPRAMA Performance Report Patient List contains the same content as the National GPRA/GPRAMA Patient List (for details, see Section 5.2.3).

5.13   Elder Care Report

CI19 > RPT > OTH > **ELD**

5.13.1   Overview

The Elder Care Report contains quality of care measures for patients age 55 years and older, including those related to diabetes prevalence and management, dental access, cancer screening, tobacco use, immunizations, cardiovascular disease, intimate partner violence, depression, and osteoporosis. The measure "rate of functional status assessment" is unique to this report. Performance measures are also reported by age ranges 55–64, 65–74, 75–84, and 85 and older to facilitate detailed analysis and comparisons. The intent of this report is to provide a tool with which to focus on the quality of care provided to older patients.

The Elder Care Report provides an option for selecting different patient-type populations: (AI/AN, non-AI/AN, or both); and the report can be exported to the Area Office by the site for aggregation into an Area-Office-wide Elder Care Report.

Patient Lists may be run for this report.

5.13.2   Running the Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                    ********************************
                    **      IHS/RPMS CRS 2019      **
                    **    Other National Reports   **
                    ********************************
                              Version 19.1

                          DEMO INDIAN HOSPITAL

     GPU     GPRA/GPRAMA Performance Report
     ELD     Elder Care Report
     PED     Patient Education Reports ...
     IPC     IPC Measures Report

 Select Other National Reports Option:
```

Figure 5-91: **Other National Reports** menu

4. At the "Select Other National Reports Option" prompt, type **ELD** and press Enter to display information about the Elder Care report, as in the following example:

```
             2019 Elder Care Clinical Performance Measure Report

 This will produce an Elder Care Performance Measure Report for all
 ELDER performance measures for a year period you specify. You will
 be asked to provide: 1) the reporting period, 2) the baseline period
 to compare data to, 3) the community taxonomy to determine which
 patients will be included, and 4) the patient population (i.e. AI/AN only,
 non AI/AN, or both) to determine which patients will be included.

 If you choose to run the report for all Elder Care measures, you
 will be given the opportunity to export this data to the Area office.
 If you answer yes, this option will produce a report in export format for
 the Area Office to use in Area aggregated data. Depending on site specific
 configuration, the export file will either be automatically transmitted
 directly to the Area or the site will have to send the file manually.

 There are 28 measures in the Elder Care Performance Measure Report.
 Press enter to continue:

     Select one of the following:

         S          Selected set of Measures
         A          All Measures
```

```
Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5-92: Report description display and measure selection

5. Press Enter to continue.

6. At the "Run the report on" prompt, do one of the following:

    • To include only *selected measures* in the Elder Care report, type **S** and press
       Enter to display the **Performance Measure Selection** screen. Continue with
       Step 7 to select performance measures.

    • To include *all measures* in the Elder Care report, type **A** (All Measures) and
       press Enter. Go to Step 8 to continue selecting report options.

```
PERFORMANCE MEASURE SELECTION Oct 08, 2019 07:29:52        Page:  1 of   2
IHS Elder Clinical Performance Measures
* indicates the performance measure has been selected

1)  Diabetes Prevalence
2)  Diabetes:  Glycemic Control
3)  Diabetes:  Blood Pressure Control
4)  Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabet
5)  Diabetes: Nephropathy Assessment
6)  Diabetic Retinopathy
7)  Diabetes: Access to Dental Services
8)  Access to Dental Service
9)  Adult Immunizations: Influenza
10) Adult Immunizations: Pneumococcal
11) Cancer Screening: Mammogram Rates
12) Colorectal Cancer Screening
13) Tobacco Use and Exposure Assessment
14) Intimate Partner (Domestic) Violence Screening
15) Depression Screening
16) Obesity Assessment

+        Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//    S <Enter>  Select Measure
```

Figure 5-93: Selecting performance measure topics (Step 7)

7. The action bar displays at the bottom of the screen. At the "Select Action"
    prompt, do one of the following:

    • To view multiple pages,

       – Type a plus sign (+) and press Enter to view the next page.
       – Type a hyphen (-) and press Enter to return to the previous page.

    • To select specific measure topics:

       – Type **S** and press Enter.

– At the "Which item(s)" prompt, type the numbers preceding the measure topics you want. To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

– To save your selected topics, type **Q** (Quit) and press Enter.

For a list of the available performance measure topics, see the first table column in Section 5.13.4.

8. The system checks to see if all taxonomies required for the Elder Care report are present. At the prompt, press Enter to continue.

```
     Select one of the following:

          1          January 1 - December 31
          2          April 1 - March 31
          3          July 1 - June 30
          4          October 1 - September 30
          5          User-Defined Report Period

Enter the date range for your report:
```

Figure 5-94: Select the report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

   At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

   At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

11. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

- Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

- Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) to view the entire list. Then type the number of the taxonomy you want to include and press Enter.

The screen displays your Home location, as defined in the Site Parameters.

12. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **Elder Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

  Continue with Step 13 to select the lists.

- To run the report without including patient lists, press Enter to accept the default, "No."

  Go to Step 15 to continue the report selection process.

> **Note:** You must have security access to run any Patient List. This prompt will not display if you do not have security access.

```
ELDER MEASURE LIST SELECTION  Oct 08, 2019 10:53:52       Page:   1 of    1
IHS FY 18 ELDER Performance Measure Lists of Patients
* indicates the list has been selected
*1)  Mammogram: List of female patients 55+ with mammogram/refusal, if any.
2)  Colorectal Cancer: List of pts 55+ w/CRC screening,refusal&date, if any

          Enter ?? for more actions
S    Select List                         D    De Select List
A    All Lists                           Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 5-95: Choosing patient lists

13. To select patient lists:

a. At the "Select Action" prompt, type **S** and press Enter.

b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include and press Enter. To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

   After pressing Enter, each selected measure is marked with an asterisk (*) before its number.

c. To save your selected lists, Type **Q** (Quit) and press Enter.

```
Select List Type.
```

```
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R          Random Patient List
          P          Patient List by Provider
          A          All Patients

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: Provider,Demo1 <Enter>          DP
```

Figure 5-96: Selecting patient list type

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to
the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient
list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified
designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a Designated Provider
at the "Enter Designated Provider Name" prompt and press Enter.

```
Select one of the following:

          1          Indian/Alaskan Native (Classification 01)
          2          Not Indian Alaskan/Native (Not Classification 01)
          3          All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1
Indian/Alaskan Native (Classification 01)
```

Figure 5-97: Select the beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the
number corresponding to the beneficiary (patient) population you want to include
in the report and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

16. If you are running the Elder Care report for *all* measures, you can choose whether
to send this data to your Area Office.

- If you are ready to send the final data to your Area Office, type **Y** and press
Enter at the "Do you wish to export this data to Area" prompt.

- If you are not ready to send final data to your Area Office, type **N** and press Enter.

> **Note:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Elder Care Report displays, as in the following example:

```
                  SUMMARY OF FY 19 ELDER REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:          Jan 01, 2019 to Dec 31, 2019
     Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
     Baseline Period:        Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-98: Summary for Elder Care Report

17. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

18. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11, Section 5.2.2.

5.13.3   Report Content

Table 5-12: Content of the Elder Care Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Prevalence	User population 55 and older, broken down by gender and age groups	1) Diabetes diagnosis ever 2) Diabetes diagnosis during prior year
Diabetes (DM): Glycemic Control	Active Diabetic patients 55 and older, broken down by age groups	1) With Hemoglobin A1c, any value 2) With GPRA-defined Poor control (greater than [>] 9) 3) With Very Poor control (greater than or equal to [≥] 12) 4) With Poor control (greater than [>] 9 and less than [<] 12) 5) With Fair control (equal to or greater than [>=] 8 and equal to or greater than [≥] 9) 6) With A1c equal to or greater than (≥) 7 and less than (<) 8 7) With Good control (less than [<] 8) 8) With A1c less than (<) 7 9) With Hemoglobin A1c without result
DM: Blood Pressure Control	Active Diabetic patients 55 and older, broken down by age groups	1) With BP assessed 2) With Controlled BP 3) With Uncontrolled BP
Statin Therapy to Reduce Cardiovascular Disease Risk in Patients with Diabetes	1) Active Diabetic patients 55–75, broken down by age groups. 2) Active Diabetic patients 75 and older with CVD or an LDL greater than or equal to 190	With Statin Therapy
DM: Nephropathy Assessment	Active Diabetic patients 55 and older, broken down by age groups	With estimated GFR AND a urine albumin-to-creatinine ratio or with ESRD

DM: Retinopathy	Active Diabetic patients 55 and older with no history of bilateral blindness, broken down by age groups	1) With any retinal screening (no refusals)
		    A) With diabetic retinal exam
		    B) With other eye exam
		2) With refusal of diabetic retinal exam

Diabetic Access to Dental Services	Active Diabetic patients 55 and older, broken down by age groups	With documented dental exam (no refusals)
Access to Dental Services	User population 55 and older, broken down by age groups	With documented dental exam (no refusals)

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Adult IZ: Influenza	Active Clinical patients 55 and older, broken down by age groups	1) With influenza vaccination in past year or contraindication ever 　A) With contraindication or NMI refusal
Adult IZ: Pneumococcal	Active Clinical patients 55 and older, broken down by age groups	1) With pneumococcal vaccine or contraindication ever or NMI refusal
Cancer Screening: Mammogram Rates	Female Active Clinical patients 55 and older, broken down by age groups	1) With documented mammogram in past 2 years (no refusals) 2) With refusal in past year
Colorectal Cancer Screening	Active Clinical patients 55 and older, broken down by gender and age groups	1) With CRC screening (time period dependent upon type of CRC screening) (no refusals) 2) With refusal in past year 3) With FOBT/FIT in past year 4) With flex sig in past 5 years or colonoscopy in past 10 years
Tobacco Use Assessment	Active Clinical patients 55 and older, broken down by gender and age groups	1) Screened for tobacco use 2) Tobacco users 　A) Smokers 　B) Smokeless 　C) ENDS 3) Exposed to ETS
IPV/DV Screening	Female Active Clinical patients 55 and older, broken down by age groups	1) With documented IPV/DV screen (no refusals) 　A) With IPV/DV exam 　B) With IPV/DV diagnosis 　C) With IPV/DV education or counseling
Depression Screening	Active Clinical patients 55 and older, broken down by gender and age groups	1) With depression screening or diagnosed with mood disorder (no refusals) 　A) With depression screening 　B) With mood disorder diagnosis 2) With depression-related patient education
Obesity Assessment (BMI)	Active Clinical patients 55 and older, broken down by age and gender groups	1) With BMI calculated 　A) With BMI and assessed as overweight 　B) With BMI and assessed as obese 　C) Total of overweight and obese 　D) With refusal
Cardiovascular Disease and Blood Pressure Control	Active Clinical patients 55 and older, broken down by age and gender groups	With blood pressure documented
Functional Status	Active Clinical patients 55 and older, broken down by age and gender groups	With functional status screening

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Asthma	1) Active Clinical patients 55 and older, broken down by age groups 2) From numerator 1	1) With 2 asthma-related visits or categorized in ARS as persistent 2) Hospitalized for asthma

Public Health Nursing	No denominator; counts only	1) Number of visits by PHNs in any setting, patients ages 55 and older
		    A) Ages 55–64 years
		    B) Ages 65–74 years
		    C) Ages 75–84 years
		    D) Ages 85 years and older
		    E) PHN driver/interpreter
		2) Number of visits by PHNs in Home setting
		    A) Ages 55–64 years
		    B) Ages 65–74 years
		    C) Ages 75–84 years
		    D) Ages 85 years and older
		    E) PHN driver/interpreter

Fall Risk Assessment in Elders	Active Clinical patients 65 and older, broken down by age and gender groups	1) Screened for fall risk or with fall-related diagnosis
		    A) Screened for fall risk
		    B) History of fall
		    C) Fall-related diagnosis,
		    D) Abnormality of gait/balance
		2) Refusal of fall risk screen

Use of High-Risk Medications in the Elderly	Active Clinical patients 65 and older with no hospice indicator during the Report Period, broken down by gender and age groups	1) With at least 1 high-risk medication
		2) With at least 2 high-risk medications of the same class
		Included in both numerators above are the following subnumerators:
		    A) Anticholinergic meds
		    B) Antithrombotic meds
		    C) Anti-infective meds
		    D) Cardiovascular meds
		    E) Central nervous system meds
		    F) Endocrine meds
		    G) Pain meds
		    H) Skeletal muscle relaxant meds

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Palliative Care	No denominator. This measure is a total count only, not a percentage.	1) The total number of Active Clinical patients age 55 years and older with at least 1 palliative care visit during the Report Period. Broken down by gender and age groups. 2) 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.
Annual Wellness Visit	Active Clinical patients 65 and older, broken down by gender and age groups	With at least 1 Annual Wellness exam in the past 15 months

5.13.4   Elder Care Patient List

Patient Lists are available for individual measures included in the Elder Care Report and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider

- The entire patient list

Select the measures for which you want to run Patient Lists, after you select the measures for the report.

Table 5-13: Elder Care Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Prevalence	Diabetic patients age 55 years and older with most recent diagnosis
Diabetes: Glycemic Control	Diabetic patients age 55 years and older with most recent A1c value, if any
Diabetes: Blood Pressure Control	Diabetic patients age 55 years and older with blood pressure value, if any
Diabetes: Statin Therapy	Diabetic patients age 55 years and older with statin therapy or exclusion, if any
Diabetes: Nephropathy Assessment	List of patients age 55 years and older with nephropathy assessment, if any
Diabetic Retinopathy	List of diabetic patients age 55 years and older with qualified retinal evaluation, if any

Performance Measure Topic	Patient List
Diabetes: Access to Dental Services	List of diabetic patients age 55 years and older and documented dental visit, if any
Access to Dental	List of patients age 55 years and older with documented dental visit and date
Adult Immunizations: Influenza	List of patients age 55 years and older with influenza immunization/contraindication and date, if any
Adult Immunizations: Pneumococcal	List of patients age 55 years and older with pneumococcal immunization/contraindication and date, if any
Cancer Screening: Mammogram Rates	List of female patients age 55 years and older with mammogram, if any
Colorectal Cancer Screening	List of patients age 55 years and older with CRC screening, if any
Tobacco Use and Exposure Assessment	List of patients age 55 years and older with documented tobacco screening, if any
Intimate Partner Violence/Domestic Violence	List of female patients age 55 years and older with documented IPV/DV screening, if any
Depression Screening	List of patients age 55 years and older with documented depression screening/diagnosed with mood disorder, if any
Obesity Assessment	List of patients ages 55–74 years with current BMI, if any
Cardiovascular Disease and Blood Pressure Control	List of patients age 55 years and older with mean blood pressure, if any
Functional Status	List of patients age 55 years and older with functional status codes, if any. The following are the abbreviations 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
Asthma	List of patients age 55 years and older diagnosed with asthma and any asthma-related hospitalizations

Performance Measure Topic	Patient List
PHN	List of patients age 55 years 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
Fall Risk Assessment	List of patients age 65 years and older with fall-risk assessment, if any
Use of High-Risk Medications in the Elderly	List of patients age 65 and older with at least 1 prescription for a high-risk medication
Palliative Care	List of patients age 55 years and older with at least 1 palliative care visit during the Report Period
Annual Wellness Visit	List of patients age 65 years and older with at least 1 annual wellness exam in the past 15 months, if any

5.14 Patient Education with Community-Specified Report

CI19 > RPT > OTH > PED > **PCM**

5.14.1 Overview

The Patient Education with Community Specified Report contains performance measures specific to user population patients who have received patient education. Sites are not required to run the Patient Education report.

Patient Lists may be run for this report.

5.14.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```
         ********************************
         **      IHS/RPMS CRS 2019      **
         **    Other National Reports   **
         ********************************
```

```
                          Version 19.1

                       DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   PED    Patient Education Reports ...
   IPC    IPC Measures Report

Select Other National Reports Option: PED <Enter>  Patient Education
Reports
```

Figure 5-99: **Other National Reports** menu – selecting Patient Education Report

4. At the "Select Other National Reports Option" prompt, type **PED** and press Enter
    to display the **Patient Education Reports Menu**.

```
                   **************************************
                   **         IHS/RPMS CRS 2019        **
                   **  Patient Education Reports Menu  **
                   **************************************
                          Version 19.1

                       DEMO INDIAN HOSPITAL

   PCM    Patient Education w/Community Specified
   P3     Patient Education w/Patient Panel Population

Select Patient Education Reports Option: PCM <Enter>  Patient Education
w/Community Specified
```

Figure 5-100: **Patient Education Reports Menu** – selecting the Patient Education with
            Community Specified Report

5. At the "Select Patient Education Reports Option" prompt, type **PCM** and press
    Enter to display information about the report, as shown in Figure 5-101.

```
         Patient Education w/Community Specified Report

This will produce a report for all patients in the User Population for
Patient Education performance measures you specify for a given period.
You will be asked to: 1) select the measures, and provide 2) the
reporting period, 3) the baseline period to compare data to, 4) the
community taxonomy to determine which patients will be included, and
5) the patient population (i.e. AI/AN only, non AI/AN, or both) to
determine which patients will be included.

You will be given the opportunity to export this data to the Area
Office. If you answer yes, this option will produce a report in export
format for the Area Office to use in Area aggregated data. Depending on
site specific configuration, the export file will either be automatically
transmitted directly to the Area or the site will have to send the file
manually.
PRESS ENTER:

     Select one of the following:

          S         Selected set of Measures
```

```
          A          All Measures

Run the report on: S//
```

Figure 5-101: Patient Education with Community Specified Report – report description and
measures selection

6. At the "Run the report on" prompt, do one of the following:

- To include only *selected measures* in the PCM report, type **S** and press Enter
  to display the Patient Ed Measure Selection screen. Continue with Step 7 to
  select performance measures.

- To include *all measures* in the PCM report, type **A** (All Measures) and press
  Enter. Go to Step 8 to continue selecting report options.

```
PATIENT ED MEASURE SELECTION  Oct 08, 2019 07:51:14          Page:   1 of   1
IHS Patient Education Measures
* indicates the performance measure has been selected

1)  Rate of User Population Patients Receiving Patient Education
2)  Rate of Time by Provider Discipline
3)  Rate for Top 25 Patient Education Topics
4)  Rate for Top 25 Education Subtopics
5)  Rate for Top 15 Provider Disciplines Who Educated
6)  Rate of Patient Understanding of Education
7)  Goal Setting


         Enter ?? for more actions
S    Select Measure       D    De Select Measure
Select Action:+//  Q <Enter> Quit
```

Figure 5-102: Selecting performance measure topics

7. The action bar displays at the bottom of the screen. At the "Select Action"
   prompt, do one of the following:

- To view multiple pages:

  – Type a plus sign (+) and press Enter to view the next page.
  – Type a hyphen (-) and press Enter to return to the previous page.

- To select specific measure topics:

  – At the "Select Action" prompt, type **S** and press Enter.
  – At the "Which item(s)" prompt, type the numbers preceding the topics you
    want. To select multiple topics, type a range (e.g., 1 through 2), a series of
    numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1
    through 2, 4, 6, 10).
    After pressing Enter, selected topics are marked with an asterisk (*).

  – To save your selected topics, type **Q** (Quit) and press Enter.

```
    Select one of the following:
```

```
          1           January 1 - December 31
          2           April 1 - March 31
          3           July 1 - June 30
          4           October 1 - September 30
          5           User-Defined Report Period

Enter the date range for your report: 1 <Enter>  January 1 - December 31
```

Figure 5-103: Selecting report date range

8. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

9. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The date ranges selected for the report are displayed, including Report Period, Previous Year Period, and Baseline Period, as shown in Figure 5-104.

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2019
Enter Year: 2019 <Enter>  (2019)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)

The date ranges for this report are:
    Report Period:          Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
    Baseline Period:        Jan 01, 2010 to Dec 31, 2010

Specify the community taxonomy to determine which patients will be
included in the report. You should have created this taxonomy using QMAN.

Enter the Name of the Community Taxonomy: DEMO GPRA COMMUNITIES//
```

Figure 5-104: Select report date ranges and community taxonomy

10. At the "Enter the Name of the Community Taxonomy" prompt, do one of the following:

    - Press Enter to select the default community taxonomy. (The default community taxonomy can be set in Site Parameters.)

    - Type the name of a community taxonomy and press Enter.

- Type the first few letters of the taxonomy name and press Enter to view a selection of taxonomies beginning with those letters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the taxonomy you want to include and press Enter.

11. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the Patient Ed List Selection screen. Only the patient lists for the topics you have selected for your report are listed.

  Continue with Step 12 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No).

  Go to Step 14 to continue the report selection process.

> **Note:** You must have security access to run any Patient List. This prompt will not display if you do not have security access.

```
PATIENT ED LIST SELECTION      Oct 08, 2019 07:56:45       Page:   1 of    1
IHS FY 19 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1)  List of User Pop Pts who received Pt Ed during Report Period
2)  List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3)  List of User Pop Pts who received pt ed during report period, w/count
of ea
4)  List of User Pop Pts who received pt ed during the Report Period
w/topic, i
5)  List of User Pop Pts who received pt ed during report period, w/prov
disc
6)  List of User Pop Pts w/ pt ed w/ level of understanding, if any
7)  List of User Pop Pts w/ Goal Setting information


          Enter ?? for more actions
S    Select List                         D    De Select List
A    All Lists
Select Action:+//
```

Figure 5-105: Selecting patient lists

12. To select patient lists:

a. At the "Select Action" prompt, type **S** and press Enter.

b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include and press Enter. To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 8, 9), or a combination of ranges and numbers (e.g., 1 through 4, 5, 7, 10).

After pressing Enter, selected topic is marked with an asterisk (*) before the topic number (Figure 5-105).

c. To save your selected lists, type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R          Random Patient List
          P          Patient List by Provider
          A          All Patients

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: PROVIDER,DEMO <Enter>
```

Figure 5-106: Selecting report type

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** Printed patient lists will likely require a great deal of paper, even when producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

```
Select one of the following:

          1          Indian/Alaskan Native (Classification 01)
          2          Not Indian Alaskan/Native (Not Classification 01)
          3          All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// 1 <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 5-107: Selecting beneficiary population

14. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

15. If you are running the PCM report for all measures, you can choose whether to send this data to your Area Office.

- If you are ready to send the final data to your Area Office, type **Y** and press Enter at the "Do you wish to export this data to Area" prompt.

- If you are not ready to send final data to your Area Office, type **N** and press Enter.

> **Note:** You should only choose this option when you are ready to send final data to your Area Office.

A summary of the Patient Education Report displays, as in the following example:

```
          SUMMARY OF FY 18 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
    Report Period:          Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
    Baseline Period:        Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

         P          Print Report on Printer or Screen
         D          Create Delimited output file (for use in Excel)
         B          Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-108: Summary screen and selecting output

16. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

5.14.3   Report Content

Table 5-14: Contents of the PCM Patient Education with Community Specified Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate of User Population Patients Receiving Patient Education	User population patients	Number of patients receiving patient education during the report period
Rate of Time by Provider Discipline	The total time spent providing education to user population patients during the report period	1) Total time spent, in minutes, providing education by provider discipline Also included are the following statistics: 2) For all providers, the total number of patient education codes with provider and minutes recorded. 3) Average time spent, in minutes, providing education to each patient 4) Minimum time spent, in minutes, providing education to a patient 5) Maximum time spent, in minutes, providing education to a patient
Rate for Top 25 Patient Education Topics	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 25): The 25 most common topics of the patient education documented during the report period
Rate for Top 25 Patient Education Subtopics	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 25): The 25 most common subtopics of the patient education documented during the report period

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Rate for Top 15 Provider Disciplines Who Educated	The total number of patient education codes documented for user population patients for all providers during the report period	1 through 15): The 15 most common provider discipline codes that provided education during the Report Period
Rate of Patient Understanding of Education	The total number of patient education codes documented for user population patients for all providers during the report period	1) Number of patient education codes with good understanding 2) Number of patient education codes with fair understanding 3) Number of patient education codes with poor understanding 4) Number of patient education codes where patient refused the education 5) Number of patient education codes where understanding of education was left blank
Goal Setting	1) User population patients 2) User population patients who received patient education during the Report Period.	1) Number of patients who set at least one goal during the Report Period 2) Number of patients who did not set at least one goal during the Report Period 3) Number of patients who met at least one goal during the Report Period 4) Number of patients who maintained at least one goal during the Report Period 5) Number of patients who did not meet at least one goal during the Report Period

5.14.4 Patient Lists

Patient Lists are available for individual measures included in the Patient Education report and display patients who meet the numerators, denominators, or both, depending on the measure.

The Patient List options include the following:

- A random list (10% of the total list)

- A list by designated primary care provide

- The entire patient list of patients

Select which measures you want to run patient lists for after you have selected the measures for the report.

Table 5-15: Patient Education with Community Specified Report Patient Lists

Performance Measure Topic	Patient List
Rate of User Population Patients Receiving Patient Education	List of user population patients who received patient education during the Report Period
Rate of Time by Provider Discipline	List of user population patients who received patient education during the Report Period with the summed time in minutes spent by provider
Rate for Top 25 Patient Education Topics	List of user population patients who received patient education during the Report Period with the count of each topic for which education was received
Rate for Top 25 Patient Education Subtopics	List of user population patients who received patient education during the Report Period with the count of each subtopic received
Rate for Top 15 Provider Disciplines Who Educated	List of user population patients who received patient education during the Report Period with the count of provider discipline codes that provided the education
Rate of Patient Understanding of Education	List of user population patients who received patient education during the Report Period with the count for each level of understanding
Goal Setting	List of User Population patients with goal setting information during the Report Period

5.15   Patient Education with Patient Panel Population Report

CI19 > RPT > OTH > PED > **P3**

5.15.1   Overview

The content of this report is the same as the Patient Education with Community Specified Report.

Patient lists may be run for this report.

5.15.2   Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu.

```
                    ********************************
                    **      IHS/RPMS CRS 2019      **
                    **     Other National Reports  **
```

```
                    ********************************
                              Version 19.1

                           DEMO INDIAN HOSPITAL

   GPU    GPRA/GPRAMA Performance Report
   ELD    Elder Care Report
   PED    Patient Education Reports ...
   IPC    IPC Measures Report

Select Other National Reports Option: PED <Enter> Patient Education Reports
```

Figure 5-109: **Other National Reports** menu

4. At the "Select Other National Reports Option" prompt, type **PED** and press Enter to display the **Patient Education Reports Menu**, as shown in Figure 5-110.

```
                 **************************************
                 **        IHS/RPMS CRS 2019        **
                 **  Patient Education Reports Menu  **
                 **************************************
                             Version 19.1

                           DEMO INDIAN HOSPITAL

   PCM    Patient Education w/Community Specified
   P3     Patient Education w/Patient Panel Population

Select Patient Education Reports Option: P3 <Enter>  Patient Education
w/Patient Panel Population
```

Figure 5-110: Selecting the Patient Education with Patient Panel Population Report

5. At the "Select Patient Education Reports Option" prompt, type **P3** and press Enter to display information (Figure 5-111) about the report. Press Enter to continue.

```
                      2019 Patient Education Report
            Report on all Patients in a User Defined Search Template

This will produce a Patient Education Report for one or more measures for
a year period you specify. You will be asked to provide: 1) the reporting
period and 2) the baseline period to compare data to.

NOTE: With this option all patients in a user defined search template
will be included in the report. The user population user logic will NOT
be applied. You can create a search template using Q-MAN, PGEN, VGEN or
other RPMS options.
PRESS ENTER:

Please enter the search template name. The template will contain a
panel of patients defined by the user.

Enter SEARCH TEMPLATE name: DEMO_2019VISITS_MALE_21-55 <Enter>
```

Figure 5-111: Report description display and search template selection

6. At the "Enter SEARCH TEMPLATE name" prompt, do one of the following:

- Type the name of a search template and press Enter.

- Type the first few letters or numbers of a search template name and press Enter to view a selection of search templates beginning with those characters, or type two question marks (**??**) and press Enter to view the entire list. Then type the number of the search template you want to include and press Enter.

7. At the "Run the report on" prompt, do one of the following:

- To include only *selected measures* in the report, type **S** and press Enter to display the Patient Ed Measure Selection screen.

  Continue with Step 8 to select performance measures.

- To include *all measures* in the report, type **A** and press Enter.

  Go to Step 9 to continue selecting report options.

```
PATIENT ED MEASURE SELECTION  Oct 08, 2019 07:51:14        Page:   1 of   1
IHS Patient Education Measures
* indicates the performance measure has been selected

1)  Rate of User Population Patients Receiving Patient Education
2)  Rate of Time by Provider Discipline
3)  Rate for Top 25 Patient Education Topics
4)  Rate for Top 25 Education Subtopics
5)  Rate for Top 15 Provider Disciplines Who Educated
6)  Rate of Patient Understanding of Education
*7)  Goal Setting


         Enter ?? for more actions
S    Select Measure       D   De Select Measure
Select Action:+//   Q <Enter>  Quit
```

Figure 5-112: Selecting performance measure topics

8. At the "Select Action" prompt, do one of the following:

- To view multiple pages:
  – Type a plus sign (+) and press Enter to view the next page of the list of measures.
  – Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select specific measure topics:
  – Type **S** and press Enter.
  – At the "Which item(s)" prompt, type the numbers preceding the topics you want. To select multiple topics, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of ranges and numbers (e.g., 1 through 4, 8, 12).

After pressing Enter, each selected topic is marked with an asterisk (*) before its number.

– To save your selected topics, type **Q** (Quit) and press Enter.

```
     Select one of the following:

          1          January 1 - December 31
          2          April 1 - March 31
          3          July 1 - June 30
          4          October 1 - September 30
          5          User-Defined Report Period

Enter the date range for your report: 1 <Enter>   January 1 - December 31
```

Figure 5-113: Selecting report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4)** and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges selected for the report are displayed, including the Report Period, the Previous Year Period, and the Baseline Period.

```
Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2019
Enter Year: 2019 <Enter>  (2019)

Enter the Baseline Year to compare data to.
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)

The date ranges for this report are:
     Report Period:          Jan 01, 2019 to Dec 31, 2019
     Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
     Baseline Period:        Jan 01, 2010 to Dec 31, 2010

Do you want patient lists for any of the measures?  Y// <Enter>  Yes
```

Figure 5-114: Selecting report dates and patient list option

11. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter
  to display the Patient Ed List Selection screen (Figure 5-115). Only patient
  lists available for the topics selected for your report are listed.

  Continue with Step 12 to select the lists.

- To run the report without including patient lists, press Enter to accept the
  default (No).

  Go to Step 14 to select an output option.

> **Note:** You must have security access to run any Patient List. This
> prompt will not display if you do not have security access.

```
PATIENT ED LIST SELECTION      Oct 08, 2019 07:56:45       Page:   1 of   1
IHS FY 18 Patient Education Performance Measure Lists of Patients
* indicates the list has been selected

*1)  List of User Pop Pts who received Pt Ed during Report Period
2)  List User Pop Pts w/pat ed during report period, w/summed time by
provider
*3)  List of User Pop Pts who received pt ed during report period, w/count
of eac
4)  List of User Pop Pts who received pt ed during the Report Period
w/topic, if
5)  List of User Pop Pts who received pt ed during report period, w/prov
disc
6)  List of User Pop Pts w/ pt ed w/ level of understanding, if any
7)  List of User Pop Pts w/ Goal Setting information


         Enter ?? for more actions
S    Select List                       D    De Select List
A    All Lists
Select Action:+// Q <Enter> Quit
```

Figure 5-115:Selecting patient lists

12. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt type the numbers preceding the lists you want
       to include. To select multiple lists, type a range (e.g., 1 through 6), a series of
       numbers (e.g., 1, 3, 8), or a combination of ranges and numbers (e.g., 1
       through 3, 5, 7).

       After pressing Enter, selected lists are marked with an asterisk (*) before the
       list number (Figure 5-115).

    c. To save your selected topics, type **Q** (Quit) and press Enter.

13. At the "Choose report type for the Lists" prompt, type the letter corresponding to
    the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a provider at the "Enter Designated Provider Name" prompt and press Enter.

> **Notes:** Printed patient lists are likely to require a great deal of paper, even when you are producing a Random list. Ensure that your selected printer has enough paper, particularly if you are running the report overnight.
>
> Print patient lists only when you need them or print to an electronic file.

A summary of the report displays, as in the following example:

```
          SUMMARY OF FY 18 PATIENT EDUCATION REPORT TO BE GENERATED

The date ranges for this report are:
     Report Period:          Jan 01, 2019 to Dec 31, 2019
     Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
     Baseline Period:        Jan 01, 2010 to Dec 31, 2010

The Patient Panel Population: DEMO_2019VISITS_MALE_21-55

Include Measure Logic Text in the Output Report? Y//
```

Figure 5-116: Summary of the Patient Education with Patient Panel Population Report

14. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

15. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

5.16   IPC Measures Report

CI19 > RPT > OTH > **IPC**

5.16.1   Overview

The IPC Measures Report contains performance measures specific to measures used by the IPC program, including those related to diabetes management, dental treatment, immunizations, cancer screening, depression, weight assessment, cardiovascular disease, and asthma.

The IPC Measures Report provides an option for selecting different patient-type populations: (AI/AN, non-AI/AN, or both).

Patient Lists may be run for this report.

5.16.2   Running the Report with Patient Lists

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **OTH** and press Enter to display the **Other National Reports** menu, as in the following example:

```
                    ********************************
                    **      IHS/RPMS CRS 2019      **
                    **    Other National Reports   **
                    ********************************
                              Version 19.1

                           DEMO INDIAN HOSPITAL

    GPU     GPRA/GPRAMA Performance Report
    ELD     Elder Care Report
    PED     Patient Education Reports ...
    IPC     IPC Measures Report

 Select Other National Reports Option:
```

Figure 5-117: **Other National Reports** menu

4. At the "Select Other National Reports Option" prompt, type **IPC** and press Enter to display information about the IPC Measures report, as in the following example:

```
            2019 IPC Clinical Performance Measure Report
 This will produce an IPC performance measures for all IPC performance
 measures for a year period you specify.  You will be asked to provide:
```

```
    1) the measures for the report, 2) the reporting period, 3) the baseline
    period to compare data to, 4) the community taxonomy to determine which
    patients will be included, and 5) the patient population (i.e. AI/AN only,
    non AI/AN, or both) to determine which patients will be included.

    There are 17 measures in the IPC Clinical Performance Measure Report.
    Press enter to continue:

        Select one of the following:

            S          Selected set of Measures
            A          All Measures

    Run the report on: S// S <Enter>  Selected set of Measures
```

Figure 5-118: Report description display and measure selection

5. Press Enter to continue.

6. At the "Run the report on" prompt, do one of the following:

    - To include only *selected measures* in the IPC Measures report, type **S** and
      press Enter to display the **Performance Measure Selection** screen. Continue
      with Step 7 to select performance measures.

    - To include *all measures* in the IPC Measures report, type **A** (All Measures)
      and press Enter. Go to Step 8 to continue selecting report options.

```
IPC MEASURE SELECTION          May 04, 2019 15:06:19          Page:   1 of   2
 IHS IPC Clinical Performance Measures
 * indicates the performance measure has been selected

 1)  Diabetes Comprehensive Care
 2)  Diabetes: Glycemic Control (CMS 122)
 3)  Dental Treatment
 4)  Influenza (CMS 147)
 5)  Adult Immunizations
 6)  Childhood Immunizations (CMS117)
 7)  Adolescent Immunizations
 8)  Cervical Cancer Screening (CMS 124)
 9)  Breast Cancer Screening (CMS 125)
 10) Colorectal Cancer Screening (CMS 130)
 11) Depression Screening
 12) Screening for Depression and Follow-Up Plan (CMS2)
 13) Depression Remission at Twelve Months (CMS159)
 14) Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)
 15) Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155
 16) Controlling High Blood Pressure (CMS165)


 +        Enter ?? for more actions
 S    Select Measure        D    De Select Measure
Select Action:+//     S <Enter>  Select Measure
```

Figure 5-119: Selecting performance measure topics (Step 7)

7. The action bar displays at the bottom of the screen. At the "Select Action"
    prompt, do one of the following:

- To view multiple pages:

  – Type a plus sign (+) and press Enter to view the next page.

  – Type a hyphen (-) and press Enter to return to the previous page.

- To select specific measure topics:

  – Type **S** and press Enter.

  – At the "Which item(s)" prompt, type the numbers preceding the measure topics you want. To select multiple topics, type a range (e.g., 1 through 2), a series of numbers (e.g., 1, 3), or a combination of numbers and ranges (e.g., 1 through 4, 5, 7, 12).

    After pressing Enter, selected topics are preceded by an asterisk (*).

  – To save your selected topics, type **Q** (Quit) and press Enter.

  For a list of the available performance measure topics, see the first table column in Section 5.16.4.

8. The system checks to see if all taxonomies required for the IPC Measures report are present. At the prompt, press Enter to continue.

```
      Select one of the following:

           1              January 1 - December 31
           2              April 1 - March 31
           3              July 1 – June 30
           4              October 1 - September 30
           5              User-Defined Report Period

 Enter the date range for your report:
```

Figure 5-120: Select the report date range

9. At the "Enter the date range for your report" prompt, do one of the following:

- To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

  At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

- To define a custom report period, type **5** and press Enter.

  At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

10. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

    The date ranges selected for the report are displayed, including the Report Period (current), the Previous Year Period, and the Baseline Period.

```
       Select one of the following:

           A            ALL Patients
           O            One Community
           T            A TAXONOMY of Communities
           P            A Patient PANEL (Search template)

 Include Patients in what General Population: T// T <Enter>
```

Figure 5-121: Selecting patient criteria

11. At the "Include Patients in what General Population" prompt, type the letter corresponding to the patient selection criterion you want to use and press Enter, where:

- **A** (ALL Patients) runs the report on all patients, regardless of community.

- **O** (One Community) runs the report on patients in one specified community.

- **T** (A TAXONOMY of Communities) runs the report on patients in a specified taxonomy of communities (the default community taxonomy can be set in Site Parameters) (default).

- **P** (A Patient PANEL [Search template]) runs the report on patients that are included in a specified search template.

12. At the "Do you want patient lists for any of the measures?" prompt, do one of the following:

- To include patient lists in addition to the report, type **Y** (Yes) and press Enter to display the **IPC Measure List Selection** screen. Only the patient lists for the topics you have selected for your report are listed.

  Continue with Step 13 to select the lists.

- To run the report without including patient lists, press Enter to accept the default (No).

  Go to Step 15 to continue the report selection process.

> **Note:** You must have security access to run any Patient List. This prompt will not display if you do not have security access.

```
 IPC MEASURE LIST SELECTION    May 04, 2019 15:26:25      Page:    1 of    1
  IHS 2019 IPC Performance Measure Lists of Patients
  * indicates the list has been selected

 *1)  Influenza: List of pts w/Influenza/contra & date
  2)  Adult Imm: List of pts 19+ w/IZ/contra, if any
 *3)  Childhood Imm: List of pts 2 yrs w/IZ/contra, if any
  4)  Adolescent Immunizations: List of pts 13 yrs with IZ/Contra, if any

          Enter ?? for more actions
 S    Select List                        D    De Select List
```

```
A    All Lists                         Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 5-122: Select patient lists

13. To select patient lists:

    a. At the "Select Action" prompt, type **S** and press Enter.

    b. At the "Which item(s)" prompt, type the numbers preceding the lists you want to include and press Enter. To select multiple lists, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 10), or a combination of numbers and ranges (e.g., 1 through 4, 6, 8, 12).

       After pressing Enter, an asterisk (*) precedes the numbers of selected measures.

    c. To save your selected lists, Type **Q** (Quit) and press Enter.

```
Select List Type.
NOTE: If you select All Patients, your list may be
hundreds of pages and take hours to print.

     Select one of the following:

          R          Random Patient List
          P          Patient List by Provider
          A          All Patients

Choose report type for the Lists: R// P <Enter>  Patient List by Provider
Enter Designated Provider Name: Provider,Demo1 <Enter>        DP
```

Figure 5-123: Selecting patient list type

14. At the "Choose report type for the Lists" prompt, type the letter corresponding to the report type you want and press Enter, where:

- **R** (Random Patient List) produces a list containing 10% of the entire patient list.

- **P** (Patient List by Provider) produces a list of patients with a user-specified designated care provider.

- **A** (All Patients) produces a list of all patients.

If you select P (Patient List by Provider), type the name of a Designated Provider at the "Enter Designated Provider Name" prompt and press Enter.

```
Select one of the following:

          1          Indian/Alaskan Native (Classification 01)
          2          Not Indian Alaskan/Native (Not Classification 01)
          3          All (both Indian/Alaskan Natives and Non 01)
```

```
Select Beneficiary Population to include in this report: 1// 1
Indian/Alaskan Native (Classification 01)
```

Figure 5-124: Selecting beneficiary population

15. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include in the report and press Enter, where:

- **1** (Indian/Alaskan Native) reports only on AI/AN patients.

- **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.

- **3** (All) reports on your entire patient population.

A summary of the IPC Measures Report displays, as in the following example:

```
         SUMMARY OF IHS 2019 IPC MEASURES REPORT TO BE GENERATED

The date ranges for this report are:
    Report Period:         Jan 01, 2019 to Dec 31, 2019
    Previous Year Period:  Jan 01, 2018 to Dec 31, 2018
    Baseline Period:       Jan 01, 2010 to Dec 31, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Include Measure Logic Text in the Output Report? Y//

Please choose an output type. For an explanation of the delimited
file please see the user manual.

    Select one of the following:

        P         Print Report on Printer or Screen
        D         Create Delimited output file (for use in Excel)
        B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 5-125: Summary Screen for IPC Measures Report

16. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

17. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in
Step 11, Section 5.2.2.

5.16.3   Report Content

Table 5-16: Content of the IPC Measures Report

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Diabetes Comprehensive Care	IPC User Population patients with diabetes and no history of bilateral blindness, bilateral eye enucleation, or bilateral foot amputations	With comprehensive diabetes care
Diabetes: Glycemic Control (CMS122)	Patients 18–75 years of age with diabetes and no hospice indicator	With Poor control (greater than [>] 9.0)
Dental Treatment	IPC User Population patients with dental exam	With all treatment completed
Influenza (CMS147)	Patients 6 months and older with no contraindication for influenza	With influenza vaccination
Adult Immunizations	IPC User Population patients ages 19 years and older	With age-appropriate immunizations
Childhood Immunizations (CMS117)	Patients age 2 years with no hospice indicator	With 4:3:1:3:3:1:4:1:2/3:2 combo
Adolescent Immunizations	IPC User Population patients age 13 years with no contraindication for Tdap, Td, or meningococcal	1) With 1 dose meningococcal 2) With 1 dose Tdap/Td 3) With Tdap/Td and meningococcal
Cervical Cancer Screening (CMS124)	Female patients ages 23–64 years without history of hysterectomy and no hospice indicator	With documented Pap smear in past 3 years, or if patient is age 30–64 years, either a Pap Smear in past 3 years or a Pap Smear and HPV DNA in past 5 years
Breast Cancer Screening (CMS125)	Female patients ages 51–74 years without history of bilateral mastectomy or two separate unilateral mastectomies and no hospice indicator	With documented mammogram in the past 27 months
Colorectal Cancer Screening (CMS130)	Patients ages 50–75 years without history of colorectal cancer or total colectomy and no hospice indicator.	With CRC screening (time period dependent upon type of CRC screening)
Depression Screening	IPC User Population patients age 12 years and older	With depression screening or diagnosed with mood disorder (no refusals)

Performance Measure	Denominator	Numerator(s) (documented in past year, unless defined otherwise)
Screening for Depression and Follow-Up Plan (CMS2)	Patients ages 12 years and older with a depression screening encounter with no active diagnosis for depression or bipolar disorder	Screened for depression *and* if positive, a follow-up plan is documented on the date of the positive screen
Depression Remission at Twelve Months (CMS159)	Patients ages 18 years and older with major depression or dysthymia and no diagnosis of bipolar or personality disorder	Patients who reached remission in 12 months (+/- 30 days)
Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	Patients ages 18 years and older with no diagnosis of pregnancy	With a documented BMI, and when the BMI is outside of normal parameters, a documented follow-up plan
Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155)	Patients ages 3–17 with no diagnosis of pregnancy or hospice indicator	1) With a height, weight and body mass index (BMI) percentile 2) With counseling for nutrition 3) With counseling for physical activity
Controlling High Blood Pressure (CMS165)	Patients ages 18–85 years diagnosed with hypertension and no documented history of ESRD/kidney disease or current diagnosis of pregnancy or hospice indicator	Patients with BP less than (<) 140/90
Medication Therapy for Persons with Asthma	IPC User Population patients ages 5 years and older with persistent asthma	Patients prescribed long-term control medication

5.16.4   IPC Measures Patient List

Patient Lists are available for individual measures included in the IPC Measures Report and display patients who meet the numerators, denominators, or both, depending on the measure.

The following Patient List options are available:

- A random list (10% of the total list)

- A list by designated primary care provider

- The entire patient list

Select the measures for which you want to run Patient Lists after you select the measures for the report.

Table 5-17: IPC Measures Patient List by Performance Measure Topic

Performance Measure Topic	Patient List
Diabetes Comprehensive Care	List of diabetic patients with documented tests, if any
Diabetes: Glycemic Control (CMS122)	List of diabetic patients with most recent A1c value, if any
Dental Treatment	List of patients with all treatment completed, if any
Influenza (CMS147)	List of patients with Influenza code, if any
Adult Immunizations	List of patients ages19 years and older with IZ or contraindication, if any
Childhood Immunizations (CMS117)	List of patients 2 years old with IZ, if any. 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.
Adolescent Immunizations	List of patients age 13 years old with IZ, if any
Cervical Cancer Screening (CMS124)	List of women 23–64 years old with documented Pap test and HPV, if any
Breast Cancer Screening (CMS125)	List of women 51–74 years old with mammogram, if any
Colorectal Cancer Screening (CMS130)	List of patients 50–75 years old with CRC screening, if any.
Depression Screening	List of patients ages 12 years and older with documented depression screening/diagnosed with mood disorder, if any
Screening for Depression and Follow-Up Plan (CMS2)	List of patients ages 12 years and older with depression screen and follow-up plan, if any
Depression Remission at Twelve Months (CMS159)	List of patients ages 18 years and older with major depression or dysthymia, with remission, if any
Body Mass Index (BMI) Screening and Follow-Up Plan (CMS69)	List of patients with current BMI and follow-up plan, if any.
Weight Assessment and Counseling for Nutrition and Physical Activity (CMS155)	List of patients ages 3–17 years with assessments, if any
Controlling High Blood Pressure (CMS165)	List of patients with hypertension and BP value, if any
Medication Therapy for Persons with Asthma	List of patients with asthma and long-term control medication, if any

5.17   Lab Taxonomy Report

CI19 > RPT > TAX > **TXL**

5.17.1   Overview

Unlike all of the reports described previously, the Lab Taxonomy Reports contain information on site-populated lab taxonomies and do not report on any patients. Each report lists the lab taxonomies included in the National GPRA Report, Selected Measures reports, Elder Care Report, and IPC Report respectively.

Within each taxonomy, all the laboratory tests assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.17.2   Running the Reports

1.   At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2.   At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3.   At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports Menu**.

```
                    ****************************
                    **    IHS/RPMS CRS 2019    **
                    **  Taxonomy Reports Menu  **
                    ****************************
                             Version 19.1

                          DEMO INDIAN HOSPITAL

   TXL    Lab Taxonomy Report ...
   TXM    Medication Taxonomy Report ...

 Select Taxonomy Reports Option: TXL <Enter>  Lab Taxonomy Report
```

Figure 5-126: **Taxonomy Reports Menu** – **Lab Taxonomy Report** option

4.   At the "Select Taxonomy Reports Option" prompt, type **TXL** and press Enter to display the **Lab Taxonomy Reports Menu**.

```
                    ********************************
                    **      IHS/RPMS CRS 2019      **
                    **  Lab Taxonomy Reports Menu  **
                    ********************************
                             Version 19.1

                          DEMO INDIAN HOSPITAL

   LGP     Lab Taxonomies-National GPRA/GPRA Perf Report
   LSEL    Lab Taxonomies-Selected Measures Reports
   LELD    Lab Taxonomies-Elder Care Report
   LIPC    Lab Taxonomies-IPC Report
```

```
Select Lab Taxonomy Report Option:
```

Figure 5-127: **Lab Taxonomy Report Menu** – selecting a lab taxonomy report

5. At the "Select Lab Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                       Lab Taxonomy Report
                       CRS 2019, Version 19.1

Site populated Lab Taxonomy Report for the:
      SELECTED MEASURES Report

This will produce a report of all site-populated lab taxonomies for CRS
2019 in the specified report. Each lab taxonomy is listed with the lab
tests that have been assigned by your facility for inclusion in the
taxonomy.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter> YES
DEVICE: HOME//
```

Figure 5-128: Running the Lab Taxonomy Report – displaying report information and selecting the device

7. At the "Device" prompt, type a printer name or a file name.

- To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

  To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

  Depending on the software you are using to access RPMS, turn on your logging or screen capture program before printing to the screen.

- To print to a file, or if you do not know your printer name, check with your site manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.17.3   Report Content

Table 5-18: Content of Laboratory Taxonomy Report

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV-1 TEST TAX BGP HIV-2 TEST TAX BGP HIV VIRAL LOAD TAX BGP HPV TAX BGP PAP SMEAR TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX
SELECTED MEASURES (LOCAL) REPORTS	BGP CD4 TAX BGP CHLAMYDIA TESTS TAX BGP CREATINE KINASE TAX BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HEP C TEST TAX BGP HEP C CONF TEST TAX BGP HIV TEST TAX BGP HIV VIRAL LOAD TAX BGP PAP SMEAR TAX BGP QUANT UACR TESTS DM AUDIT ALT TAX DM AUDIT AST TAX DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX

Reports Taxonomies Included In	Site-Populated Laboratory Taxonomy Name
ELDER CARE REPORT	BGP FIT-DNA TESTS TAX BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP QUANT UACR TESTS DM AUDIT CREATININE TAX DM AUDIT HGB A1C TAX DM AUDIT LDL CHOLESTEROL TAX
IPC MEASURES REPORT	BGP FIT-DNA TESTS BGP GPRA ESTIMATED GFR TAX BGP GPRA FOB TESTS BGP HPV TAX BGP PAP SMEAR TAX BGP QUANT UACR TESTS DM AUDIT HGB A1C TAX

5.18 Medication Taxonomy Report

CI19 > RPT > TAX > **TXM**

5.18.1 Overview

As with the Lab Taxonomy Report, these reports contain information on site-populated medication taxonomies and do not report on any patients. They list all of the medication taxonomies included in the National GPRA Report, Selected Measures reports, Elder Care Report, and IPC Report, respectively. Within each taxonomy, all medications assigned to the taxonomy by the facility are listed. Only a printed version of this report is available.

5.18.2 Running the Report

1. At the "Select IHS Clinical Reporting System (CRS) Main Menu Option" prompt, type **CI19** and press Enter to display the **CRS 2019** main menu.

2. At the "Select CRS 2019 Option" prompt, type **RPT** and press Enter to display the **CRS Reports** menu.

3. At the "Select Reports Option" prompt, type **TAX** and press Enter to display the **Taxonomy Reports Menu**.

```
                    ****************************
                    **   IHS/RPMS CRS 2019    **
                    **  Taxonomy Reports Menu  **
                    ****************************
                           Version 19.1

                       DEMO INDIAN HOSPITAL
```

```
    TXL    Lab Taxonomy Report ...
    TXM    Medication Taxonomy Report ...

Select Taxonomy Reports Option:
```

Figure 5-129: **Taxonomy Reports Menu** – **Medication Taxonomy Report** option

4. At the "Select Taxonomy Reports Option" prompt, type **TXM** and press Enter to display the **Medication Taxonomy Reports Menu**.

```
                 ****************************************
                 **          IHS/RPMS CRS 2019        **
                 **  Medication Taxonomy Reports Menu **
                 ****************************************
                             Version 19.1

                           DEMO INDIAN HOSPITAL

    MGP    Med Taxonomies-National GPRA/GPRA Perf Report
    MSEL   Med Taxonomies-Selected Measures Reports
    MELD   Med Taxonomies-Elder Care Report
    MIPC   Med Taxonomies-IPC Report

Select Medication Taxonomy Report Option:
```

Figure 5-130: **Medication Taxonomy Reports Menu** – select a medication taxonomy report

5. At the "Select Medication Taxonomy Report Option" prompt, type the mnemonic corresponding to the report you want to print and press Enter to display information about the selected report.

6. A message stating that you may only run a printed version of the report displays. Press Enter to continue, or type **N** and press Enter to exit the report.

```
                        Medication Taxonomy Report
                          CRS 2019, Version 19.1

Site populated Medication Taxonomy Report for the:
     SELECTED MEASURES Report

This will produce a report of all site-populated medication taxonomies
for CRS 2019 in the specified report. Each medication taxonomy is listed
with the medications that have been assigned by your facility for
inclusion in the taxonomy and/or pre-populated by CRS.

You are only able to produce a printed version of this report.
Do you wish to continue? Y// <Enter>  YES
DEVICE: HOME//
```

Figure 5-131:Running the Medication Taxonomy Report – report information display and output device selection

7. At the "Device" prompt, type a printer or file name.

- To print to the screen, press Enter to accept the default prompt "Home" (which may vary at different sites).

  To print a report to your screen without receiving multiple "Enter Return to continue" prompts, type **0;P-OTHER80** at the "Home" prompt.

  Depending on the software you are using to access RPMS, turn on your logging or screen capture program *before* printing to screen.

- To print to a file, or if you do not know your printer name, check with your Site Manager. At most sites, to print to a file type **Host** or **HFS**, then type the file location and name at the "HOST FILE NAME" prompt.

5.18.3   Report Content

Table 5-19: Content of the Medication Taxonomy Report

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
NATIONAL GPRA/GPRAMA & GPRA/GPRAMA PERFORMANCE REPORTS	BGP ANTI-PLATELET DRUGS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ARB MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS ISOTRETINOIN MEDS BGP PQA ANTIRETROVIRAL MEDS BGP PQA ARB NEPRILYSIN INHIB BGP PQA BENZODIAZ MEDS BGP PQA BENZODIAZ OP MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA INFUSED MS MEDS BGP PQA LA INHALED BRONCHO MED BGP PQA NEBULIZED BRONCHO MEDS BGP PQA NON-INFUSED MS MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA OPIOID MEDS BGP PQA RASA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP PQA WARFARIN DM AUDIT ASPIRIN DRUGS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
SELECTED MEASURES (LOCAL) REPORTS	BGP ANTI-PLATELET DRUGS BGP ASTHMA LABA MEDS BGP CMS SMOKING CESSATION MEDS BGP CMS WARFARIN MEDS BGP HEDIS ACEI MEDS BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS ARB MEDS BGP HEDIS ASTHMA INHALED MEDS BGP HEDIS ASTHMA LEUK MEDS BGP HEDIS ASTHMA MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS CONTRACEPTION MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS ISOTRETINOIN MEDS BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA ANTIRETROVIRAL MEDS BGP PQA ARB NEPRILYSIN INHIB BGP PQA ASTHMA INHALE STER MED BGP PQA BENZODIAZ MEDS BGP PQA BENZODIAZ OP MEDS BGP PQA BETA BLOCKER MEDS BGP PQA BIGUANIDE MEDS BGP PQA CCB MEDS BGP PQA COPD BGP PQA CONTROLLER MEDS BGP PQA DIABETES ALL CLASS BGP PQA DPP IV MEDS BGP PQA INFUSED MS MEDS BGP PQA LA INHALED BRONCHO MED BGP PQA NEBULIZED BRONCHO MEDS BGP PQA NON-INFUSED MS MEDS BGP PQA NON-WARFARIN ANTICOAG BGP PQA OPIOID MEDS BGP PQA RASA MEDS BGP PQA SABA MEDS BGP PQA STATIN MEDS BGP PQA SULFONYLUREA MEDS BGP PQA THIAZOLIDINEDIONE MEDS BGP PQA WARFARIN DM AUDIT ASPIRIN DRUGS

Reports Taxonomies Included In	Site-Populated Medication Taxonomy Name
ELDER CARE REPORT	BGP HEDIS ANTICHOLINERGIC MEDS BGP HEDIS ANTITHROMBOTIC MEDS BGP HEDIS ANTI-INFECTIVE MEDS BGP HEDIS CARDIOVASCULAR MEDS BGP HEDIS CENTRAL NERVOUS MEDS BGP HEDIS ENDOCRINE MEDS BGP HEDIS NONBENZODIAZ MEDS BGP HEDIS PAIN MEDS BGP HEDIS SKL MUSCLE RELAX MED BGP PQA STATIN MEDS
IPC MEASURES REPORT	BGP IPC ABOVE NORMAL MEDS BGP IPC BELOW NORMAL MEDS BGP IPC DEPRESSION MEDS BGP PQA CONTROLLER MEDS

5.19   Report Formats

5.19.1   Report Cover Page Format

The cover page for each report uses the following basic format:

1. **Report Type:** The top line of the cover page describes the report type; for example, "IHS 2019 Selected Measures with Community Specified Report."

```
                     Cover Page 1

*** IHS 2019 Selected Measures with Community Specified Report ***
                 CRS 2019, Version 19.1
```

Figure 5-132: Sample of Report Type

2. **Report Time Periods:** Describes the dates included in the current report time period, as well as the previous and baseline periods. All report periods encompass one year.

```
    Report Period: Jan 01, 2019 to Dec 31, 2019
Previous Year Period: Jan 01, 2018 to Dec 31, 2018
   Baseline Period: Jan 01, 2010 to Dec 31, 2010
```

Figure 5-133: Sample of Report Time Periods

3. **Measures:** Describes the measures included in the report.

4. **Population:** Describes the patient-type population specified for this Report: AI/AN, non-AI/AN, or both.

5. **Run Time**: Displays how long this report took to run, in hours, minutes, and seconds. Run time depends on many factors, including RPMS server type and size, number of patients in your RPMS database, and the number of performance measures you are running.

```
Measures: Selected Measures (User Defined)
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.40.19
```

Figure 5-134: Sample of Measures, Population, and Run Time

6. **Denominator Definitions:** Describes the definition of the key denominators for the specific report. Definitions are provided on each cover page, so that any user who runs the report will understand the logic.

> **Note:** The definition of the Active Clinical denominator varies for each of the reports.

```
Denominator Definitions used in this Report:

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

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

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

Figure 5-135: Sample of Denominator Definitions

7. **Output File information:** If you have designated that a delimited file or an Area Office export file be created, the file name appears here.

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

Figure 5-136: Sample of Output File Information

8. **Community Taxonomy Name:** Displays the name of the specific Community
   Taxonomy you specify and provides the list of all communities and facilities
   included in the Community taxonomy selected for this report (for discussion
   about how Community taxonomies are used, see Section 4.1).

```
Community Taxonomy Name: DEMO GPRA COMMUNITIES
The following communities are included in this report:
BRAGGS              BROKEN ARROW                    CHECOTAH
KANSAS              MARBLE CITY                     SAND SPRINGS
```

Figure 5-137: Sample of Community Taxonomy Name

```
                                Cover Page 1

        *** IHS 2019 Selected Measures with Community Specified Report ***
                            CRS 2019, Version 19.1
                          Date Report Run: Dec 28, 2019
                        Site where Run: DEMO INDIAN HOSPITAL
                        Report Generated by: Last, First
                    Report Period: Jan 01, 2019 to Dec 31, 2019
                Previous Year Period: Jan 01, 2018 to Dec 31, 2018
                    Baseline Period: Jan 01, 2010 to Dec 31, 2010

Measures: Selected Measures (User Defined)
Population: AI/AN Only (Classification 01)

RUN TIME (H.M.S): 0.40.19

This report includes clinical performance measures reported for the
Government Performance and Results Act (GPRA); measures reported for the
GPRA Modernization Act (GPRAMA); measures that have the potential to
become GPRA measures in the future (i.e. GPRA Developmental measures),
and non-GPRA measures.

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

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

In the tabular sections of the report for each topic:

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

```
with a suffix of "(GPRAMA)".

Denominator Definitions used in this Report:

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

Figure 5-138: Sample of Report Cover Page 1

```
                              Cover Page 2

        *** IHS 2019 Selected Measures with Community Specified Report ***
                          CRS 2019, Version 19.1
                        Date Report Run: Dec 28, 2019
                      Site where Run: DEMO INDIAN HOSPITAL
                       Report Generated by: Last, First
                  Report Period: Jan 01, 2019 to Dec 31, 2019
               Previous Year Period: Jan 01, 2018 to Dec 31, 2018
                  Baseline Period: Jan 01, 2010 to Dec 31, 2010

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

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

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

          Community Taxonomy Name: DEMO GPRA COMMUNITIES
          The following communities are included in this report:
          BRAGGS               BROKEN ARROW                  CHECOTAH
          KANSAS               MARBLE CITY                   SAND SPRINGS
```

Figure 5-139: Sample of Report Cover Page 2

5.19.2   Report Format

The CRS reports display the following information for each of the three time periods:

- Count of the number of patients in the denominator

- Count of the number of patients within that denominator who meet the numerator definition

- Percentage of the total patients in the denominator who meet the numerator; that is, [Numerator Count]/[Denominator Count] * 100

- Change from the current report period from either of the past time periods, calculated as an absolute value

```
  DU                            Dec 28, 2019                        Page 1
       *** IHS 2019 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                 Report Period: Jan 01, 2019 to Dec 31, 2019
               Previous Year Period: Jan 01, 2018 to Dec 31, 2018
                  Baseline Period: Jan 01, 2010 to Dec 31, 2010
-----------------------------------------------------------------------------
Diabetes Prevalence

Denominator(s):
- User Population patients. Broken down by gender and age groups: <15, 15-19,
20-24, 25-34, 35-44, 45-54, 55-64, 65+.

Numerator(s):
- Patients diagnosed with Diabetes at any time before the end of the Report
Period.
 - Patients diagnosed with Diabetes during the Report Period.

Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one POV diagnosis recorded in the V POV
file or Problem List Entry where the status is not Deleted ICD-9:
250.00-250.93 or ICD-10: E10.*-E13.*; SNOMED data set PXRM DIABETES
(Problem List only). For DM diagnosis during the report period, Problem
List Entry must have a Date of Onset during the Report Period or, if no
Date of Onset, then Date Entered during the Report Period.

Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific diabetes
prevalence rates to identify trends in the age-specific prevalence of diabetes (as a
surrogate marker for diabetes incidence) for the AI/AN population.

Past Performance and/or Target:
IHS Performance: FY 2017 – 15.2%, FY 2016 – 14.7%, FY 2015 - 14.4%, FY 2014 - 14.0%,
FY 2013 – 13.9%, FY 2012 – 13.4%, FY 2011 - 12.8%, FY 2010 – 12%, FY 2009 – 12%, FY
2008 – 12%, FY 2007 - 11%, FY 2006 – 11%, FY 2005 - 11%, FY 2004 – 10%

Source:
HP 2010 5-2, 5-3

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

# User Pop        3,029          2,607                     2,371
```

```
# w/ any DM Dx          270   8.9      248   9.5     -0.6      198   8.4    +0.6
# w/ DM Dx during
 Report Period          176   5.8      151   5.8     +0.0      101   4.3    +1.6
```

Figure 5-140: Example of a report page from a Selected Measures Report

Figure 5-140 displays an example of a report page from a Selected Measures Report, showing the following key elements:

1. **Report Date:** Displays the date that the report was run.

2. **Report Type:** The top line of the cover page describes the report type.

3. **Report Time Periods:** Describes the current report time period, as well as the previous and baseline periods.

```
   DU                          Dec 28, 2019                        Page 1
       *** IHS 2019 Selected Measures with Community Specified Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2019 to Dec 31, 2019
                Previous Year Period: Jan 01, 2018 to Dec 31, 2018
                   Baseline Period: Jan 01, 2010 to Dec 31, 2010
```

Figure 5-141: Sample of Report Date, Report Type, and Report Time Periods

4. **Performance Measure Topic Title:** Displays the name of the performance measure topic.

5. **Denominator Definitions:** Detailed definitions for each denominator for the performance measure topic. The National GPRA report generally has only one denominator. The Selected Measures report may display two or three denominators.

6. **Numerator Definitions:** Detailed definition of each numerator for the measure topic.

```
Diabetes Prevalence

Denominator(s):
 - User Population patients. Broken down by gender and age groups: <15, 15-19,
20-24, 25-34, 35-44, 45-54, 55-64, 65+.

Numerator(s):
 - Patients diagnosed with Diabetes at any time before the end of the Report
Period.
 - Patients diagnosed with Diabetes during the Report Period.
```

Figure 5-142: Sample of Performance Measure Topic Title, Denominator Definitions, and Numerator Definitions

7. **Performance Measure Logic:** Displays detailed definition of how the logic is defined, including RPMS fields and codes that meet the denominator or numerator definitions.

```
Logic:
Age is calculated at the beginning of the Report Period. Diabetes
diagnosis is defined as at least one POV diagnosis recorded in the V POV
file or Problem List Entry where the status is not Deleted ICD-9:
250.00-250.93 or ICD-10: E10.*-E13.*; SNOMED data set PXRM DIABETES
(Problem List only). For DM diagnosis during the report period, Problem
List Entry must have a Date of Onset during the Report Period or, if no
Date of Onset, then Date Entered during the Report Period.
```

Figure 5-143: Sample of Performance Measure Logic

8. **Performance Measure Description:** The general definition for the performance measure topic. GPRA measure definitions are excerpted directly from the FY19 GPRA measure definitions.

```
Performance Measure Description:
Continue tracking (i.e., data collection and analyses) Area age-specific
diabetes prevalence rates to identify trends in the age-specific prevalence
of diabetes (as a surrogate marker for diabetes incidence) for the AI/AN
population.
```

Figure 5-144: Sample of Performance Measure Description

9. **Performance Measure Target:** Details IHS past performance, if any (for GPRA measures), generally displayed as percent (%). Also displays any performance targets established by IHS for FY 2019 or the HP2020 target (see Section 3.1.3).

```
Past Performance and/or Target:
IHS Performance: FY 2017 – 15.2%, FY 2016 – 14.7%, FY 2015 – 14.4%, FY 2014
– 14.0%, FY 2013 - 13.9%, FY 2012 – 13.4%, FY 2011 - 12.8%, FY 2010 – 12%,
FY 2009 – 12%, FY 2008 – 12%, FY 2007 – 11%, FY 2006 - 11%, FY 2005 – 11%,
FY 2004 – 10%
```

Figure 5-145: Sample of Performance Measure Target

10. **Current Report Period Change from Past Years:** Calculates the change in the percent (%) from either the previous year or the baseline year to the current report period.

   - CRS 2019 uses the absolute difference between the first percentage and the second percentage, for example, [Report Period %] minus [Base Period %] = Change

   - The direction of the change is indicated by a "+" (plus) or "-" (minus). The plus indicates that the Current Report percent is larger than the past period.

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

# User Pop         3,029         2,607                    2,371

# w/ any DM Dx       270   8.9     248   9.5     -0.6      198   8.4     +0.6
# w/ DM Dx during
 Report Period       176   5.8     151   5.8     +0.0      101   4.3     +1.6
```

Figure 5-146: Sample of Current Report Period Change from Past Years

5.19.3   Clinical Performance Summaries

Clinical Performance Summaries for selected non-GPRA measures and official
GPRA measures are included at the end of the National GPRA/GPRAMA and
GPRA/GPRAMA Performance Reports. The Clinical Performance Summary for
GPRA developmental measures is included at the end of the section for GPRA
developmental measures.

The summaries display the site's current, previous, and baseline performance results
together with the national performance for the previous year and the 2019 target,
either HP2020 or IHS 2020. Sites can quickly see which measures they most need to
improve. Also included in the GPRA/GPRAMA summary is a **GPRA Target** column
so users know which performance IHS has to achieve nationally in order to meet the
GPRA measures.

5.19.3.1 National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries

```
  MP                            Apr 08, 2019                         Page 1
                     *** IHS 2019 National GPRA/GPRAMA Report ***
                            DEMO INDIAN HOSPITAL
                     Report Period: Oct 01, 2018 to Sep 30, 2019
                  Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                   Baseline Period: Oct 01, 2009 to Sep 30, 2010
 ------------------------------------------------------------------------------
                GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                            Site     Site     Site
                          Current Previous Baseline
 ------------------------------------------------------------------------------

 GPRA DEVELOPMENTAL MEASURES
 ---------------------------

 DIABETES
  BP <140/90,
   or <150/90 for 60+          66.3%   72.1%   72.8%
    BP <140/90 (< age 60)      60.7%   70.4%   70.4%
    BP <150/90 (>= age 60)     77.9%   76.3%   79.8%

 DENTAL
  Dental Exam                  25.0%   50.0%   51.9%
  Treatment Completed          72.5%   67.1%   12.0%
  Pregnant Visit               20.0%   18.2%   17.1%
```

```
 # w/ Gen Anesthesia          22     20     23
 Intact Sealants            30.0%  28.8%  13.6%
 Top Fluoride-# Apps          322    380    432
 Topical Fluoride           20.0%  19.9%  63.7%
 Caries Risk Assessment     33.3%  22.0%  21.2%


IMMUNIZATIONS
 DM: Pneumococcal           40.0%  50.0%  60.3%
 UP: Pneumococcal 18-64
  High Risk                 29.9%  29.2%  37.9%
 UP 19-49 1:1 Combo         52.5%  66.9%  37.5%
 UP 50-64 1:1:1* Combo      55.9%  51.8%  50.3%
 UP 50-64 1:1:2 Combo       42.0%  41.0%  40.0%
 UP 60-64 1:1:1* Combo      54.2%  57.7%  51.1%
 UP 65+ 1:1:1*:1* Combo     32.0%  38.0%  35.0%
 UP 19+ Combo               26.8%  32.0%  25.9%
 Pregnant Pts
  Tdap in past 20 mos       40.0%  25.4%  10.8%
   1st Trimester             0.0%   1.6%   0.0%
   2nd Trimester             6.7%   1.6%   0.0%
   3rd Trimester             2.2%   0.0%   0.0%
   Unknown Trimester        31.1%  22.2%  10.8%
  Influenza                 22.2%  46.0%  47.7%
  Tdap and Influenza         8.9%  12.7%   7.7%
 Preg Pts w/ visit
 + Tdap in 3rd Tri          27.3%  33.3%  10.2%
```

Figure 5-147: Sample GPRA Developmental Measures Clinical Performance Summary from
National GPRA/GPRAMA Report, Page 1

```
MP                         Apr 08, 2019                    Page 2
                *** IHS 2019 National GPRA/GPRAMA Report ***
                        DEMO INDIAN HOSPITAL
              Report Period: Oct 01, 2018 to Sep 30, 2019
            Previous Year Period: Oct 01, 2017 to Sep 30, 2018
              Baseline Period: Oct 01, 2009 to Sep 30, 2010
----------------------------------------------------------------------
            GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                            Site     Site     Site
                          Current Previous Baseline
----------------------------------------------------------------------
 Childhood 19-35mos
  Active IMM 1 Dose Hep A   43.4%    0.0%    0.0%
  Active IMM 2-3 Doses
   Rotavirus                47.0%    0.0%    0.0%
  Active IMM 2 Doses
   Influenza                32.5%    0.0%    0.0%
 Adolescent (13-17 Years)
   UP: 1:1:2*                3.1%    9.7%   27.3%
   UP Male: 1:1:2*           0.0%   11.1%    0.0%
   UP Female: 1:1:2*         4.3%    9.1%   55.9%
   UP: 1:1                   6.3%   12.9%   80.2%
   UP: 1 Tdap              100.0%  100.0%   79.2%
   UP: 1 Meningococcal       9.4%   16.1%   83.5%
   UP: 2 or 3 HPV            3.1%    9.7%   28.5%
   UP Male: 2 or 3 HPV       0.0%   11.1%    0.0%
   UP Female: 2 or 3 HPV     4.3%    9.1%   58.5%


BEHAVIORAL HEALTH
 Female UP 14-46
  SUD Screening             24.5%    0.0%    0.0%
```

```
  Pregnancy Intention Assmt    5.5%    1.8%    0.0%
  SUD + Pregnancy Intention    2.7%    0.0%    0.0%
 UP Positive Substance Abuse
  Pregnancy Intention Assmt   12.5%    0.0%    0.0%
  Positive Pregnancy Intention 4.2%    0.0%    0.0%
  BNI/BI in 7 days            41.7%    0.0%    0.0%
   w/ BNI/BI same day         30.0%    0.0%    0.0%
   w/ BNI/BI 1-3 days         40.0%    0.0%    0.0%
   w/ BNI/BI 4-7 days         30.0%    0.0%    0.0%
   w/ Referral                10.0%    0.0%    0.0%
 Pregnant Pts w/ SUD Dx       11.5%    0.0%    1.2%
 Pregnant Positive Substance Abuse
  BNI/BI in 7 days            46.2%    0.0%    0.0%
   w/ BNI/BI same day         33.3%    0.0%    0.0%
   w/ BNI/BI 1-3 days         33.3%    0.0%    0.0%
   w/ BNI/BI 4-7 days         33.3%    0.0%    0.0%
   w/ Referral                16.7%    0.0%    0.0%

 Suicide Risk Assessment      33.3%   20.0%   18.0%


CARDIOVASCULAR DISEASE
  Weight Assess/Counsel 3-17
  Comprehensive Assessment     0.5%    4.0%    0.6%
  BMI Documented              35.3%   77.5%   80.5%
  Nutrition Counseling         2.2%    9.3%    1.8%
  Physical Activity
   Counsel                     4.0%   10.8%    4.3%

 UP w/Phys Activity Screen    60.3%   60.3%   60.1%
 UP w/Exercise Education      50.0%   40.0%   40.0%
 UP w/Exercise Goal            0.0%    0.0%    0.0%
```

Figure 5-148: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 2

```
MP                             Apr 08, 2019                       Page 3
                  *** IHS 2019 National GPRA/GPRAMA Report ***
                          DEMO INDIAN HOSPITAL
                  Report Period: Oct 01, 2018 to Sep 30, 2019
             Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                 Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------
             GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                            Site    Site    Site
                          Current Previous Baseline
-------------------------------------------------------------------------
 BP Assessed 18+              2.5%    3.0%   85.0%
 BP Assessed in CHD Pts       0.0%   25.0%   97.6%
 Med Therapy Post AMI
  Beta-Blocker Treatment      0.0%    0.0%    0.0%
  ASA Treatment               0.0%    0.0%    0.0%
  ACEI/ARB Treatment          0.0%    0.0%    0.0%
  Statin Treatment            0.0%    0.0%    0.0%
  With All Above Meds         0.0%    0.0%    0.0%


OTHER CLINICAL
 HIV Scrn No Prev Diag
  13-64yrs                    2.5%    6.4%    5.4%
 w/ Positive Result          4.9%    4.0%    3.2%
 w/ Negative Result         90.2%  100.0%   96.7%
 w/ No Result                4.9%    4.0%    3.3%
```

```
 w/ HIV Screen Past 5 yrs    18.9%   18.4%   15.3%
 Male UP 25-45
  w/ HIV Screen             52.6%   56.3%   52.0%
  w/ Positive Result         8.2%    6.1%    2.2%
  w/ HIV Screen Ever        71.6%   79.4%   73.2%
# HIV Screens                  44     121     104
 HIV+ w/CD4 count            60.0%   54.2%   50.0%
 HIV+ w/CD4 <200             10.0%    0.0%    0.0%
 HIV+ w/CD4 =>200
  and =<350                  10.0%    0.0%    0.0%
 HIV+ w/CD4 >350 and =<500   10.0%    0.0%    0.0%
 HIV+ w/CD4 >500             10.0%    0.0%    0.0%
 HIV+ w/no CD4 result        20.0%    0.0%    0.0%
 HIV Pts w/CD4 only           0.0%    0.0%    0.0%
 HIV Pts w/viral load only    0.0%    0.0%    0.0%
 HIV Pts w/CD4 & viral load   0.0%    0.0%    0.0%
 HIV Pts w/any test           0.0%    0.0%    0.0%
 HIV Pts w/ART Rx             0.0%    0.0%    0.0%

 Hep C Screening             14.8%   13.4%   10.0%
 w/ Positive Result          68.2%   65.1%   54.2%
 w/ Negative Result          21.2%   25.4%   35.4%
 UP Pts
  w/ Positive Ab result      91.4%   90.6%   76.6%
```

Figure 5-149: Sample GPRA Developmental Measures Performance Summary from National
GPRA/GPRAMA Report, Page 3

```
-----------------------------------------------------------------------------
          GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                          Site    Site    Site
                          Current Previous Baseline
-----------------------------------------------------------------------------
 w/ Hep C Diagnosis         13.7%   15.5%   30.5%
 Hep C Confirmation Test    10.6%    9.9%   12.5%
 w/ Positive Result         44.4%   39.1%   50.0%
 w/ Negative Result         44.4%   52.2%   43.8%
 UP Pts born 1945-1965
 w/ Positive Ab result      74.2%   73.0%   60.0%
 w/ Hep C Diagnosis         30.3%   33.3%   46.0%
 Hep C Confirmation Test    22.7%   19.0%   18.0%
 w/ Positive Result         33.3%   33.3%   55.6%
 w/ Negative Result         46.7%   50.0%   33.3%
 UP Pts Ever Cured          16.7%   11.1%    0.0%
 UP Pts Currently Cured      8.3%   11.1%    0.0%
 UP Pts born 1945-1965
  Ever Cured                20.0%    0.0%    0.0%
 UP Pts born 1945-1965
  Currently Cured            0.0%    0.0%    0.0%
 UP Pts 18+
 Hep C Screening            22.7%   20.9%    9.5%
  w/ Positive Result         9.5%    8.2%    2.0%
  w/ Negative Result        27.0%   24.6%   36.5%

 AC 16-29 w/Chlamydia Test  13.7%   27.2%   23.5%
  w/ Refusal                10.0%    9.0%    9.5%
  AC 16-20                  10.9%   22.1%   15.0%
  AC 21-25                  16.4%   32.7%   34.4%
  AC 21-24                  10.0%   20.0%   39.7%
  AC 25-29                  10.9%   22.1%   15.0%
 AC 16-29 Sexually Active
```

```
    w/Chlamydia Test              27.1%   30.0%   46.8%
      AC Sexually Active 16-20    12.5%   10.0%   36.1%
      AC Sexually Active 21-24    20.0%   22.0%   20.4%
      AC Sexually Active 25-29    13.5%   14.0%   39.1%
   UP 16-29 Sexually Active
    w/Chlamydia Test               7.1%   10.0%   46.8%
      UP Sexually Active 16-20    12.5%   12.0%   36.1%
      UP Sexually Active 21-24    10.0%   10.5%   60.4%
      UP Sexually Active 25-29    18.3%   16.8%   46.1%
   STI AC Pts w/HIV Screen        44.4%   36.0%   17.2%
    w/ Refusal                    10.0%    9.0%    9.5%
   STI UP Pts w/HIV Screen        44.4%   36.0%   17.2%

   UP w/beta-blocker PDC>=80%      0.0%    0.0%   27.6%
   UP w/beta-blocker gap>=30d      0.0%    0.0%   65.5%
   UP w/RASA PDC>=80%              0.0%    0.0%   27.5%
   UP w/RASA gap>=30d              0.0%    0.0%   66.8%
   UP w/CCB PDC>=80%               0.0%    0.0%   26.5%
   UP w/CCB gap>=30d               0.0%    0.0%   71.4%
```

Figure 5-150: Sample GPRA Developmental Measures Performance Summary from National GPRA/GPRAMA Report, Page 4

```
  ------------------------------------------------------------------------------
            GPRA DEVELOPMENTAL CLINICAL PERFORMANCE SUMMARY
                             Site    Site    Site
                           Current Previous Baseline
  ------------------------------------------------------------------------------
   UP w/biguanide PDC>=80%        0.0%    0.0%   18.0%
   UP w/biguanide gap>=30d        0.0%    0.0%   77.6%
   UP w/sulfonylurea PDC>=80%     0.0%    0.0%   21.6%
   UP w/sulfonylurea gap>=30d     0.0%    0.0%   75.6%
   UP w/thiazolidinedione
    PDC >=80%                     0.0%    0.0%   27.6%
   UP w/thiazolidinedione
    gap >=30d                     0.0%    0.0%   63.8%
   UP w/DDP-IV PDC>=80%         100.0%    0.0%    0.0%
   UP w/DDP-IV gap>=30d           0.0%    0.0%    0.0%
   UP w/Diabetes All Class
    PDC >=80%                     0.0%    0.0%   45.7%
   UP w/Diabetes All Class
    gap >=30d                     0.0%    0.0%   53.3%
   UP w/statin PDC>=80%           0.0%    0.0%   26.8%
   UP w/statin gap>=30d           0.0%    0.0%   67.2%
   UP w/non-warfarin
    anticoag PDC >=80%            0.0%    0.0%    0.0%
   UP w/non-warfarin
    anticoag gap >=30d            0.0%    0.0%    0.0%
   UP w/antiretroviral
    PDC >=90%                     0.0%    0.0%  100.0%
   UP w/ LA inhaled
    bronchodilator PDC >=80%      0.0%    0.0%   28.6%
   UP w/ non-infused disease
    mod agents PDC >=80%          0.0%    0.0%    0.0%

   AC 18+ w/ Opioids + Benzo     25.0%   20.0%   22.7%
   AC 18+ w/MTM                   0.0%    0.0%    2.7%
   Use of Benzodiazepine Sedative
    Hypnotic Meds 65+             0.0%    0.0%    0.0%

   Glaucoma Optic Nerve
```

```
        Head Eval                        20.0%   20.0%   20.0%

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

Figure 5-151: Sample GPRA Developmental Measures Performance Summary from National
GPRA/GPRAMA Report, Page 5

```
MP                          Apr 08, 2019                        Page 1
                   *** IHS 2019 National GPRA/GPRAMA Report ***
                           DEMO INDIAN HOSPITAL
                   Report Period: Oct 01, 2018 to Sep 30, 2019
               Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                   Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
           SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                  Site      Site      Site
                                  Current   Previous  Baseline
-------------------------------------------------------------------------------


DIABETES
 Diabetes DX Ever*                 64.8%    31.3%     24.1%
 UP Documented A1c*                 9.2%    12.5%     80.8%
 UP A1c >=7 and <8                  1.4%     4.2%     14.5%
 UP Good Glycemic Control <8        3.6%     6.4%     40.3%
 UP BP Assessed                    16.9%    10.4%     97.1%
 AC BP <140/90                      4.3%     6.4%     74.4%
 UP DM Statin Therapy
   DM Pts 21-39 w/ CVD or LDL>=190  0.0%   100.0%     88.9%
   DM Pts 40-75 w/ CVD or LDL>=190 16.7%    14.3%     78.6%
   DM Pts 76+ w/ CVD or LDL>=190   11.1%    20.0%     25.0%
   DM Pts 40-75                    12.5%    22.2%     72.0%
 UP DM Statin Therapy exclusions   65.9%    64.3%     52.5%
   Allergy/ADR to Statin           13.8%     7.4%     13.3%
 AC DM Statin Therapy              11.6%    26.7%     70.8%
 AC Nephropathy Assessed           16.5%    12.8%     65.7%
 UP Validated teleretinal visit     0.0%     0.0%      2.7%
 UP Ophthalmology visit             0.0%     0.0%      8.6%
 UP Optometry visit                 0.0%     0.0%     32.8%
 AC Retinopathy Assessed            3.8%     4.3%     36.2%

DENTAL
 # Sealants                           3        3       317
 # Sealants 2-15                      2        2       222
 Topical Fluoride-# Pts               5        0       275
 Topical Fluoride-# Pts 1-15          4        0       221

IMMUNIZATIONS
 AC Influenza 6mos - 17yrs         28.9%     0.5%     48.9%
 AC Influenza 18+                   9.0%     1.2%     30.8%
 UP Influenza 65+                   8.8%     1.6%     37.5%
 AC Adult 19+ IZ Combos            47.8%    73.2%     31.4%
 UP Adult 19-59
  Tdap/Td past 10 yrs              79.4%    87.5%     80.9%
   Tdap ever                       74.2%    82.9%     33.7%
   Influenza                        6.5%     0.7%     25.3%
   1:1:1 Combo                      5.2%     0.6%     10.1%
   1:1 Combo                       73.5%    82.4%     33.7%
```

```
  UP Adult 60-64
    Tdap/Td past 10 yrs                76.9%     82.4%     82.4%
```

Figure 5-152: Sample Selected Non-GPRA Measures Clinical Performance Summary from National
        GPRA/GPRAMA Report, Page 1

```
MP                              Apr 08, 2019                        Page 2
                    *** IHS 2019 National GPRA/GPRAMA Report ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Oct 01, 2018 to Sep 30, 2019
               Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                 Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
          SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                   Site      Site      Site
                                   Current   Previous  Baseline
-------------------------------------------------------------------------------
    Tdap ever                      76.9%     79.1%     26.4%
    Influenza                       7.7%      1.1%     38.5%
    Zoster ever                    46.2%     25.3%      1.1%
    1:1:1:1 Combo                   7.7%      1.1%      0.0%
    1:1:1 Combo                    46.2%     25.3%      1.1%
  UP Adult 65+
    Tdap/Td past 10 yrs            65.7%     78.3%     77.9%
    Tdap ever                      58.8%     69.3%     11.8%
    Influenza                       8.8%      1.6%     37.5%
    Zoster ever                    40.2%     49.7%      0.7%
    PPSV23 or PCV13 65+            76.5%     65.1%     74.3%
    Up-to-date PPSV23/PCV13        21.6%     15.3%      7.4%
    PCV13 19+ or PPSV23 < 1yr      28.4%     19.6%     10.3%
    PPSV23 65+/PCV13 < 1yr         70.6%     61.9%     74.3%
    PPSV23 and PCV13 65+           10.8%     13.8%      4.4%
    PPSV23 65+                     64.7%     59.3%     69.1%
    PCV13 65+                      19.6%     16.9%      4.4%
    1:1:1:1:1 Combo                 2.0%      0.0%      0.0%
    1:1:1:1:1* Combo                2.0%      0.0%      0.0%
    1:1:1:1 Combo                  30.4%     35.4%      0.0%
    1:1:1:1* Combo                  9.8%     11.6%      0.0%
 Active Clinical 4313*314          6.7%      0.0%     82.9%
 Active IMM 4313*314               7.7%      0.0%      0.0%

CANCER
 AC Pap Smear/HPV 24-64           11.8%     13.2%     39.4%
 UP Pap Smear 24-29                7.1%     10.4%     33.6%
 UP Pap Smear 30-64                1.2%      9.3%     34.5%
 UP Pap Smear+HPV 30-64            8.6%      2.3%      0.9%
 AC Mammogram Rates 52-64          6.7%      0.0%     22.5%
 AC Colorectal Cancer 50-75       17.6%      9.6%     13.7%
 UP Tobacco Assessment 5+         14.4%      1.0%     51.7%
 UP Tobacco Use Prevalence        69.8%     83.3%     22.0%
 UP Tobacco Cessation Counsel      4.3%      0.8%     28.2%
 UP Tobacco quit                  12.9%      0.5%      8.7%
 AC Tobacco Cessation Counsel or Quit 19.3%  1.5%     36.9%

BEHAVIORAL HEALTH
 AC Alcohol Screen 9-75            4.8%      0.2%     59.4%
```

```
 FAS Prevention 14-46                    7.7%      1.1%     66.4%
 FAS Prevention Pos Scrn               100.0%     50.0%     16.1%
```

Figure 5-153: Sample Selected Non-GPRA Measures Clinical Performance Summary from National
        GPRA/GPRAMA Report, Page 2

```
MP                              Apr 08, 2019                       Page 3
                      *** IHS 2019 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Oct 01, 2018 to Sep 30, 2019
                  Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                    Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE SUMMARY
                                 Site      Site      Site
                                 Current   Previous  Baseline
-------------------------------------------------------------------------------
 UP Alcohol-Related Education 9-75    1.3%      0.2%      1.8%
 UP Positive Alcohol Screen         100.0%     50.0%     21.0%
 SBIRT 9-75yrs
  AC Pos Screen w/ BNI/BI            60.0%      0.0%      0.5%
   UP Alcohol Screen                 2.6%      0.2%     52.3%
     w/ Positive Screen             100.0%     50.0%     21.0%
     w/ BNI/BI                       60.0%      0.0%      0.7%
 UP Positive Screen
  w/ BNI/BI same day                 66.7%      0.0%      0.0%
   w/ BNI/BI 1-3 days                33.3%      0.0%      0.0%
   w/ BNI/BI 4-7 days                0.0%      0.0%    100.0%
   w/ Referral                       66.7%      0.0%      0.0%
 AC IPV/DV Screen 14-46              1.5%      0.9%     49.9%
 UP IPV/DV 14-46 w/Exam              0.0%    100.0%     99.3%
 UP IPV/DV 14-46 w/Related DX       100.0%     0.0%      1.5%
 UP IPV/DV 14-46 w/Education         0.0%      0.0%      1.9%
 AC Depression Screen 12-17         20.0%      0.0%     18.7%
 AC Depression Screen 18+            4.7%      0.9%     60.6%
 DM: Depression Screen               4.2%     50.0%     81.4%

CARDIOVASCULAR DISEASE
 AC Children 2-5 w/BMI >=95%        100.0%     0.0%     29.0%
 CVD Statin Therapy exclusions      69.1%     75.5%     46.1%
   Allergy/ADR to Statin             9.8%      2.4%     12.3%

OTHER CLINICAL
 Prenatal HIV Testing                0.0%      0.0%     63.5%
 AC Breastfeed Rates @ 2 Mos        100.0%     0.0%      0.0%

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

Figure 5-154: Sample Selected Non-GPRA Measures Clinical Performance Summary from National
        GPRA/GPRAMA Report, Page 3

```
MP                              Apr 08, 2019                       Page 1
                      *** IHS 2019 National GPRA/GPRAMA Report ***
                              DEMO INDIAN HOSPITAL
                     Report Period: Oct 01, 2018 to Sep 30, 2019
                  Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                    Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
            OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
```

```
                        Site    Site    Site    GPRA    Nat'l   2020
                        Current Previous Baseline Target  2018    Target


--------------------------------------------------------------------------------
DIABETES
UP Poor Glycemic Control
 >9                       3.3%    9.3%   40.0%   36.2%   N/A     N/A
UP Controlled BP <140/90  4.9%    7.0%   74.1%   52.3%   55.6%   57.0%
UP DM Statin Therapy      5.5%   14.8%   39.3%   37.5%   47.4%   N/A
UP Nephropathy Assessed  18.9%   11.6%   65.7%   34.0%   44.2%   N/A
UP Retinopathy Assessed   2.6%    4.7%   35.2%   49.7%   49.2%   58.7%

DENTAL
Dental Access General    15.3%   32.0%   34.2%   29.7%   28.3%   49.0%
  Age 0-2                10.0%    9.0%   30.1%   N/A     N/A     N/A
  Age 3-5                42.9%   40.6%   69.0%   N/A     N/A     N/A
  Age 0-5                17.6%   20.4%   47.6%   N/A     N/A     N/A
  Age 6-9                44.4%   30.0%   39.9%   N/A     N/A     N/A
  Age 10-12              33.3%   20.4%   43.5%   N/A     N/A     N/A
  Age 13-15              50.0%   44.2%   34.8%   N/A     N/A     N/A
  Age 16-21              42.9%   40.6%   69.0%   N/A     N/A     N/A
  Age 22-34              17.6%   20.4%   33.5%   N/A     N/A     N/A
  Age 35-44              32.9%   34.6%   36.2%   N/A     N/A     N/A
  Age 45-54              44.9%   45.9%   31.8%   N/A     N/A     N/A
  Age 55-74              33.3%   50.0%   28.2%   N/A     N/A     N/A
  Age 75+                15.3%   32.0%   16.7%   N/A     N/A     N/A
Intact Sealants           5.3%    6.2%    6.6%   16.6%   16.4%   N/A
  Age 2                   4.8%    4.2%    4.3%   N/A     N/A     N/A
  Age 3-5                 6.5%    4.9%    5.6%   N/A     N/A     N/A
  Age 6-9                 7.8%    7.0%    8.8%   N/A     N/A     N/A
  Age 10-12               3.3%    9.6%    6.0%   N/A     N/A     N/A
  Age 13-15               4.4%    4.8%    7.6%   N/A     N/A     N/A
Topical Fluoride         21.0%   37.7%   30.3%   29.9%   32.9%   N/A
  Age 1-2                 5.0%    7.2%   36.2%   N/A     N/A     N/A
  Age 3-5                28.6%   20.0%   57.7%   N/A     N/A     N/A
  Age 1-5                16.7%   15.3%   48.9%   N/A     N/A     N/A
  Age 6-9                33.3%   50.0%   26.8%   N/A     N/A     N/A
  Age 10-12              44.9%   45.9%   17.7%   N/A     N/A     N/A
  Age 13-15              17.6%   20.4%    5.7%   N/A     N/A     N/A

IMMUNIZATIONS
UP Influenza 6mos -
 17yrs                   10.6%   46.9%   41.7%   37.1%   24.0%   N/A
UP Influenza 18+          8.6%   41.6%   39.9%   38.7%   23.3%   N/A
```

Figure 5-155: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 1

```
MP                         Apr 08, 2019                      Page 2
               *** IHS 2019 National GPRA/GPRAMA Report ***
                         DEMO INDIAN HOSPITAL
               Report Period: Oct 01, 2018 to Sep 30, 2019
            Previous Year Period: Oct 01, 2017 to Sep 30, 2018
               Baseline Period: Oct 01, 2009 to Sep 30, 2010
--------------------------------------------------------------------------------
         OFFICIAL GPRA/GPRAMA MEASURES CLINICAL PERFORMANCE SUMMARY
                        Site    Site    Site    GPRA    Nat'l   2020
                        Current Previous Baseline Target  2018    Target
--------------------------------------------------------------------------------
UP Adult IZ 19+ Combo    52.4%   69.4%   28.9%   Baseline  54.9%  N/A
UP Child IZ 4313*314      8.3%    0.0%   75.0%   45.6%     42.2%  80.0%
```

```
CANCER
UP Pap Smear/HPV 24-64      9.5%   11.4%   35.0%   35.9%      36.0%  93.0%
UP Mammogram 52-64          4.3%    0.0%   20.3%   42.0%      N/A    81.1%
UP Colorectal Cancer
 50-75                     13.5%    7.9%   11.8%   32.6%      31.9%  70.5%
UP Tobacco Cessation
 Counsel or Quit           15.7%    1.3%   35.5%   27.5%      28.9%  N/A


BEHAVIORAL HEALTH
UP Alcohol Screen 9-75      4.0%    0.2%   52.3%   37.0%      40.9%  N/A
SBIRT 9-75yrs
UP Pos Screen w/BNI/BI     60.0%    0.0%    0.5%    8.9%      11.8%   N/A


UP IPV/DV Screen 14-46      1.4%    0.6%   43.7%   41.6%      38.1%  N/A


UP Depression Screen
 12-17                     20.0%    0.0%   15.4%   27.6%      36.0%  N/A
UP Depression Screen 18+    3.2%    0.6%   53.0%   42.2%      43.3%  N/A


CARDIOVASCULAR DISEASE
UP Children 2-5 w/BMI
 >=95%                      0.0%    0.0%   28.8%   22.6%      21.9%  N/A
Controlling High BP        40.0%   20.0%   57.9%   42.3%      48.4%  N/A
  BP < 140/90 (age 18-59)  25.0%   25.0%   55.2%   N/A        N/A    N/A
  BP < 150/90 (age 60-85)  75.0%    0.0%   80.0%   N/A        N/A    N/A
CVD Statin Therapy          3.3%    1.3%   32.9%   26.6%      32.8%  N/A
  Pts 21-39 w/ CVD
   or LDL>=190              0.0%    4.0%   50.0%   N/A        N/A    N/A
  Pts 40-75 w/ CVD
   or LDL>=190              0.0%    0.8%   38.1%   N/A        N/A    N/A
  Pts 76+ w/ CVD
   or LDL>=190              6.9%    3.6%    5.0%   N/A        N/A    N/A
  Pts 40-75 w/ DM           2.7%    1.1%   34.8%   N/A        N/A    N/A


HIV Screen Ever            35.7%   29.0%   19.4%   17.3%      26.1%   N/A
UP Breastfeed Rates @
 2 mos                    100.0%    0.0%    0.0%   39.0%      40.1%  44.3%
```

Figure 5-156: Sample Official GPRA/GPRAMA Measures Performance Summary page from National GPRA/GPRAMA Report, Page 2

5.19.4   Patient List Formats

You may run Patient Lists for the following reports:

- National GPRA/GPRAMA and GPRA/GPRAMA Performance reports (**LST** menu option)

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

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

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

- IPC Measures report (**IPC** menu option)

You may also run the Comprehensive National GPRA/GPRAMA Patient List (**CMP**) and the GPRA/GPRAMA Forecast Patient List (**FOR**).

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

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

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

- A selected patient with a scheduled appointment

- All patients with scheduled appointments to selected clinics or all clinics at a facility

- All patients with scheduled appointments to an entire facility or division

- A selected patient or patients even if they do not have a scheduled appointment

The Comprehensive National GPRA/GPRAMA Patient List shows all patients included in the National GPRA/GPRAMA Report who did not meet at least one GPRA/GPRAMA measure and identifies which GPRA/GPRAMA measures the patients did not meet. The list also identifies the name of the provider with whom the patient last had a visit and the date of the visit.

For the Selected Measures (**COM**, **PP**, **ALL**), Elder Care, and Patient Education reports, you select the performance measure topics for which you want to run Patient Lists but you do not have the option of choosing to include only patients meeting or not meeting the performance measure.

For instructions on producing each of these patient lists, see the following sections.

- For the National GPRA/GPRAMA and GPRA/GPRAMA Performance Patient List, see Section 5.3.2.

- For the GPRA/GPRAMA Forecast Patient List, see Section 5.8.2.

- For the Comprehensive National GPRA/GPRAMA Patient List, see Section 5.10.2.

- For Selected Measures Reports (COM, PP, ALL) Patient Lists, see Section 5.11.2.

- For the Elder Care Report, see Section 5.13.2.

- For the Patient Education Reports, see Sections 5.14.2 and 5.15.2 (**PCM** and **P3**, respectively).

- For the IPC Measures Report, see Section 5.16.2.

Patient Lists are organized by:

- Community

- Gender

- Age

- Last name

Key elements of the Patient List format, shown in Figure 5-160 and Figure 5-161, are the following:

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

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

```
    ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
 MP                              Dec 28, 2019                         Page 1
         *** IHS 2019 Clinical Performance Measure Patient List  ***
                          DEMO INDIAN HOSPITAL
              Report Period: Jan 01, 2019 to Dec 31, 2019
                          Entire Patient List
```

Figure 5-157: Sample of Report Type and Patient List Type

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

4. **List columns:** All Patient Lists contain the following columns of information:

- **Patient Name** displayed as Last, First

- **Health Record Number** (HRN) of the patient

- **Community name**

- **Sex** (M or F) of the patient;

- **Age** of the patient (as of the first day of the report period)

- **Date of Birth**

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

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

6. **Numerator Value column**: Displays different information about the numerator, such as the date a test was given and the test code, whether a Health Factor or patient education code was recorded. In the example in Cancer Screening: Pap Smear Rates: List of women 24-64 with documented Pap

```
Smear and HPV, if any.

PATIENT NAME              HRN    COMMUNITY     SEX AGE  DOB
 DENOMINATOR                     NUMERATOR
----------------------------------------------------------------------------
 PATIENT,CRSAA            106885 BRAGGS         F   21   03/25/98
  UP,AC                          05/05/17 POV 795.0
```

7. Figure 5-158, the value column identifies the date a Pap smear was documented and the test code. If no date and code information displays, this patient is counted in the denominator only.

> **Note:** This column is not included in the Comprehensive National GPRA/GPRAMA Patient List report. Instead, it has the **Measure Not Met** (8) and **Lst Prvdr** (9) columns. In addition, the performance measures are not listed separately; patients are listed only once with all the measures they did not meet and indicated in the Measure Not Met column.

```
Cancer Screening: Pap Smear Rates: List of women 24-64 with documented Pap
Smear and HPV, if any.

PATIENT NAME              HRN    COMMUNITY     SEX AGE  DOB
 DENOMINATOR                     NUMERATOR
----------------------------------------------------------------------------
 PATIENT,CRSAA            106885 BRAGGS         F   21   03/25/98
  UP,AC                          05/05/17 POV 795.0
```

Figure 5-158: Sample of List Description, List Columns, Denominator and Numerator Value Columns

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

9. **Lst Prvdr column**: Displays only for the Comprehensive National GPRA/GPRAMA Patient List. Displays the name, abbreviated discipline of the provider the patient saw last visit, and the date of the patient's last visit.

10. **Last Medical Visit column**: Displays the date of the patient's last medical visit. Medical visit is defined as one of the core or secondary clinics listed in the Active Clinical denominator.

11. **Last Visit column**: Displays the date of the patient's last visit, defined as a visit with a Service Code of A, H, O, R, or S.

> **Note:** These last two columns are only included in the National GPRA/GPRAMA Patient List report.

```
List of female patients with a Pap smear documented in the past 3 years
or Pap+HPV in past 5 years.

PATIENT NAME        HRN     COMMUNITY    SEX AGE DOB       LAST MEDI-  LAST
DENOMINATOR                 NUMERATOR                      CAL VISIT   VISIT
--------------------------------------------------------------------------
PATIENT,CRSAA       106885 BRAGGS        F   21  03/25/98  03/06/18    03/06/18
UP,AC                      05/05/17 POV 795.0
```

Figure 5-159: Sample of List Description, List Columns, Denominator and Numerator Value Columns, Last Medical Visit and Last Visit

```
  ***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
 MP                           Dec 28, 2019                         Page 1
           *** IHS 2019 Clinical Performance Measure Patient List  ***
                            DEMO INDIAN HOSPITAL
                  Report Period: Jan 01, 2019 to Dec 31, 2019
                             Entire Patient List
 ---------------------------------------------------------------------------
Cancer Screening: Pap Smear Rates

Denominator(s):
 - Female Active Clinical patients ages 24 through 64 without
documented history of hysterectomy.
 - Female Active Clinical patients ages 24 through 29 without documented
history of hysterectomy.
 - Female Active Clinical patients ages 30 through 64 without documented
history of hysterectomy.
 - GPRA Denominator: Female User Population patients ages 24 through 64
without documented history of hysterectomy.
 - Female User Population patients ages 24 through 29 without documented
history of hysterectomy.
 - Female User Population patients ages 30 through 64 without documented
history of hysterectomy.

Numerator(s):
 - GPRA Numerator: Patients with a Pap Smear documented in the past 3
years, or if patient is 30 to 64 years of age, either a Pap Smear
documented in the past 3 years or a Pap Smear and an HPV DNA documented on
the same day in the past 5 years. NOTE: This numerator does NOT include
refusals.
 - Patients with a Pap Smear documented in the past 3 years. NOTE: This
numerator does NOT include refusals.
 - Patients with a Pap Smear documented 3-5 years ago and an HPV DNA
documented on the same day in the past 5 years. NOTE: This numerator does
NOT include refusals.

Logic:
Age of the patient is calculated at the beginning of the Report Period.
Patients must be at least 24 years of age at the beginning of the Report
Period and less than 65 years of age as of the end of the Report Period.
```

```
Hysterectomy defined as any of the following ever: 1) Procedure ICD-9:
68.4-68.9; ICD-10: 0UTC*ZZ, 0UT90ZL, 0UT94ZL; 2) CPT 51925, 56308 (old
code), 57540, 57545,
57550, 57555, 57556, 58150, 58152, 58200-58294, 58548, 58550-58554,
58570-58573, 58575, 58951, 58953-58954, 58956, 59135; 3) Diagnosis (POV or
Problem List entry where the status is not Deleted) ICD-9: 618.5, 752.43,
V88.01, V88.03; ICD-10: N99.3, Z12.72, Z90.710, Z90.712, Q51.5; SNOMED
data set PXRM BGP HYSTERECTOMY DX (Problem List only); or 4) Women's
Health procedure called Hysterectomy.

Pap Smear definitions: 1) Lab: Pap Smear; 2) POV ICD-9: V76.2 Screen Mal
Neop-Cervix, V72.32 Encounter for Pap Cervical Smear to Confirm Findings
of Recent Normal Smear Following Initial Abnormal Smear, 795.0*; ICD-10:
R87.61*, R87.810, R87.820, Z01.42, Z12.4; 3) CPT 88141-88154,
88160-88167, 88174-88175, G0123, G0124, G0141, G0143-G0145, G0147, G0148,
P3000, P3001, Q0091; 4) Women's Health procedure called Pap Smear and
where the result does NOT have "ERROR/DISREGARD"; 5) LOINC taxonomy; 6)
site-populated taxonomy BGP PAP SMEAR TAX.
```

Figure 5-160: Sample Patient List, Selected Measures Report, Page 1

```
              *** IHS 2019 Clinical Performance Measure Patient List  ***
                              DEMO INDIAN HOSPITAL
                   Report Period: Jan 01, 2019 to Dec 31, 2019
                              Entire Patient List
-------------------------------------------------------------------------------
HPV DNA definitions: 1) V Lab: HPV; 2) POV ICD-9: V73.81, 079.4, 796.75,
795.05, 795.15, 796.79, 795.09, 795.19; ICD-10: B97.7, R85.618, R85.81,
R85.82, R87.628, R87.810, R87.811, R87.820, R87.821, Z11.51; 3) V CPT
87620-87622 (old codes), 87623-87625, G0476; 4) Women's Health procedure
called HPV Screen and where the result does NOT have "ERROR/DISREGARD"; 5)
Women's Health procedure called Pap Smear and where the HPV field equals
Yes; 6) LOINC taxonomy; 7) site-populated taxonomy BGP HPV TAX. (Note:
CRS will only search for a documented HPV DNA if the patient had a Pap
Smear 3 to 5 years ago.)

Performance Measure Description:
During GPRA Year 2019, achieve the target rate of 35.9% for the
proportion of female patients ages 24 through 64 without a documented
history of hysterectomy who have had a Pap screen within the previous
three years, or if the patient is over 30, had a Pap screen in the past
three years or a Pap screen and HPV DNA within the previous five years.

Past Performance and/or Target:
UP IHS Performance: FY 2018 — 36.0%, FY 2017 - 43.8%

AC IHS Performance: FY 2017 - 54.8%, FY 2016 - 54.8%, FY 2015 — 54.9%, FY
2014 - 54.6%, FY 2013 - 61.7%, FY 2012 - 63.4%

IHS Performance (former definition):  FY 2012 - 57.1%, FY 2011 — 58.1%,
FY 2010 — 59%, FY 2009 — 59%, FY 2008 — 59%, FY 2007 — 59%, FY 2006 —
59%, FY 2005 - 60%, FY 2004 - 58%, FY 2003 - 61%; HP 2020 Goal: 93%

Source:
HP 2020 C-15
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic; PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary
Heart Disease; HR=High Risk Patient

Cancer Screening: Pap Smear Rates: List of women 24-64 with documented
Pap Smear and HPV, if any.
```

```
PATIENT NAME              HRN   COMMUNITY      SEX AGE  DOB
 DENOMINATOR                    NUMERATOR
--------------------------------------------------------------------
PATIENT,CRSAA            100001 BRAGGS         F   21   03/25/98
UP,AC                          05/05/17 POV R87.810
PATIENT,CRSBB            100002 BRAGGS         F   21   11/12/98
UP
PATIENT,CRSCC            100003 BROKEN ARROW   F   22   02/19/97
UP,AC                          10/31/16 Lab
PATIENT,CRSDD            100004 BROKEN ARROW   F   22   03/02/97
UP,AC                          07/25/17 Lab
PATIENT,CRSEE            100005 CHECOTAH       F   22   04/12/97
UP,AC                          09/10/17 Lab
PATIENT,CRSFF            100006 CHECOTAH       F   22   01/10/97
UP,AC
PATIENT,CRSGG            100007 CHECOTAH       F   22   03/15/97
UP,AC                          06/26/17 Lab

Total # of Patients on list: 7
```

Figure 5-161: Sample Patient List, Selected Measures Report, Page 2

```
                 ***  IHS 2019 GPRA/GPRAMA Patient List  ***
                         CRS 2019, Version 19.1
                          DEMO INDIAN HOSPITAL
               Report Period: Jan 01, 2019 to Dec 31, 2019
                              All Patients


-------------------------------------------------------------------------
Source:
HP 2020 C-15
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic; PREG=Pregnant Female; IMM=Active IMM Pkg Pt; CHD=Active Coronary
Heart Disease; HR-High Risk Patient

List of female patients with a Pap smear documented in the past 3 years or
Pap+HPV in past 5 years.

PATIENT NAME      HRN   COMMUNITY     SEX AGE DOB       LAST MEDI-  LAST
DENOMINATOR             NUMERATOR                       CAL VISIT   VISIT
-------------------------------------------------------------------------
PATIENT,CRSAA     100001 BRAGGS       F   21  03/25/98  03/06/18  03/06/18
UP,AC                    05/05/17 POV 795.0
PATIENT,CRSCC     100003 BROKEN ARROW F   22  02/19/97  10/31/17  10/31/17
UP,AC                    10/31/17 Lab
PATIENT,CRSDD     100004 BROKEN ARROW F   22  03/02/97  12/12/18  12/12/18
UP,AC                    07/25/18 Lab
PATIENT,CRSFF     100006 CHECOTAH     F   22  01/10/97  05/05/17  05/05/17
UP,AC                    05/05/17 Lab
PATIENT,CRSGG     100007 CHECOTAH     F   22  03/15/97  01/26/18  01/26/18
UP,AC                    01/26/18 POV R87.810
PATIENT,CRSHH     100008 KANSAS       F   22  05/25/97  08/22/18  11/18/18
UP,AC                    10/31/17 Lab
PATIENT,CRSOZ     100099 KANSAS       F   22  10/02/97  05/04/17  06/10/18
UP,AC                    PAP: 06/01/14 PROC 91.46; HPV: 06/01/14 POV 079.4

Total # of Patients on list: 7
```

Figure 5-162: Sample Patient List, National GPRA/GPRAMA Report

```
***** CONFIDENTIAL PATIENT INFORMATION, COVERED BY THE PRIVACY ACT *****
MP                             Dec 28, 2019                        Page 2
    ***  IHS 2019 Comprehensive National GPRA/GPRAMA Patient List  ***
   ***  List of Patients Not Meeting a National GPRA/GPRAMA measure  ***
                         CRS 2019, Version 19.1
                          DEMO INDIAN HOSPITAL
             Report Period: Jan 01, 2019 to Dec 31, 2019
                             All Patients
-------------------------------------------------------------------------
UP=User Pop; AC=Active Clinical; AD=Active Diabetic; AAD=Active Adult
Diabetic
PREG=Pregnant Female; IMM=Active IMM Pkg Pt; IHD=Active Ischemic Heart
Disease

PATIENT NAME      HRN    COMMUNITY      SEX AGE DENOMINATOR NOT MET/LST PRVDR
-------------------------------------------------------------------------
PATIENT,CRSAA    200001 BRAGGS          F   10  UP          Dental Visit/
DEMO,DOCTOR,MD,12/12/18
PATIENT,CRSAB    200002 BRAGGS          F   10  UP          Dental Visit/
DEMO-B,DOCTOR,MD,12/31/18
PATIENT,CRSAC    200003 BRAGGS          F   10  UP          Dental Visit/
DEMO-C,DOCTOR,MD,03/03/18
PATIENT,CRSAD    200004 BRAGGS          F   10  UP          Dental Visit/
DEMO-D,DOCTOR,DO,08/21/18
PATIENT,CRSAE    200005 BRAGGS          F   10  UP          Dental Visit/
DEMO,DOCTOR,MD,10/10/18
PATIENT,CRSAF    200006 BRAGGS          F   11  UP,AC       Dental Visit/
DEMO-W,DOCTOR,DO,11/30/18
```

Figure 5-163: Sample Comprehensive National GPRA/GPRAMA Patient List

```
MP ***CONFIDENTIAL PATIENT INFORMATION-COVERED BY THE PRIVACY ACT***Page 1
                  GPRA/GPRAMA Forecast Patient List
    GPRA Measures Not Met or Due During Oct 01, 2018-Sep 30, 2019
                      CRS 2019, Version 19.1
     Patients with an Appointment in 06 DIABETIC on Apr 28, 2019
                  Date Report Run: Apr 27, 2019
                 Site where Run: DEMO INDIAN HOSPITAL
                 Report Generated by: LAST, FIRST
-------------------------------------------------------------------------
Appt Time  Patient Name                HRN    Sex DOB        Community
GPRA Measure Not Met     Date of Last Screening and Next Due Date
                         Tests Counted for GPRA Measure
-------------------------------------------------------------------------
10:00am   PATIENT,CRSBG               115640  F   09/29/77  KANSAS


Dental Visit            Last Dental Exam: 09/15/17
(All Patients)          Overdue as of: 09/15/18
                        GPRA counts visits with ADA 0000 or 0190, CPT
                        codes D0000 or D0190, PCC Exam 30, POV V72.2 or
                        any PRC visit with any ADA code during
                        10/1/18-9/30/19

AC Pap Smear            Last Pap: 08/19/13
                        Overdue as of: 08/18/17
                        GPRA counts Pap past 3 years from 9/30/19.

AC Tobacco Cess         Last Intervention: Never
                        Overdue as of: 07/01/18
                        GPRA counts tobacco patient education, visit to
```

```
                          Tobacco Cessation Clinic, ADA code 1320, CPT
                          D1320, 99406, 99407, G0375, G0376, 4000F, G8402 or
                          G8453, or Rx for tobacco cessation aid during
                          10/1/18-9/30/19

AC Alcohol Scrn           Last Alcohol Screen: 03/20/18
                          Alcohol Screening Overdue as of: 03/20/19
                          GPRA counts PCC Exam 35, CPT 99408, 99409, G0396,
                          or G0397, V Measurement in PCC or BH of AUDT,
                          AUDC, or CRFT, any alcohol health factor, alcohol
                          screening diagnosis, alcohol diagnosis or
                          procedure, or alcohol or chemical dependency
                          patient education during 10/1/18-9/30/19

AC IPV/DV Scrn            Last DV Screen: Never
                          Overdue as of: 07/01/18
                          GPRA counts PCC Exam 34, BHS IPV/DV Exam, IPV/DV
                          Dx, or IPV/DV patient education during
                          10/1/18-9/30/19
```

Figure 5-164: Sample GPRA/GPRAMA Forecast Patient List, Selected Patient with
          Appointment Option

6.0   Area Office Specific Menu Options

Area Offices can produce summary reports with data aggregated from all sites for national reporting for the National GPRA/GPRAMA, National GPRA/GPRAMA Report Performance Summaries, National GPRA Dashboard, and GPRA/GPRAMA Performance reports. These summary, or aggregate, reports are generated from individual site export report files that were sent to the Area Office when a site chose to export its data.

> **Note:** It is strongly recommended that each Area Office establish a quarterly review process for the National GPRA/GPRAMA Performance reporting data, which includes all GPRA/GPRAMA measures and some additional key clinical performance measures.

Service units with multiple facilities can also use this option to produce aggregated reports.

> **Note:** Access to the **Area Options** (**AO**) is restricted to those users with the BGPZAREA security key.

```
                      ********************************
                      **      IHS/RPMS CRS 2019     **
                      **  Clinical Reporting System **
                      ********************************
                                Version 19.1

                             DEMO INDIAN HOSPITAL

     RPT     Reports ...
     SET     System Setup ...
     AO      Area Options ...

 Select CRS 2019 Option: AO <Enter>  Area Options
```

Figure 6-1: **Clinical Reporting System** menu – **Area Options**

To access the Area Options:

- At the "Select CRS 2019 Option" prompt, type **AO** and press Enter (Figure 6-1) to display the **Area Office Options** menu (Figure 6-2):

```
                      **************************
                      **   IHS/RPMS CRS 2019   **
                      **  Area Office Options  **
                      **************************
                              Version 19.1

                           DEMO INDIAN HOSPITAL

     UPL     Upload Report Files from Site
     AGP     AREA National GPRA/GPRAMA Report
     ASUM    AREA National GPRA/GPRAMA Report Perf Summaries
```

```
     GPUA   AREA GPRA/GPRAMA Performance Report
     ADSH   National GPRA Dashboard
     LSTF   List files in a directory

Select Area Options Option:
```

Figure 6-2: **Area Office Options** menu options

The following options are available on the **Area Office Options** menu:

- **UPL** – Upload Report Files from Site, which uploads the facilities' exported data files located on the Area Office drive into the Area Office's CRS.

- **AGP** – AREA National GPRA/GPRAMA Report

- **ASUM** – AREA National GPRA/GPRAMA Report Perf Summaries

- **GPUA** – AREA GPRA/GPRAMA Performance Report

- **ADSH** – National GPRA Dashboard

- **LSTF** – List files in a directory, which enables you to view a list of the facility data files at the designated location on your Area Office server.

To produce an Area Office report, the Area Office must first upload the FileMan data files from all facilities into the Area Office's Clinical Reporting system. Facilities can create export data files when running the following reports:

- National GPRA/GPRAMA: Provides data for the Area Aggregate (1) National GPRA/GPRAMA Report and (2) National GPRA/GPRAMA Report Performance Summaries

- National GPRA Dashboard

- GPRA/GPRAMA Performance

The facility must send these export data files to a designated location on the Area Office server manually or automatically.

> **Note:** The National GPRA/GPRAMA Report Performance Summaries are uploaded from the National GPRA/GPRAMA Report facility files. There are no separate files to upload.

For the National GPRA/GPRAMA Report, Area Offices must inform sites which community taxonomy should be used for official GPRA/GPRAMA reporting *before* the site exports its National GPRA/GPRAMA report data. The designated IHS report coordinator for the annual National GPRA/GPRAMA Report should convey this information to the Area Office GPRA coordinators.

- For the GPRA/GPRAMA Performance report, Area Offices must provide sites with the following information before the site runs their export reports:

– Date range (e.g., January 1 through December 31; October 1 through September 30)

– Calendar year for the report end date

– Baseline year

– Population (e.g., AI/AN only [Beneficiary 01])

To aggregate data export files from a specific site, all export files must have matching date range, ending calendar year, baseline year, and population data.

For all Area Aggregate reports:

- After the report is run, sites must provide the name of the Area Office export files, which begin with "BG191," to their Area Office contact.

- Sites may be requested to use FTP to transmit the export file to the Area Office server if the files are not transmitted automatically.

6.1   Upload Report Files from Site

CI19 > AO > **UPL**

This option is used by Area Offices to upload data files into CRS that have been sent manually via FTP or transmitted automatically by service units.

> **Note:** Each Area Office should establish a process with the GPRA or QA Coordinators at each site to record and transmit export data filenames at the time the facility reports are run.

Once these files have been received and uploaded into CRS, they can be used in an area aggregate report. The Area Office must execute this option each time a service unit sends a data file.

Before you begin, you need the following information:

- The path of the directory that holds the data files exported from the sites.

- For the directory location of these files, see your Area Office information systems personnel.

- The file name of each data file you want to upload to the Area Office CRS.

Follow the steps below to upload site export data files into CRS:

1. At the "Select Area Options Option" prompt, Type **UPL** and press Enter (Figure 6-3).

```
                        DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
```

```
     AGP    AREA National GPRA/GPRAMA Report
     ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
     GPUA   AREA GPRA/GPRAMA Performance Report
     ADSH   National GPRA Dashboard
     LSTF   List files in a directory

Select Area Options Option: UPL <Enter>  Upload Report Files from Site
```

Figure 6-3: **Area Office Options** menu – **Upload Report Files from Site** option

2. At the "Enter directory path" prompt, type the directory path and press Enter (Figure 6-4).

   The directory path is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested performance reports; for example:

   - Windows: **Q:\usr\spool\uucppublic**

   - UNIX: **/usr/spool/uucppublic**

```
This option is used to upload a SU's 2019 CRS data.
You must specify the directory in which the CRS 2019 data file resides
and then enter the filename of the data.

Enter directory path: pathname <Enter>

Enter filename w /ext: BG191505901.300 <Enter>
Directory=Q:\  File=BG191505901.300

All done reading file

Processing

Data uploaded.
Enter RETURN to continue or '^' to exit: <Enter>

Enter filename w /ext: ^
Enter directory path: ^

Directory not entered!! Bye.
```

Figure 6-4: Running the Upload Report Files from Site option

3. At the "Enter Filename w /ext" prompt; type the name of the file you want to upload, and press Enter; for example, **BG191505901.300**.

   Note: Files for the current version of the CRS begin with **BG191**.

When the facility runs the National GPRA/GPRAMA or GPRA/GPRAMA Performance report, the facility's CRS assigns a file name to the data file. Each file name begins with "BG191." The National GPRA/GPRAMA and GPRA/GPRAMA Performance files use a numerical file name extension, such as "BG191505901.300".

The system displays the following progress messages:

- All done reading file

- Processing

- Data uploaded

If you do not see these messages, the file was not uploaded.

If you typed the file name incorrectly or CRS cannot locate the file, the message in Figure 6-5 displays.

```
CANNOT OPEN (OR ACCESS) FILE '/[directory name]/[filename]'
```

Figure 6-5: Cannot open file message

4. At the "Enter Return to continue or '^' to exit" prompt, press Enter.

5. At the "Enter Filename w /ext" prompt, do one of the following:

- To upload another file from the same directory, type the name of the file to be uploaded and press Enter.

- To exit or change directories, type a caret (^) and press Enter.

6. At the "Enter directory path" prompt, do one of the following:

- To upload a file from a different directory, type a directory path and press Enter.

- To return to the **Area Office Options** menu, type a caret (^) and press Enter.

6.2   Run AREA Aggregate Reports

There are six menu options for running Area Office reports used by the Area Office to produce aggregated performance reports. The Area Office reports summarize the performance of all facilities/service units to produce Area Office-wide statistics.

The data uploaded from the facilities must have the following matching elements:

- Report type (i.e., National GPRA/GPRAMA, GPRA/GPRAMA Performance)

- Date ranges (e.g., October 1 through September 30)

- Calendar year-end dates (e.g., 2019)

- Baseline year (e.g., 2010)

- Population type (e.g., AI/AN only)

This information is predefined in the National GPRA/GPRAMA Report. However, you will need to specify these elements for the GPRA/GPRAMA Performance report.

6.2.1   Area National GPRA/GPRAMA Report

CI19 > AO > **AGP**

Use the **Area National GPRA/GPRAMA Report** (**AGP**) option to produce an Area Aggregate National GPRA/GPRAMA Report. This report contains clinical measures (specific denominators and numerators) defined in the IHS GPRA Performance Plan and aggregates all data files received to date from the service units.

The Area Aggregate National GPRA/GPRAMA report outputs the following seven files: CRSGPRANT1, CRSGPRANT2, and CRSGPRANT3 (for National GPRA measures) and CRSGPRADEVNT1, CRSGPRADEVNT2, CRSGPRADEVNT3, CRSGPRADEVNT4, CRSGPRADEVNT5, and CRSGPRADEVNT6 (for GPRA Developmental measures). All of these files must be sent to the National GPRA Support Team for National GPRA/GPRAMA reporting.

The National GPRA Support Team uses these files to create IHS national rates for all GPRA/GPRAMA performance measures reported to Congress in the Annual GPRA Performance Report.

Additionally, these files may be imported into Excel to create graphs and other summary reports. For instructions, see Appendix B.

Follow the steps below to run the Area National GPRA/GPRAMA report:

1. At the "Select Area Options Option" prompt, type **AGP** and press Enter.

```
                         ***************************
                         **   IHS/RPMS CRS 2019    **
                         **  Area Office Options   **
                         ***************************
                                Version 19.1

                              DEMO INDIAN HOSPITAL


     UPL    Upload Report Files from Site
     AGP    AREA National GPRA/GPRAMA Report
     ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
     GPUA   AREA GPRA/GPRAMA Performance Report
     ADSH   National GPRA Dashboard
     LSTF   List files in a directory

   Select Area Options Option: AGP <Enter>  AREA National GPRA/GPRAMA Report
```

Figure 6-6: **Area Office Options** menu – selecting the Area National GPRA/GPRAMA Report

The predefined date ranges display, including the Report Period (current), the Previous Year Period, and the Baseline Period.

2. At the "Run Report for" prompt, do one of the following:

- To combine data for all sites, press Enter to accept the default (**A** [Area Aggregate]).

- To run a report similar to the facility's National GPRA/GPRAMA report, type **F** (One Facility) and press Enter.

```
[AREA OFFICE] Area Aggregate National GPRA/GPRAMA Report

The date ranges for this report are:
     Report Period:          Oct 01, 2018 to Sep 30, 2019
     Previous Year Period:   Oct 01, 2017 to Sep 30, 2018
     Baseline Period:        Oct 01, 2009 to Sep 30, 2010

     Select one of the following:

          A          AREA Aggregate
          F          One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-7: Area Aggregate National GPRA/GPRAMA Report options

3. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

All facilities that have uploaded their data files for the selected time period display.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue: <Enter>
```

Figure 6-8: Running the Area Aggregate National GPRA/GPRAMA Report

4. At the "Select Action" prompt, do one of the following:

- To view multiple pages:
  - Type a plus sign (+) and press Enter to view the next page.
  - Type a minus sign/hyphen (-) and press Enter to return to the previous page.
- To select facilities to include in the report:
  - To select all facilities, type **A** and press Enter.

        –   To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

            After pressing Enter, an asterisk (*) precedes the number of each selected facility (see Figure 6-9).

        –   To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

            All selected facilities are marked with an asterisk (*) before their corresponding numbers.

5.   To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

      In this example, four facilities have been selected. The names of three delimited text files and the network directory to which they will be saved are displayed.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2019 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU           FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN


*1) DEMO SU A    FACILITY A     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*2) DEMO SU B    FACILITY B     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*3) DEMO SU C    FACILITY C     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*4) DEMO SU D    FACILITY D     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19


         Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                    Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-9: Area Aggregate National GPRA/GPRAMA report – save selected facilities (Step 5)

6.   At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or type **N** (No) if you do not want the logic text printed in the report (Figure 6-10).

```
A total of 4 facilities have been selected.

A file will be created called
CRSGPRANT150590120191630000000000020191619105325_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT250590120191630000000000020191619105325_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.

A file will be created called
CRSGPRANT350590120191630000000000020191619105325_000002.TXT
and will reside in the Q:\ directory. This file can be used in Excel.
```

```
Include Measure Logic Text in the Output Report? Y//
```

Figure 6-10: Area Aggregate National GPRA/GPRAMA report – example of output file names
and locations

The system then prompts you to choose an output type.

7. At the "Select an Output Option" prompt (Figure 6-11), type the letter
   corresponding to the type of output you want and press Enter, where:

   - **P** (Print) sends the report file to your printer, your screen, or an electronic file.

   - **D** (Delimited Output) produces an electronic delimited text file that can be
     imported into Excel or Word for additional formatting and data manipulation.

   - **B** (Both) produces both a printed report and a delimited file.

   Detailed instructions for the **Print** and **Delimited Output** options are found in
   Step 11 of Section 5.2.2.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-11: Area Aggregate National GPRA/GPRAMA report – select report output

6.2.1.1   Report Content

The Area Aggregate National GPRA/GPRAMA Clinical Performance Report
contains the following sections:

- Cover page

- GPRA Developmental Measure topics included in the report

- GPRA Developmental Measures Clinical Performance Summary

- GPRA Developmental Measures Clinical Performance Detail

- Official GPRA/GPRAMA and Non-GPRA measure topics included in the report

- Selected Non-GPRA Measures Clinical Performance Summary

- Official GPRA/GPRAMA Measures Clinical Performance Summary

- Selected Non-GPRA Measures Clinical Performance Detail

- Official GPRA/GPRAMA Measures Clinical Performance Detail

Examples of the cover page, clinical performance summaries, and clinical performance detail sections of the report follow.

6.2.1.2   Cover Page

Both the printed and delimited reports include a cover page displaying a list of all facilities and the communities of each facility that are included in the report data. The report data is aggregated for each measure.

```
                                Cover Page

          ***   IHS 2019 National GPRA/GPRAMA Clinical Performance Report  ***
                          CRS 2019, Version 19.1
                              AREA AGGREGATE
                      Date Report Run: Oct 08, 2019
                          Site where Run: [AREA]
                      Report Generated by: USER,DEMO
                  Report Period: Oct 01, 2018 to Sep 30, 2019
               Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                  Baseline Period: Oct 01, 2009 to Sep 30, 2010
--------------------------------------------------------------------------------

 Report includes data from the following facilities:
   1. FACILITY A
   2. FACILITY B
   3. FACILITY C
   4. FACILITY D

 The following communities are included in this report:
  1. FACILITY A
     Community Taxonomy Name: Facility A's GPRA Communities
           COMMUNITY 1           COMMUNITY 2                    COMMUNITY 3
           COMMUNITY 4           COMMUNITY 5                    COMMUNITY 6
           COMMUNITY 7           COMMUNITY 8                    COMMUNITY 9

  2. FACILITY B
     Community Taxonomy Name: Facility B's GPRA Communities
           COMMUNITY 1           COMMUNITY 2                    COMMUNITY 3
           COMMUNITY 4           COMMUNITY 5                    COMMUNITY 6
           COMMUNITY 7           COMMUNITY 8                    COMMUNITY 9
           COMMUNITY 10          COMMUNITY 11                   COMMUNITY 12
           COMMUNITY 13          COMMUNITY 14                   COMMUNITY 15

  3. FACILITY C
     Community Taxonomy Name: Facility C's GPRA Communities
           COMMUNITY 1           COMMUNITY 2                    COMMUNITY 3
           COMMUNITY 4           COMMUNITY 5                    COMMUNITY 6
           COMMUNITY 7           COMMUNITY 8                    COMMUNITY 9
           COMMUNITY 10          COMMUNITY 11                   COMMUNITY 12
           COMMUNITY 13          COMMUNITY 14                   COMMUNITY 15
           COMMUNITY 16          COMMUNITY 17                   COMMUNITY 18
           COMMUNITY 19          COMMUNITY 20

  4. FACILITY D
     Community Taxonomy Name: Facility D's GPRA Communities
           COMMUNITY 1           COMMUNITY 2                    COMMUNITY 3
           COMMUNITY 4           COMMUNITY 5                    COMMUNITY 6
           COMMUNITY 7           COMMUNITY 8                    COMMUNITY 9
           COMMUNITY 10          COMMUNITY 11                   COMMUNITY 12
```

```
          COMMUNITY 13          COMMUNITY 14                    COMMUNITY 15
          COMMUNITY 16
```

Figure 6-12: Example of the cover page for an Area Aggregate National GPRA/GPRAMA Report

The end of the report includes the following as described in Sections 6.2.1.3–6.2.1.8:

- Selected Non-GPRA Measures Clinical Performance Summary

- GPRA Developmental Measures Clinical Performance Summary

- Official GPRA/GPRAMA Measures Clinical Performance Summary

- Selected Non-GPRA Measures Clinical Performance Detail

- GPRA Developmental Measures Clinical Performance Detail

- Official GPRA/GPRAMA Measures Clinical Performance Detail

6.2.1.3   GPRA Developmental Measures Clinical Performance Summary

The GPRA Developmental Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods. The format is the same as that in Section 5.19.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.4   Selected Non-GPRA Measures Clinical Performance Summary

The Selected Non-GPRA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the National 2018 performance and 2020 target for each non-GPRA measure in the report. The format is the same as that in Section 5.19.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.5   Official GPRA/GPRAMA Measures Clinical Performance Summary

The Official GPRA/GPRAMA Measures Clinical Performance Summary section lists the Area Office aggregate performance measure rates for the current, previous, and baseline periods, as well as the GPRA Target, National 2018 performance, and 2020 target for each GPRA measure in the report. The format is the same as that in Section 5.19.3.1, National GPRA/GPRAMA and GPRA/GPRAMA Performance Reports Clinical Performance Summaries.

6.2.1.6   GPRA Developmental Measures Clinical Performance Detail

The GPRA Developmental Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

```
MP                              Oct 08, 2019                        Page 1
                    *** IHS 2019 National GPRA/GPRAMA Report ***
                              AREA AGGREGATE
                  Report Period: Oct 01, 2018 to Sep 30, 2019
              Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                 Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
         GPRA DEVELOPMENTAL MEASURES CLINICAL PERFORMANCE DETAIL
                    Site      Site      Site      Area
                    Current   Prev      Base      Current
-------------------------------------------------------------------------------

GPRA DEVELOPMENTAL MEASURES
---------------------------


DIABETES

 BP <140/90,
 or <150/90 for 60+                                    XX.X%
  999999 FACILITY A     XX.X%     X.X%      XX.X%
  999999 FACILITY B     XX.X%     X.X%      XX.X%
  999999 FACILITY C     XX.X%     X.X%      XX.X%
  999999 FACILITY D     XX.X%     X.X%      XX.X%

 BP <140/90 (< age 60)                                 XX.X%
  999999 FACILITY A     XX.X%     X.X%      XX.X%
  999999 FACILITY B     XX.X%     X.X%      XX.X%
  999999 FACILITY C     XX.X%     X.X%      XX.X%
  999999 FACILITY D     XX.X%     X.X%      XX.X%

 BP <150/90 (>= age 60)                                XX.X%
  999999 FACILITY A     XXXX      XXXX      XXXX
  999999 FACILITY B     XXXX      XXXX      XXXX
  999999 FACILITY C     XXXX      XXXX      XXXX
  999999 FACILITY D     XXXX      XXXX      XXXX

DENTAL

 Dental Exam                                           XX.X%
  999999 FACILITY A     XX.X%     X.X%      XX.X%
  999999 FACILITY B     XX.X%     X.X%      XX.X%
  999999 FACILITY C     XX.X%     X.X%      XX.X%
  999999 FACILITY D     XX.X%     X.X%      XX.X%

 Treatment Completed                                   XX.X%
  999999 FACILITY A     XX.X%     X.X%      XX.X%
  999999 FACILITY B     XX.X%     X.X%      XX.X%
  999999 FACILITY C     XX.X%     X.X%      XX.X%
  999999 FACILITY D     XX.X%     X.X%      XX.X%

 Pregnant Visit                                        XX.X%
  999999 FACILITY A     XX.X%     X.X%      XX.X%
  999999 FACILITY B     XX.X%     X.X%      XX.X%
  999999 FACILITY C     XX.X%     X.X%      XX.X%
  999999 FACILITY D     XX.X%     X.X%      XX.X%
```

Figure 6-13: GPRA Developmental Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

6.2.1.7   Selected Non-GPRA Measures Clinical Performance Detail

The Non-GPRA Measures Clinical Performance Detail section shows the non-GPRA performance measure rates by each facility within the area.

```
MP                              Oct 08, 2019                     Page 1
                    *** IHS 2019 National GPRA/GPRAMA Report ***
                              AREA AGGREGATE
                  Report Period: Oct 01, 2018 to Sep 30, 2019
               Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                  Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
            SELECTED NON-GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                    Site      Site    Site   Area     Nat'l
                    Current   Prev    Base   Current  2018
-------------------------------------------------------------------------------


DIABETES

Diabetes DX Ever*                                     XX.X%   XX.X%
  999999 FACILITY A    XX.X%      X.X%     XX.X%
  999999 FACILITY B    XX.X%      X.X%     XX.X%
  999999 FACILITY C    XX.X%      X.X%     XX.X%
  999999 FACILITY D    XX.X%      X.X%     XX.X%


UP Documented A1c*                                    XX.X%   XX.X%
  999999 FACILITY A    XX.X%      X.X%     XX.X%
  999999 FACILITY B    XX.X%      X.X%     XX.X%
  999999 FACILITY C    XX.X%      X.X%     XX.X%
  999999 FACILITY D    XX.X%      X.X%     XX.X%


UP A1c >=7 and <8                                     XX.X%   XX.X%
  999999 FACILITY A    XX.X%      X.X%     XX.X%
  999999 FACILITY B    XX.X%      X.X%     XX.X%
  999999 FACILITY C    XX.X%      X.X%     XX.X%
  999999 FACILITY D    XX.X%      X.X%     XX.X%


UP Good Glycemic Control <8                           XX.X%   XX.X%
  999999 FACILITY A    XX.X%      X.X%     XX.X%
  999999 FACILITY B    XX.X%      X.X%     XX.X%
  999999 FACILITY C    XX.X%      X.X%     XX.X%
  999999 FACILITY D    XX.X%      X.X%     XX.X%


UP BP Assessed                                        XX.X%   XX.X%
  999999 FACILITY A    XX.X%      X.X%     XX.X%
  999999 FACILITY B    XX.X%      X.X%     XX.X%
  999999 FACILITY C    XX.X%      X.X%     XX.X%
  999999 FACILITY D    XX.X%      X.X%     XX.X%
```

Figure 6-14: Non-GPRA Measures Clinical Performance Detail section for Area Aggregate National GPRA/GPRAMA Report

6.2.1.8   Official GPRA/GPRAMA Measures Clinical Performance Detail

The Official GPRA/GPRAMA Measures Clinical Performance Detail section shows the GPRA performance measure rates by each facility within the area.

```
MP                              Oct 08, 2019                     Page 1
                    *** IHS 2019 National GPRA/GPRAMA Report ***
```

```
                              AREA AGGREGATE
                  Report Period: Oct 01, 2018 to Sep 30, 2019
                Previous Year Period: Oct 01, 2017 to Sep 30, 2018
                   Baseline Period: Oct 01, 2009 to Sep 30, 2010
-------------------------------------------------------------------------------
                  OFFICIAL GPRA MEASURES CLINICAL PERFORMANCE DETAIL
                       Site     Site    Site   Area    GPRA15  Nat'l  2020
                       Current  Prev    Base   Current Target  2018   Target
-------------------------------------------------------------------------------


DIABETES

 UP Poor Glycemic Control <8                           XX.X%   XX.X%  XX.X%  XX.X%
  999999 FACILITY A    XX.X%    X.X%    XX.X%
  999999 FACILITY B    XX.X%    X.X%    XX.X%
  999999 FACILITY C    XX.X%    X.X%    XX.X%
  999999 FACILITY D    XX.X%    X.X%    XX.X%


 UP Controlled BP <140/90                              XX.X%   XX.X%  XX.X%  XX.X%
  999999 FACILITY A    XX.X%    X.X%    XX.X%
  999999 FACILITY B    XX.X%    X.X%    XX.X%
  999999 FACILITY C    XX.X%    X.X%    XX.X%
  999999 FACILITY D    XX.X%    X.X%    XX.X%


 UP DM Statin Therapy                                  XX.X%   XX.X%  XX.X%  XX.X%
  999999 FACILITY A    XX.X%    X.X%    XX.X%
  999999 FACILITY B    XX.X%    X.X%    XX.X%
  999999 FACILITY C    XX.X%    X.X%    XX.X%
  999999 FACILITY D    XX.X%    X.X%    XX.X%


 UP Nephropathy Assessed                               XX.X%   XX.X%  XX.X%  XX.X%
  999999 FACILITY A    XX.X%    X.X%    XX.X%
  999999 FACILITY B    XX.X%    X.X%    XX.X%
  999999 FACILITY C    XX.X%    X.X%    XX.X%
  999999 FACILITY D    XX.X%    X.X%    XX.X%


 UP Retinopathy Assessed                               XX.X%   XX.X%  XX.X%  XX.X%
  999999 FACILITY A    XX.X%    X.X%    XX.X%
  999999 FACILITY B    XX.X%    X.X%    XX.X%
  999999 FACILITY C    XX.X%    X.X%    XX.X%
  999999 FACILITY D    XX.X%    X.X%    XX.X%
```

Figure 6-15: Official GPRA/GPRAMA Measures Clinical Performance Detail section for Area
Aggregate National GPRA/GPRAMA Report

6.2.2   Area National GPRA/GPRAMA Report Performance Summaries

CI19 > AO > **ASUM**

The steps for running this report are the same as for running the AGP Area National
GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files
(i.e., files with names beginning with "CRSGPRANT") will not be created.

Follow the steps below o run the Area National GPRA/GPRAMA Report
Performance Summaries:

1. At the "Select Area Options Option" prompt, type **ASUM** and press Enter (Figure
   6-16) to display the information about the report.

```
                         ***************************
                         **   IHS/RPMS CRS 2019    **
                         **  Area Office Options   **
                         ***************************
                              Version 19.1
                           DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: ASUM <Enter>
```

Figure 6-16: **Area Office Options** menu – select the Area National GPRA/GPRAMA Report
Performance Summaries

Information about the report will display as shown in Figure 6-17.

```
IHS 2019 Area National GPRA/GPRAMA Report Clinical Performance Summaries

This will produce ONLY the clinical performance summaries for the Area
National GPRA/GPRAMA Report for the 2019 GPRA year. If you want the
detailed information included in the report, including performance measure
definitions and number of patients in each denominator and numerator
you need to run the AGP menu option.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-17: Information display for the Area National GPRA/GPRAMA Report Performance
Summaries

2. Press Enter at the prompt to display the predefined date ranges for the report,
    including the Report Period (current), the Previous Year Period, and the Baseline
    Period, as in Figure 6-18.

```
The date ranges for this report are:
    Report Period:          Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:   Oct 01, 2017 to Sep 30, 2018
    Baseline Period:        Oct 01, 2009 to Sep 30, 2010

    Select one of the following:

        A        AREA Aggregate
        F        One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-18: Running the Area Aggregate National GPRA/GPRAMA Report Performance
Summaries: date range display

3. At the "Run Report for" prompt, do one of the following:

- To run a report combining the data for all sites, press Enter to accept the default (**A**, Area Aggregate).

- To run a report similar to the facility's National GPRA/GPRAMA Report Performance Summaries, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue : <Enter>
```

Figure 6-19: Running the Area Aggregate National GPRA/GPRAMA Report Performance
Summaries

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

5. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:

     – Type a plus sign (+) and press Enter to view the next page.
     – Type a minus sign/hyphen (-) and press Enter to return to the previous page.

   - To select facilities to include in the report:

     – To select all facilities, type **A** and press Enter.
     – To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25).

       After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

     – To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

       All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2019 12:59          Page:   1 of   1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU           FACILITY      BEG DATE   END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A    FACILITY A     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*2) DEMO SU B    FACILITY B     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*3) DEMO SU C    FACILITY C     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*4) DEMO SU D    FACILITY D     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
```

```
         Enter ?? for more actions
A    Area Aggregate   All Facilities      R     Remove (unselect) Facility
S    Select Facility                      Q     Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-20: Area Aggregate National GPRA/GPRAMA Report Performance Summaries – select facilities (Steps 5 and 6)

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

    Select one of the following:

        P           Print Report on Printer or Screen
        D           Create Delimited output file (for use in Excel)
        B           Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-21: Area Aggregate National GPRA/GPRAMA Report Performance Summaries – select the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

6.2.3   Area GPRA/GPRAMA Performance Report

CI19 > AO > **GPUA**

Use the **Area GPRA/GPRAMA Performance Report** (**GPUA**) option to produce an Area-wide GPRA/GPRAMA Performance report. This report aggregates all data files received to date from facilities and reports the total Area-Office-wide numbers.

The measures included in this report are exactly the same as those in the National GPRA/GPRAMA Report. However, the GPRA/GPRAMA Performance Report is different from the National GPRA/GPRAMA Report, as it can be run for different types of user populations:

- AI/AN only

- Non-AI/AN

- Both (i.e., the entire population)

It can also be run for different date ranges, whereas the National GPRA/GPRAMA
Report uses only predefined date ranges. Patient lists are *not* included in the Area
Aggregate report.

> **Note:** To run the Area Aggregate GPRA/GPRAMA Performance
> Report, the data uploaded from the facilities must have the
> same report period, baseline period, and patient population.

Follow the steps below to run the Area GPRA/GPRAMA Performance report.

```
                        ***************************
                        **   IHS/RPMS CRS 2019    **
                        **  Area Office Options   **
                        ***************************
                               Version 19.1

                            DEMO INDIAN HOSPITAL

   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: GPUA <Enter>  Run AREA GPRA Performance Report
```

Figure 6-22: **Area Office Options** menu – **Run Area GPRA/GPRAMA Performance Report**
        option

1. At the "Select Area Options Option" prompt, type **GPUA** and press Enter.

```
   [AREA] Aggregate GPRA/GPRAMA Performance Report with user defined date
range

     Select one of the following:

         1            January 1 – December 31
         2            April 1 – March 31
         3            July 1 – June 30
         4            October 1 – September 30
         5            User-Defined Report Period

Enter the date range for your report: 1 <Enter> January 1 – December 31

Enter the Calendar Year for the report END date. Use a 4 digit
year, e.g. 2019
Enter Year: 2019 <Enter>  (2019)

Enter the Baseline Year to compare data to.
```

```
Use a 4 digit year, e.g. 2009, 2010
Enter Year (e.g. 2010): 2010 <Enter>  (2010)
```

Figure 6-23: Area GPRA/GPRAMA Performance Report – select date range

2. At the "Enter the date range for your report" prompt, do one of the following:

   - To select a predefined date range, type the number corresponding to the date range you want (**1**, **2**, **3**, or **4**) and press Enter.

     At the "Enter Year" prompt, type the calendar year of the report end date (for example, 2019) and press Enter.

   - To define a custom report period, type **5** and press Enter.

     At the "Enter End Date for the Report" prompt, type the end date in MM/DD/CCYY format (for example, 04/30/2019) and press Enter.

3. At the "Enter Year" prompt, type the four-digit baseline year and press Enter.

   The selected date ranges display, as in the following example:

```
The date ranges for this report are:
     Report Period:          Jan 01, 2019 to Dec 31, 2019
     Previous Year Period:   Jan 01, 2018 to Dec 31, 2018
     Baseline Period:        Jan 01, 2010 to Dec 31, 2010
     Select one of the following:

          1          Indian/Alaskan Native (Classification 01)
          2          Not Indian Alaskan/Native (Not Classification 01)
          3          All (both Indian/Alaskan Natives and Non 01)

Select Beneficiary Population to include in this report: 1// <Enter>
Indian/Alaskan Native (Classification 01)
```

Figure 6-24: GPRA/GPRAMA Performance Report – select the beneficiary population type

4. At the "Select Beneficiary Population to include in this report" prompt, type the number corresponding to the beneficiary (patient) population you want to include, and press Enter, where:

   - **1** (Indian/Alaskan Native) reports only on AI/AN patients.
   - **2** (Not Indian Alaskan/Native) reports only on patients who are not AI/AN.
   - **3** (All) reports on your entire patient population.

5. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period display.

6. At the "Select Action" prompt, do one of the following:

   - To view multiple pages:

– Type a plus sign (+) and press Enter to view the next page.

– Type a minus sign/hyphen (-) and press Enter to return to the previous page.

- To select facilities to include in the report:

  – To select all facilities, type **A** and press Enter.

  – To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 1, 4, 5, 16), or a combination of ranges and numbers (e.g., 1 through 5, 7, 33).

  After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

  – To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

  All selected facilities are marked with an asterisk (*) before their corresponding numbers.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2019 12:59          Page:   1 of    1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU            FACILITY      BEG DATE  END DATE  BASE BEG  BASE END   DATE RUN

*1) DEMO SU A    FACILITY A     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*2) DEMO SU B    FACILITY B     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*3) DEMO SU C    FACILITY C     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*4) DEMO SU D    FACILITY D     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19


         Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                    Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-25: Area GPRA/GPRAMA Performance Report – save selected facilities

To save your selected facilities, type **Q** (Quit) at the "Select Action" prompt and press Enter.

7. At the "Include Measure Logic Text in the Output Report" prompt, type **Y** (Yes) and press Enter to include the printed logic text in the report, or **N** (No) if you do not want the logic text printed in the report.

```
Include Measure Logic Text in the Output Report? Y// ES

Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P         Print Report on Printer or Screen
          D         Create Delimited output file (for use in Excel)
```

```
          B         Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-26: Running the Area GPRA/GPRAMA Performance Report: selecting the output
            type

8. At the "Select an Output Option" prompt, type the letter corresponding to the type
    of output you want, and press Enter, where:

    • **P** (Print) sends the report file to your printer, your screen, or an electronic file.

    • **D** (Delimited Output) produces an electronic delimited text file that can be
      imported into Excel or Word for additional formatting and data manipulation.

    • **B** (Both) produces both a printed report and a delimited file.

    Detailed instructions for the **Print** and **Delimited Output** options are found in
    Step 11 of Section 5.2.2.

6.2.4   Area National GPRA Dashboard Report (ADSH)

CI19 > AO > **ADSH**

Use the **Area GPRA Dashboard** (**ADSH**) option to produce an Area Office-wide
GPRA Dashboard Report. This report aggregates all data files received to date from
facilities and produces a dashboard for the Area, as well as dashboards for each
facility in that Area.

Use the following steps to run the Area GPRA Dashboard:

The steps for running this report are the same as for running the AGP Area National
GPRA/GPRAMA Report, except the National GPRA/GPRAMA Report export files
(i.e., files with names beginning with "CRSGPRANT") will not be created.

```
                    **************************
                    **   IHS/RPMS CRS 2019   **
                    **  Area Office Options   **
                    **************************
                            Version 19.1

                        DEMO INDIAN HOSPITAL


   UPL    Upload Report Files from Site
   AGP    AREA National GPRA/GPRAMA Report
   ASUM   AREA National GPRA/GPRAMA Report Perf Summaries
   GPUA   AREA GPRA/GPRAMA Performance Report
   ADSH   National GPRA Dashboard
   LSTF   List files in a directory

Select Area Options Option: ADSH <Enter>
```

Figure 6-27: Area Office Options menu – selecting the Area GPRA Dashboard

1. At the "Select Area Options Option" prompt, type **ADSH** and press Enter to display the following information about the report:

```
    IHS 2019 Area GPRA Dashboard

This will produce a National GPRA dashboard that will show current rates
for GPRA measures compared to National GPRA targets for both your Area and
each facility in the Area.

The CRSGPRANT export files will not be created; use the AGP menu option
to run the report that will create these files.

PRESS ENTER: <Enter>
```

Figure 6-28: Information displayed about the Area GPRA Dashboard

2. Press Enter at the prompt to display the predefined date ranges for the report, including the Report Period (current) and the Previous Year Period, as in the following example:

```
The date ranges for this report are:
    Report Period:          Oct 01, 2018 to Sep 30, 2019
    Previous Year Period:   Oct 01, 2017 to Sep 30, 2018

    Select one of the following:

        A          AREA and All Facilities' Dashboards
        F          One Facility

Run Report for: A// <Enter>  AREA Aggregate
```

Figure 6-29: Running the Area GPRA Dashboard: date range display

3. At the "Run Report for" prompt, do one of the following:

   - To run a report combining the data for all sites, press Enter to accept the default **A** (Area and All Facilities' Dashboards).

   - To run a report similar to the facility's GPRA Dashboard, type **F** (One Facility) and press Enter.

```
You will now be able to select which sites to use in the
area aggregate/facility report.

Press Enter to Continue : <Enter>
```

Figure 6-30: Running the Area GPRA Dashboard

4. Press Enter at the prompt to display the Area Aggregate Site Selection screen.

   All facilities that have uploaded their data files for the selected time period are displayed.

5. At the "Select Action" prompt, do one of the following:

- To view multiple pages:

  – Type a plus sign (+) and press Enter to view the next page.

  – Type a minus sign/hyphen (**-**) and press Enter to return to the previous page.

- To select facilities to include in the report:

  – To select all facilities, type **A** and press Enter.

  – To select specific facilities, type **S** and press Enter. At the "Which Facility" prompt, type the numbers of the facilities you want to select, and press Enter. To select multiple facilities, type a range (e.g., 1 through 4), a series of numbers (e.g., 3, 6, 9), or a combination of ranges and numbers (e.g., 1 through 3, 5, 7, 25). After pressing Enter, each selected facility is marked with an asterisk (*) before its number.

  – To remove (unselect) a facility, type **R** and press Enter. At the "Which Facility(s)" prompt, type the number of the facility and press Enter.

  All selected facilities are marked with an asterisk (*) before their corresponding number.

```
AREA AGGREGATE SITE SELECTION Oct 08, 2019 12:59        Page:   1 of   1
Area Aggregate Site Selection
* indicates the site has been selected
#    SU            FACILITY       BEG DATE  END DATE  BASE BEG  BASE END  DATE RUN

*1) DEMO SU A    FACILITY A     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*2) DEMO SU B    FACILITY B     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*3) DEMO SU C    FACILITY C     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19
*4) DEMO SU D    FACILITY D     10/01/18  09/30/19  10/01/09  09/30/10   10/02/19

          Enter ?? for more actions
A    Area Aggregate   All Facilities    R    Remove (unselect) Facility
S    Select Facility                    Q    Quit
Select Action:+// Q <Enter>  Quit
```

Figure 6-31: Running the Area GPRA Dashboard: selecting facilities

6. To save your selected topics, type **Q** (Quit) at the "Select Action" prompt and press Enter.

```
Please choose an output type. For an explanation of the delimited
file please see the user manual.

     Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a Printed Report and Delimited File

Select an Output Option: P//
```

Figure 6-32: Running the Area GPRA Dashboard: selecting the output type

7. At the "Select an Output Option" prompt, type the letter corresponding to the type of output you want, and press Enter, where:

- **P** (Print) sends the report file to your printer, your screen, or an electronic file.

- **D** (Delimited Output) produces an electronic delimited text file that can be imported into Excel or Word for additional formatting and data manipulation.

- **B** (Both) produces both a printed report and a delimited file.

Detailed instructions for the **Print** and **Delimited Output** options are found in Step 11 of Section 5.2.2.

6.3   List Files in a Directory

CI19 > AO > **LSTF**

The **List Files in a Directory** (**LSTF**) option enables Area Office technical staff to view a list of FileMan files transmitted by facilities to the Area Office for aggregation. This list does not indicate whether the file has been uploaded into CRS.

Only FileMan data files created by CRS 2019 (BGP v19.1) are listed. File names begin with "BG191," followed by the six-digit ASUFAC code for the facility that created and transmitted the file.

GPRA Performance Reports are treated the same as National GPRA Reports and will be displayed with them if they have a report period of October 1, 2018 through September 30, 2019, a baseline year of 2010, and a population of AI/AN. These reports only have numbers in the file name extension.

To view the list of files transmitted for aggregation:

1. At the "Select Area Office Options Option" prompt, type **LSTF** and press Enter.

2. At the "Enter directory path" prompt, type the appropriate directory name and press Enter.

   The directory name is the Area Office network directory to which the facility's data files were sent via FTP when the facility ran the requested national performance report.

3. A list of files displays. For example, the first seven files shown in Figure 6-33 are all National GPRA/GPRAMA and GPRA/GPRAMA Performance Report files.

```
This option is used to list all CRS 2019 files that are in a directory.
These files begin with BG191. You must specify the directory in which the
CRS 2019 data files reside.
Enter directory path (i.e. /usr/spool/uucppublic/): q:\
The following CRS 2019 files reside in the q:\ directory.
```

```
        BG191355901.50
        BG191355901.52
        BG191355901.54
        BG191355901.57
        BG191355901.59
        BG191355901.60
        BG191355901.63
 Enter RETURN to continue or '^' to exit:
```

Figure 6-33: **List Files in a Directory** option – display CRS data files

4. At the "Enter RETURN to continue or '^' to exit" prompt, press Enter to return to the **Area Office Options** menu.

Appendix A: FY17–FY19 GPRA/GPRAMA Measures

These tables provide definitions, HQ leads or "owners," data sources for performance measure reporting, and performance targets for each GPRA performance measure.

Revised February 2019.

Prior to FY 2018, GPRA/GPRAMA results were reported via the Clinical Reporting System. Beginning in FY 2018, GPRA/GPRAMA data will be reported via the National Data Warehouse and use a larger denominator, which will lead to a decrease in results. FY 2018 targets were calculated using Integrated Data Collection System (IDCS) data, resulting in lower targets in FY 2018.

A.1   GPRAMA Measure: FY 2018 and FY2019 Reported from the Integrated Data Collection System Data Mart (IDCS DM)

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Domestic (Intimate Partner) Violence Screening: Percentage of women who are screened for domestic violence at healthcare facilities.	Achieve target rate of 65.3% Result: 66.6%, Met	Achieve target rate of 41.6% Result: 38.1%, Not Met	Achieve target rate of 41.6%	Erica Gourneau, BSN RN OCPS/DBH 301-795-8934

A.2   FY 2018 and FY 2019 Budget Measures Reported from the Integrated Data Collection System Data Mart (IDCS DM)

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Diabetes: Good Glycemic Control: Percentage of patients with diagnosed diabetes with good glycemic control (A1c less than [<] 8.0).	Achieve target rate of 48.4% Result: 46.1%, Not Met	Achieve target rate of 36.2% Result: 36.8%, Met	Discontinued	Ann Bullock, MD OCPS/DDTP 844-447-3387

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Diabetes: Poor Glycemic Control: Percentage of patients with diagnosed diabetes with poor glycemic control (A1c greater than (>) 9.0).	N/A	N/A	Set Baseline	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Blood Pressure Control: Percentage of patients with diagnosed diabetes who have achieved blood pressure control (less than [<] 140/90).	Achieve target rate of 63.8% Result: 67.6%, Met	Achieve target rate of 52.3% Result: 55.6%, Met	Achieve target rate of 52.3%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Statin Therapy to Reduce CVD Risk in Patients with Diabetes: Percentage of patients with diagnosed diabetes who received a prescription for statin therapy.	Achieve target rate of 61.9% Result: 64.2%, Met	Achieve target rate of 37.5% Result: 47.4%, Met	Achieve target rate of 37.5%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Nephropathy Assessment: Percentage of patients with diagnosed diabetes assessed for nephropathy.	Achieve target rate of 63.3% Result: 64.5%, Met	Achieve target rate of 34.0% Result: 44.2%, Met	Achieve target rate of 34.0%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Diabetes: Retinopathy: Percentage of patients with diagnosed diabetes who received an annual retinal examination.	Achieve target rate of 63.1% Result: 61.4%, Not Met	Achieve target rate of 49.7% Result: 49.2%, Not Met	Achieve target rate of 49.7%	Dawn Clary PIMC 602-263-1505
Dental Access: Percent of patients who receive dental services.	Achieve target rate of 29.7% Result: 29.5%, Not Met	Achieve target rate of 27.2% Result: 28.3%, Met	Achieve target rate of 27.2%	RADM Tim Ricks, DMD OCPS 301-945-3230 CDR Nathan Mork, DDS White Earth HC 218-983-6254

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Dental Sealants: Percentage of patients ages 2–15 years with at least one or more intact dental sealant.	Achieve target rate of 16.6% Result: 18.5%, Met	Achieve target rate of 16.0% Result: 16.4%, Met	Achieve target rate of 16.0%	RADM Tim Ricks, DMD OCPS 301-945-3230 CDR Nathan Mork, DDS White Earth HC 218-983-6254
Topical Fluorides: Percentage of patients ages 1–15 years who received one or more topical fluoride applications.	Achieve target rate of 29.9% Result: 31.9%, Met	Achieve target rate of 30.0% Result: 32.9%, Met	Achieve target rate of 30.0%	RADM Tim Ricks, DMD OCPS 301-945-3230 CDR Nathan Mork, DDS White Earth HC 218-983-6254
Influenza Vaccination Rates Among Children 6 months to 17 years: Percentage of children ages 6 months to 17 years who receive an influenza vaccination.	Achieve target rate of 37.1% Result: 37.2%, Met	Achieve target rate of 20.6% Result: 24.0%, Met	Achieve target rate of 20.6%	Jillian Doss-Walker OPHS/EPI 505-232-9906
Influenza Vaccination Rates Among Adults 18+: Percentage of adults ages 18 years and older who receive an influenza vaccination.	Achieve target rate of 38.7% Result: 39.2%, Met	Achieve target rate of 18.8% Result: 23.3%, Met	Achieve target rate of 18.8%	Jillian Doss-Walker OPHS/EPI 505-232-9906

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Childhood Immunizations: Combined (4313*314) immunization rates for AI/AN patients ages 19–35 months (where 3* refers to the Hib vaccine brand. Depending on the brand, the child is considered immunized after either 3 or 4 vaccine doses).	Achieve target rate of 74.8% Result: 70.9%, Not Met	Achieve target rate of 45.6% Result: 42.2%, Not Met	Achieve target rate of 45.6%	Jillian Doss-Walker OPHS/EPI 505-232-9906
Adult Composite Immunizations: Percentage of adults ages 19 years and older.	N/A	Set Baseline Result: 54.9% Met	Achieve target rate of 54.9%	Jillian Doss-Walker OPHS/EPI 505-232-9906
Cancer Screening: Pap Screening Rates: Percentage of women ages 24–64 years who have had a Pap screen within the previous three years, or if patient is 30–64 years of age, either a Pap smear within the past three years or a Pap smear and an HPV DNA documented within the past five years.	Achieve target rate of 56.1% Result: 54.8%, Not Met	Achieve target rate of 35.9% Result: 36.0%, Met	Achieve target rate of 35.9%	Suzanne England GPA 605-462-6155 x 6241
Cancer Screening: Mammogram Rates: Percentage of eligible women who have had mammography screening within the previous two years.	Achieve target rate of 56.7% Result: 55.4%, Not Met	Achieve target rate of 42.0% Result: 42.6%, Met	Achieve target rate of 42.0%	Tina Tah, RN/BSN OCPS 301-443-0038
Cancer Screening: Colorectal Cancer Screening Rates: Percentage of patients ages 50–75 years who have had appropriate colorectal cancer screening.	Achieve target rate of 40.2% Result: 41.4%, Met	Achieve target rate of 32.6% Result: 31.9%, Not Met	Achieve target rate of 32.6%	Don Haverkamp OPHS/EPI 505-264-3173

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
Tobacco Cessation Intervention: Percentage of tobacco-using patients who receive tobacco cessation intervention.	Achieve target rate of 53.2% Result: 52.2%, Not Met	Achieve target rate of 27.5% Result: 28.9%, Met	Achieve target rate of 27.5%	Chris Lamer, Pharm D OIT/DIT 615-669-2747
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease: Percentage of patients with CVD or at high risk for CVD who receive a statin therapy prescription.	Set Baseline Result: 48.1%, Met	Achieve target rate of 26.6% Result: 32.8%, Met	Achieve target rate of 26.6%	Dena Wilson, MD FACC PHX/PIMC 602-263-1200
Universal Alcohol Screening: Percentage of patients ages 9–75 years who are screened for alcohol use. In FY 2017 this measure tracked patients ages 12–75 years. As of FY 2018, this measure tracks patients ages 9–75 years.	Set Baseline Result: 68.0%, Met	Achieve target rate of 37.0% Result: 40.9%, Met	Achieve target rate of 37.0%	CDR Joel David Beckstead, PhD OCPS/DBH 888-431-4096
Screening, Brief Intervention, and Referral to Treatment (SBIRT): Percentage of patients who screened positive for risky/harmful alcohol use who received a Brief Negotiated Interview or Brief Intervention in ambulatory care within seven days of a positive screen.	Set Baseline Result: 3.0%, Met	Achieve target rate of 8.9% Result: 11.8%, Met	Achieve target rate of 8.9%	CDR Joel David Beckstead, PhD OCPS/DBH 888-431-4096
Depression Screening 12-17 years: Percentage of patients ages 12–17 years who are screened for depression.	Set Baseline Result: 50.1%, Met	Achieve target rate of 27.6% Result: 36.0%, Met	Achieve target rate of 27.6%	Miranda Carman OCPS/DBH 301-443-0468
Depression Screening 18+ years: Percentage of adults ages 18 years and over who are screened for depression.	Achieve target rate of 70.0% Result: 69.4%, Not Met	Achieve target rate of 42.2% Result: 43.3%, Met	Achieve target rate of 42.2%	Miranda Carman OCPS/DBH 301-443-0468

Performance Measure	FY 2017 Target	FY 2018 Target	FY 2019 Target	Measure Lead
HIV Screening Ever: Percentage of patients who were ever screened for HIV.	Achieve target rate of 41.9% Result: 45.1%, Met	Achieve target rate of 17.3% Result: 26.1%	Achieve target rate of 17.3%	Richard Haverkate, MPH OCPS 301-945-3224
Childhood Weight Control: Percentage of children ages 2–5 years with a BMI at the 95th percentile or higher.	Long-term measure, no target for FY 2017	Achieve target rate of 22.6% Result: 21.9%, Met	Achieve target rate of 22.6%	Ann Bullock, MD OCPS/DDTP 844-447-3387
Breastfeeding Rates: Percentage of patients who, at the age of 2 months, were either exclusively or mostly breastfed.	Achieve target rate of 36.4% Result: 40.1%, Met	Achieve target rate of 39.0% Result: 40.1%	Achieve target rate of 39.0%	Tina Tah, RN/BSN OCPS 301-443-0038
Controlling High Blood Pressure (Million Hearts Measure): Percentage of patients 18–85 years old with diagnosed hypertension who have a BP less than 140/90.	Achieve target rate of 59.7% Result: 59.0%, Not Met	Achieve target rate of 42.3% Result: 48.4%, Met	Achieve target rate of 42.3%	Dena Wilson, MD FACC PHX/PIMC 602-263-1200

Appendix B: Working with Delimited Files

For more reporting flexibility, such as rearranging report data in a different format or performing other types of calculations on report numbers, select the **Create delimited output file** report output option.

> **Note**: This option is particularly useful for manipulating pages of patient lists, enabling users to sort the lists by any column they want.

For detailed instructions on running a specific report, see Section 5.0.

B.1   Producing a Delimited File

After you set the parameters of the report you want to create, CRS displays a summary of those parameters. The following figure uses the National GPRA/GPRAMA report as an example.

```
              SUMMARY OF NATIONAL GPRA/GPRAMA REPORT TO BE GENERATED

The date ranges for this report are:

      Reporting Period:        Oct 01, 2018 to Sep 30, 2019
      Previous Year Period:    Oct 01, 2017 to Sep 30, 2018
      Baseline Period:         Oct 01, 2009 to Sep 30, 2010

The COMMUNITY Taxonomy to be used is: DEMO GPRA COMMUNITIES

Please choose an output type. For an explanation of the delimited
file please see the user manual.

      Select one of the following:

          P          Print Report on Printer or Screen
          D          Create Delimited output file (for use in Excel)
          B          Both a Printed Report and Delimited File

Select an Output Option: P// D <Enter>  Create Delimited output file
```

Figure B-1: Creating a delimited output file version of a report

1. After the Summary of the report you are creating displays, type **D** at the "Select an Output Option" prompt and press Enter.

    When you select **D** to create a delimited file, you are prompted to print the delimited output to the screen, where you can capture the output or print the output to a file.

```
Select an Output Option: P// D <Enter>  Create Delimited output file (for
use in Excel)
```

```
You have selected to create a delimited output file. You can have this
output file created as a text file in the pub directory,
OR you can have the delimited output display on your screen so that
you can do a file capture. Keep in mind that if you choose to
do a screen capture you CANNOT Queue your report to run in the background!!

     Select one of the following:

     S          SCREEN - delimited output will display on screen for capture
     F          FILE - delimited output will be written to a file in pub

Select output type: S// F <Enter>  FILE - delimited output will be written
to a file
Enter a filename for the delimited output (no more than 40 characters):
[mytestfile] <Enter>

When the report is finished your delimited output will be found in the
q:\ directory. The filename will be [mytestfile].txt

Won't you queue this ? Y// <Enter>  YES
Requested Start Time: NOW//20:00:00 <Enter> (Oct 08, 2019@20:00:00)
```

Figure B-2: Example of specifying the file name queueing the delimited report run

2. At the "Select output type" prompt, complete the following steps:

    a. Press Enter to accept the default, **S**, which prints the file to the screen where
        you can capture the output.

    b. Type **F** and press Enter to print the output to a file.

    c. At the "Enter a filename for the delimited output" prompt, type the name of
        the delimited file you want to create and press Enter.

    > **Note:** The filename cannot exceed 40 characters and the .txt
    > extension is appended to the name automatically. Most
    > sites are set up to print the file to your network's Pub
    > directory.

    To access the file, you may need to use FTP to transfer the delimited file from
    Pub to your computer. Ask your site manager for additional information about
    retrieving files from your local network.

3. At the "Won't you queue this?" prompt, press Enter to queue the report.

4. Specify a start time, either now or a later time, and press Enter.

B.2   Opening Text Files in Microsoft Excel

To import the delimited file into Excel, perform the following steps:

1. Open Excel.

2. Select **File** | **Open** from the menu bar.

3. Browse to the appropriate folder on your computer system where the delimited file is located. You may need to check with your site manager.
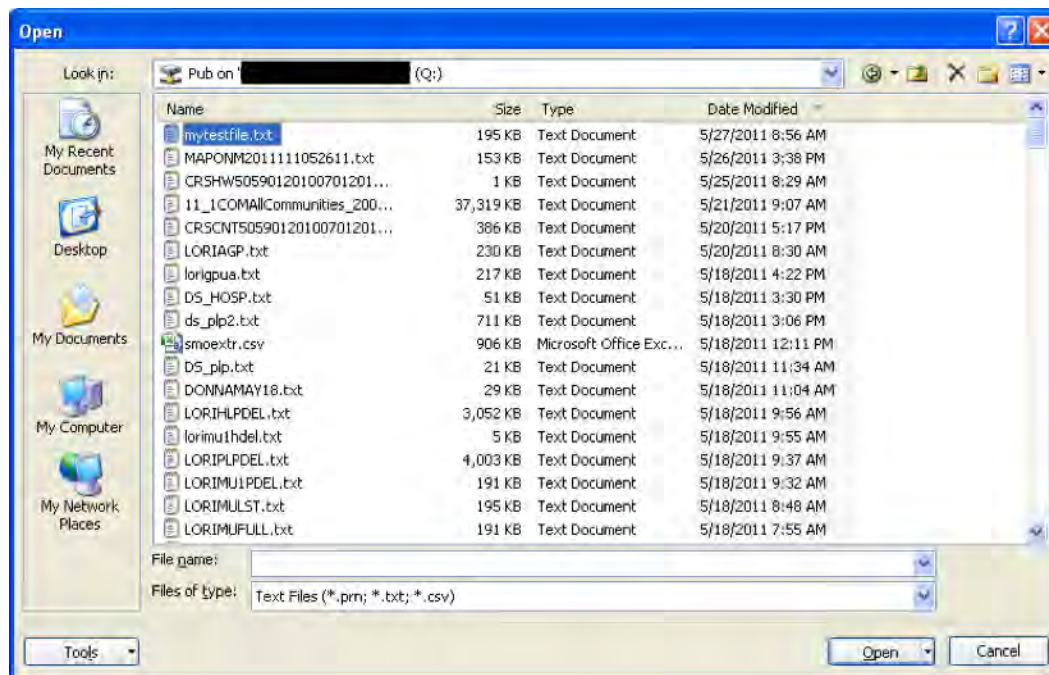
Figure B-3: Importing the delimited file into Excel

4. On the **Open** dialog, do the following:

    a. Ensure that the **Files of type** field is set to either Text Files or All Files.

    b. Select the name of the text file you want to open.

    c. Click **Open**. The **Text Import Wizard** displays.
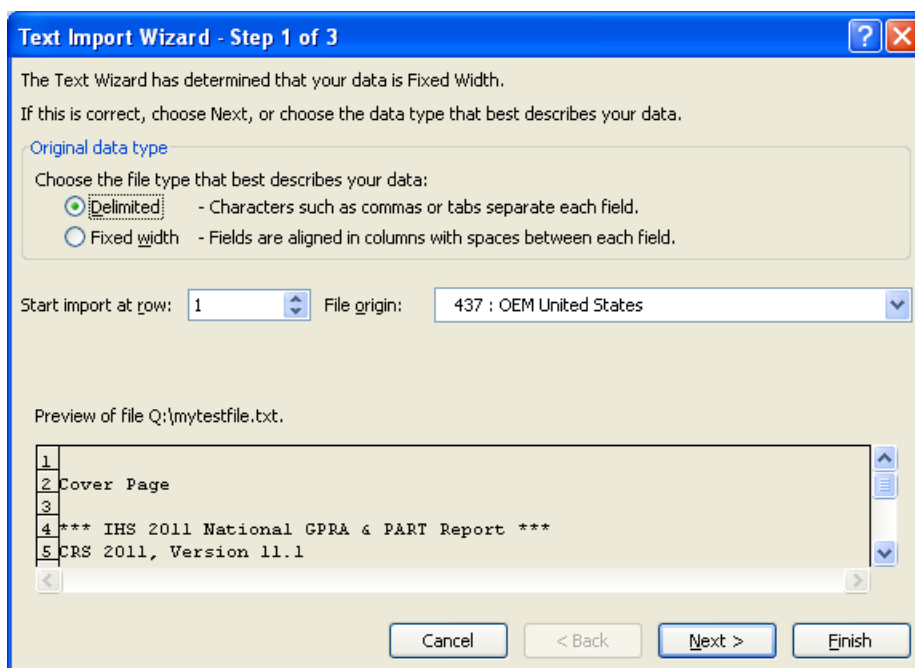
Figure B-4: Importing the delimited file into Excel

5. In the **Text Import Wizard – Step 1 of 3** dialog, check to make sure that in the **Original data type** group box the **Delimited** option button is selected.

    • Click **Next** to proceed.

Figure B-5: Importing the delimited file into Excel

6. In the **Text Import Wizard – Step 2 of 3** dialog, do the following:

a. For Delimiters, select the **Other** check box and type a caret (**^**) in the box.

This tells Excel that the file you are importing separates (delimits) the fields with a caret (**^**) character.

b. Other than the **Tab** check box, if any other delimiter is selected, deselect it.

c. Click **Next** to continue.
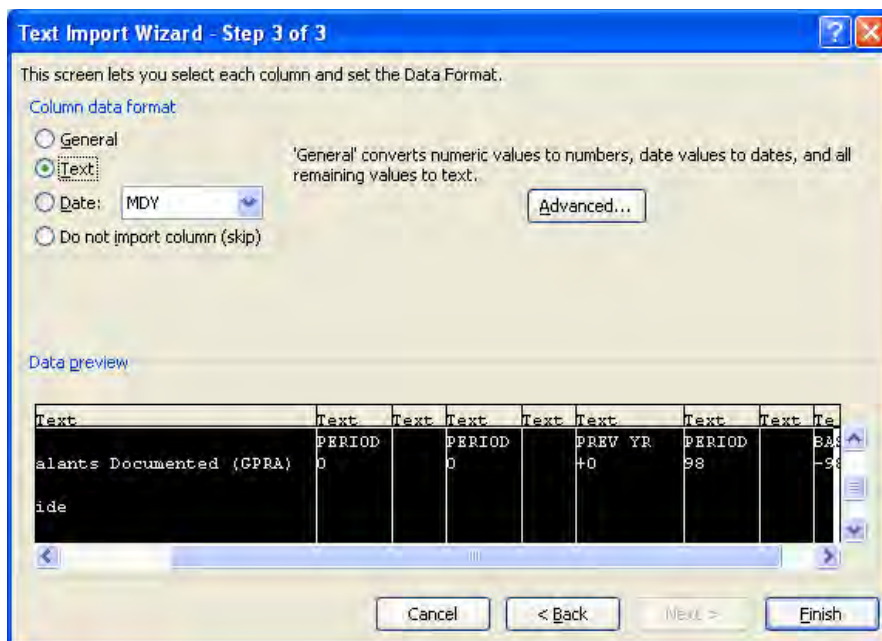
Figure B-6: Importing the delimited file into Excel

7. On the **Text Import Wizard–Step 3 of 3** dialog:

- Select all the columns by scrolling down until you see multiple columns in the **Data Preview** display, holding down the Shift key and clicking on the last column. All columns should now be highlighted.

- Change the **Column data format** to **Text** by selecting the **Text** option button.

If you leave the format set to General, Excel will reformat some of the cells; for example, change age ranges to dates and could treat text beginning with a dash (-) as a formula (i.e., –GPRA Developmental)

- Click **Finish**.

The data in the selected file appears in the Excel worksheet. Each column that you view on the printed report now appears in a separate Excel column that can be resized and used to perform arithmetical calculations.
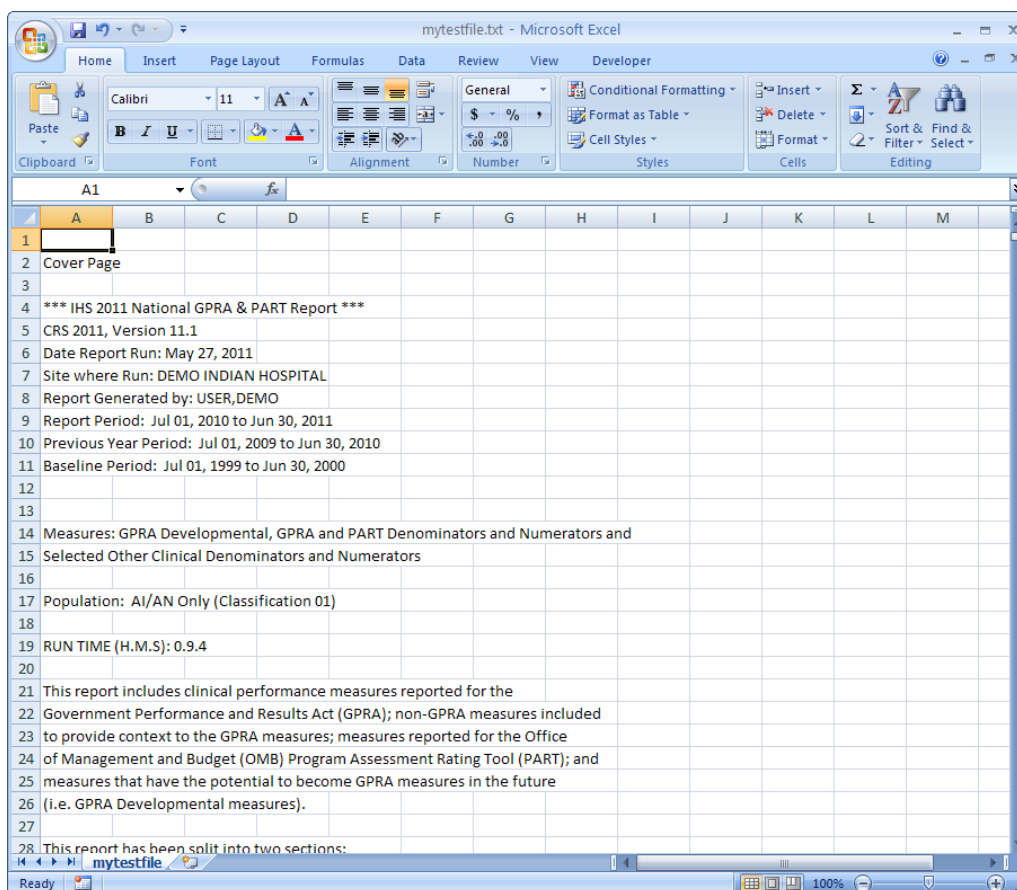
Figure B-7 Example of a delimited file imported into Excel

B.3   Sorting Patient Lists in Excel

Patient lists can be more easily sorted and formatted in Excel. First, run any of the reports containing patient lists (e.g., Selected Measures COM, PP, or ALL reports). Then select Delimited as your report output option.

The following example demonstrates how to identify at-risk patients who need to receive influenza immunizations.

1. Follow the steps in Appendix B, Section B.2 to open your delimited report in Excel.

2. In Excel, scroll down to the patient list you want to sort.

3. Format the spreadsheet to view the data more clearly. For example, change the width of some columns.

Figure B-8: Example of a formatted patient list in Excel

4. Highlight all of the rows containing patient names and information, as shown in Figure B-9.

Figure B-9: Example of highlighted rows

5. On the **Data** menu, click the **Sort** option to display the **Sort** dialog, as shown in Figure B-10.
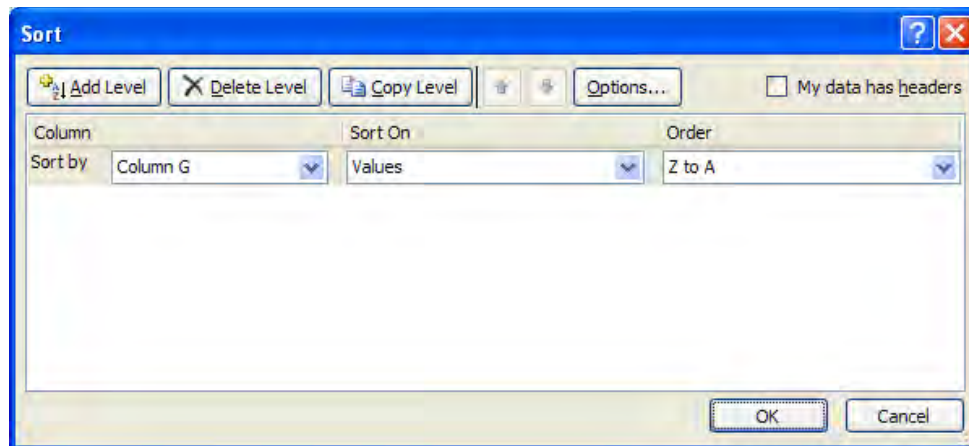
Figure B-10: **Sort** dialog

6. On the **Sort** dialog, do the following:

- Select the columns that you want to sort by and choose whether to sort in ascending or descending order.

- Click **Add Level** to sort using additional rows.

- Do not select the **My data has headers** check box.

- Click **OK**.

Figure B-11: Example of a sorted patient list in Excel

In Figure B-11, the sort is based on the data in the last column (**G, Numerator**) in ascending order. The resulting list will display patients with an immunization, followed by patients with no immunization.

Appendix C: Creating a Patient Panel with Q-Man

Patient panels can be defined by users and used as the population for clinical
performance reporting with the PP Selected Measures with Patient Panel Population
report (see Section 5.11.2.2 for a detailed description).

> **Note:** Patient panels must be created as FileMan search templates.

The following example demonstrates how to use Q-Man to create a list, or panel, of
patients. In this example, the list created is for all female patients seen in the past year
by a specified provider (PROVIDER1,TEST), who was designated as the primary
provider for a visit.

```
                      *****  Q-MAN OPTIONS  *****

      Select one of the following:

           1           SEARCH PCC Database (dialogue interface)
           2           FAST Facts (natural language interface)
           3           RUN Search Logic
           4           VIEW/DELETE Taxonomies and Search Templates
           5           FILEMAN Print
           9           HELP
           0           EXIT

      Your choice: SEARCH// <Enter>  PCC Database (dialogue interface)

               *****   SEARCH CRITERIA  *****

What is the subject of your search?  LIVING PATIENTS // <Enter>  LIVING
PATIENTS

    Subject of search: PATIENTS
        ALIVE TODAY


Attribute of LIVING PATIENTS: SEX
CHOOSE FROM:
        M       MALE
        F       FEMALE
Value: F <Enter>  FEMALE
Computing Search Efficiency
Rating.................................................

    Subject of search: PATIENTS
        ALIVE TODAY
        SEX: FEMALE

Attribute of LIVING PATIENTS: VISIT <Enter>

SUBQUERY: Analysis of multiple VISITS

First condition of "VISIT": BETWEEN,DATES (inclusive)
Exact starting date: T-365 <Enter>  (DEC 11, 2017)
Exact ending date: T <Enter>  (DEC 11, 2019)

Next condition of "VISIT": PROVIDER <Enter>
            *****   PROVIDER-RELATED CRITERIA  *****
```

```
You can either specify one or more providers by NAME, or.....
You can specify one or more PROVIDER ATTRIBUTES (affiliation, specialty,
etc)to be used as selection criteria.

     Select one of the following:

          1          NAME(S) of providers
          2          ATTRIBUTE(S) of providers

     Your choice: NAME(S)// <Enter>  of providers

Enter PROVIDER: PROVIDER1,TEST <Enter>
Enter ANOTHER PROVIDER: <Enter>

The following have been selected =>
     PROVIDER1,TEST
When I check the providers from each encounter, you can limit my analysis
to the PRIMARY provider only, SECONDARY providers, or ALL providers.

     Select one of the following:

          1          PRIMARY provider only
          2          SECONDARY providers only
          3          ALL providers
     Your choice: ALL// 1 <Enter>  PRIMARY provider only

          Subject of subquery: VISIT
          BETWEEN BETWEEN DEC 11,2017 and DEC 11,2019@23:59:59
          PRIMARY PROVIDERS  (PROVIDER1)

Next condition of "VISIT": <Enter>

Computing Search Efficiency Rating....

   Subject of search: PATIENTS
       ALIVE TODAY
       SEX: FEMALE
          Subject of subquery: VISIT
          BETWEEN BETWEEN DEC 11,2017 and DEC 11,2019@23:59:59
          PRIMARY PROVIDERS  (PROVIDER)

Attribute of LIVING PATIENTS: <Enter>
                    *****  Q-MAN OUTPUT OPTIONS  *****

     Select one of the following:

          1          DISPLAY results on the screen
          2          PRINT results on paper
          3          COUNT 'hits'
          4          STORE results of a search in a FM search template
          5          SAVE search logic for future use
          6          R-MAN special report generator
          9          HELP
          0          EXIT

     Your choice: DISPLAY// 4 <Enter>  STORE results of a search in a FM
search template

Fileman users please note =>
This template will be attached to IHS' PATIENT file (#9000001)
```

```
Enter the name of the SEARCH TEMPLATE: LAB SEEN BY FPROVIDER1 IN PAST YR
<Enter>
  Are you adding 'LAB SEEN BY FPROVIDER1 IN PAST YR' as
    a new SORT TEMPLATE? No// Y <Enter>  (Yes)
DESCRIPTION:
  No existing text
  Edit? NO// <Enter>

Want to run this task in background? No// <Enter>  (No)

...SORRY, JUST A MOMENT PLEASE...

PATIENTS          SANTA  SEX     VISIT
(Alive)           NUMBER
------------------------------------------------------------------------------
DEMO-A,AMY LY   123456 FEMALE  +
DEMO-B,BLUE     123457 FEMALE  +
DEMO-C,DONALD   123458 FEMALE  +
DEMO-D,MINNIE   123459 FEMALE  +
DEMO-F,FIRST    123451 FEMALE  +

Search template completed...

This query generates 5 "hits"
Time required to create search template: 10 SECONDS
```

Figure C-1: Creating a list of all female patients

Appendix D: AI/AN Clinical Information on Measures

For AI/AN Clinical Information on Measures, please see the CRS Performance Improvement Toolbox Web site: http://www.ihs.gov/crs/toolbox/.

Appendix E: RPMS Rules of Behavior

The Resource and Patient Management (RPMS) system is a United States Department of Health and Human Services (HHS), Indian Health Service (IHS) information system that is ***FOR OFFICIAL USE ONLY***. The RPMS system is subject to monitoring; therefore, no expectation of privacy shall be assumed. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

All users (Contractors and IHS Employees) of RPMS will be provided a copy of the Rules of Behavior (ROB) and must acknowledge that they have received and read them prior to being granted access to a RPMS system, in accordance IHS policy.

For a listing of general ROB for all users, see the most recent edition of *IHS General User Security Handbook* (SOP 06-11a).

For a listing of system administrators/managers rules, see the most recent edition of the *IHS Technical and Managerial Handbook* (SOP 06-11b).

Both documents are available at this IHS Web site: http://security.ihs.gov/.

The ROB listed in the following sections are specific to RPMS.

E.1   All RPMS Users

In addition to these rules, each application may include additional ROBs that may be defined within the documentation of that application (e.g., Dental, Pharmacy).

E.1.1   Access

RPMS users shall

- Only use data for which you have been granted authorization.

- Only give information to personnel who have access authority and have a need to know.

- Always verify a caller's identification and job purpose with your supervisor or the entity provided as employer before providing any type of information system access, sensitive information, or nonpublic agency information.

- Be aware that personal use of information resources is authorized on a limited basis within the provisions Indian Health Manual Part 8, "Information Resources Management," Chapter 6, "Limited Personal Use of Information Technology Resources."

RPMS users shall not

- Retrieve information for someone who does not have authority to access the information.

- Access, research, or change any user account, file, directory, table, or record not required to perform their *official* duties.

- Store sensitive files on a PC hard drive, or portable devices or media, if access to the PC or files cannot be physically or technically limited.

- Exceed their authorized access limits in RPMS by changing information or searching databases beyond the responsibilities of their jobs or by divulging information to anyone not authorized to know that information.

E.1.2   Information Accessibility

RPMS shall restrict access to information based on the type and identity of the user. However, regardless of the type of user, access shall be restricted to the minimum level necessary to perform the job.

RPMS users shall

- Access only those documents they created and those other documents to which they have a valid need-to-know and to which they have specifically granted access through an RPMS application based on their menus (job roles), keys, and FileMan access codes. Some users may be afforded additional privileges based on the functions they perform, such as system administrator or application administrator.

- Acquire a written preauthorization in accordance with IHS policies and procedures prior to interconnection to or transferring data from RPMS.

E.1.3   Accountability

RPMS users shall

- Behave in an ethical, technically proficient, informed, and trustworthy manner.

- Log out of the system whenever they leave the vicinity of their personal computers (PCs).

- Be alert to threats and vulnerabilities in the security of the system.

- Report all security incidents to their local Information System Security Officer (ISSO)

- Differentiate tasks and functions to ensure that no one person has sole access to or control over important resources.

- Protect all sensitive data entrusted to them as part of their government employment.

- Abide by all Department and Agency policies and procedures and guidelines related to ethics, conduct, behavior, and information technology (IT) information processes.

E.1.4   Confidentiality

RPMS users shall

- Be aware of the sensitivity of electronic and hard-copy information and protect it accordingly.

- Store hard-copy reports/storage media containing confidential information in a locked room or cabinet.

- Erase sensitive data on storage media prior to reusing or disposing of the media.

- Protect all RPMS terminals from public viewing at all times.

- Abide by all Health Insurance Portability and Accountability Act (HIPAA) regulations to ensure patient confidentiality.

RPMS users shall not

- Allow confidential information to remain on the PC screen when someone who is not authorized to that data is in the vicinity.

- Store sensitive files on a portable device or media without encrypting.

E.1.5   Integrity

RPMS users shall

- Protect their systems against viruses and similar malicious programs.

- Observe all software license agreements.

- Follow industry standard procedures for maintaining and managing RPMS hardware, operating system software, application software, or database software and database tables.

- Comply with all copyright regulations and license agreements associated with RPMS software.

RPMS users shall not

- Violate federal copyright laws.

- Install or use unauthorized software within the system libraries or folders.

- Use freeware, shareware, or public domain software on/with the system without their manager's written permission and without scanning it for viruses first.

E.1.6   System Logon

RPMS users shall

- Have a unique User Identification/Account name and password.

- Be granted access based on authenticating the account name and password entered.

- Be locked out of an account after five successive failed login attempts within a specified time period (e.g., one hour).

E.1.7   Passwords

RPMS users shall

- Change passwords a minimum of every 90 days.

- Create passwords with a minimum of eight characters.

- If the system allows, use a combination of alpha-numeric characters for passwords, with at least one uppercase letter, one lower case letter, and one number. It is recommended, if possible, that a special character also be used in the password.

- Change vendor-supplied passwords immediately.

- Protect passwords by committing them to memory or store them in a safe place (do not store passwords in login scripts or batch files).

- Change passwords immediately if password has been seen, guessed, or otherwise compromised, and report the compromise or suspected compromise to their ISSO.

- Keep user identifications (IDs) and passwords confidential.

RPMS users shall not

- Use common words found in any dictionary as a password.

- Use obvious readable passwords or passwords that incorporate personal data elements (e.g., user's name, date of birth, address, telephone number, or social security number; names of children or spouses; favorite band, sports team, or automobile; or other personal attributes).

- Share passwords/IDs with anyone or accept the use of another's password/ID, even if offered.

- Reuse passwords. A new password must contain no more than five characters per eight characters from the previous password.

- Post passwords.

- Keep a password list in an obvious place, such as under keyboards, in desk drawers, or in any other location where it might be disclosed.

- Give a password out over the phone.

E.1.8   Backups

RPMS users shall

- Plan for contingencies such as physical disasters, loss of processing, and disclosure of information by preparing alternate work strategies and system recovery mechanisms.

- Make backups of systems and files on a regular, defined basis.

- If possible, store backups away from the system in a secure environment.

E.1.9   Reporting

RPMS users shall

- Contact and inform their ISSO that they have identified an IT security incident and begin the reporting process by providing an IT Incident Reporting Form regarding this incident.

- Report security incidents as detailed in the *IHS Incident Handling Guide* (SOP 05-03).

RPMS users shall not

- Assume that someone else has already reported an incident. The risk of an incident going unreported far outweighs the possibility that an incident gets reported more than once.

E.1.10   Session Timeouts

RPMS system implements system-based timeouts that back users out of a prompt after no more than five minutes of inactivity.

RPMS users shall

- Utilize a screen saver with password protection set to suspend operations at no greater than 10 minutes of inactivity. This will prevent inappropriate access and viewing of any material displayed on the screen after some period of inactivity.

E.1.11   Hardware

RPMS users shall

- Avoid placing system equipment near obvious environmental hazards (e.g., water pipes).

- Keep an inventory of all system equipment.

- Keep records of maintenance/repairs performed on system equipment.

RPMS users shall not

- Eat or drink near system equipment.

E.1.12 Awareness

RPMS users shall

- Participate in organization-wide security training as required.

- Read and adhere to security information pertaining to system hardware and software.

- Take the annual information security awareness.

- Read all applicable RPMS manuals for the applications used in their jobs.

E.1.13 Remote Access

Each subscriber organization establishes its own policies for determining which employees may work at home or in other remote workplace locations. Any remote work arrangement should include policies that

- Are in writing.

- Provide authentication of the remote user through the use of ID and password or other acceptable technical means.

- Outline the work requirements and the security safeguards and procedures the employee is expected to follow.

- Ensure adequate storage of files, removal, and nonrecovery of temporary files created in processing sensitive data, virus protection, and intrusion detection, and provide physical security for government equipment and sensitive data.

- Establish mechanisms to back up data created or stored at alternate work locations.

Remote RPMS users shall

- Remotely access RPMS through a virtual private network (VPN) whenever possible. Use of direct dial in access must be justified and approved in writing and its use secured in accordance with industry best practices or government procedures.

Remote RPMS users shall not

- Disable any encryption established for network, internet, and Web browser communications.

E.2   RPMS Developers

RPMS developers shall

- Always be mindful of protecting the confidentiality, availability, and integrity of RPMS when writing or revising code.

- Always follow the IHS RPMS Programming Standards and Conventions (SAC) when developing for RPMS.

- Only access information or code within the namespaces for which they have been assigned as part of their duties.

- Remember that all RPMS code is the property of the U.S. Government, not the developer.

- Not access live production systems without obtaining appropriate written access, and shall only retain that access for the shortest period possible to accomplish the task that requires the access.

- Observe separation of duties policies and procedures to the fullest extent possible.

- Document or comment all changes to any RPMS software at the time the change or update is made. Documentation shall include the programmer's initials, date of change, and reason for the change.

- Use checksums or other integrity mechanism when releasing their certified applications to assure the integrity of the routines within their RPMS applications.

- Follow industry best standards for systems they are assigned to develop or maintain, and abide by all Department and Agency policies and procedures.

- Document and implement security processes whenever available.

RPMS developers shall not

- Write any code that adversely impacts RPMS, such as backdoor access, "Easter eggs," time bombs, or any other malicious code or make inappropriate comments within the code, manuals, or help frames.

- Grant any user or system administrator access to RPMS unless proper documentation is provided.

- Release any sensitive agency or patient information.

E.3   Privileged Users

Personnel who have significant access to processes and data in RPMS, such as, system security administrators, systems administrators, and database administrators, have added responsibilities to ensure the secure operation of RPMS.

Privileged RPMS users shall

- Verify that any user requesting access to any RPMS system has completed the appropriate access request forms.

- Ensure that government personnel and contractor personnel understand and comply with license requirements. End users, supervisors, and functional managers are ultimately responsible for this compliance.

- Advise the system owner on matters concerning information technology security.

- Assist the system owner in developing security plans, risk assessments, and supporting documentation for the certification and accreditation process.

- Ensure that any changes to RPMS that affect contingency and disaster recovery plans are conveyed to the person responsible for maintaining continuity of operations plans.

- Ensure that adequate physical and administrative safeguards are operational within their areas of responsibility and that access to information and data is restricted to authorized personnel on a need-to-know basis.

- Verify that users have received appropriate security training before allowing access to RPMS.

- Implement applicable security access procedures and mechanisms, incorporate appropriate levels of system auditing, and review audit logs.

- Document and investigate known or suspected security incidents or violations and report them to the ISSO, Chief Information Security Officer (CISO), and systems owner.

- Protect the supervisor, superuser, or system administrator passwords.

- Avoid instances where the same individual has responsibility for several functions (i.e., transaction entry and transaction approval).

- Watch for unscheduled, unusual, and unauthorized programs.

- Help train system users on the appropriate use and security of the system.

- Establish protective controls to ensure the accountability, integrity, confidentiality, and availability of the system.

- Replace passwords when a compromise is suspected. Delete user accounts as quickly as possible from the time that the user is no longer authorized in the system. Passwords forgotten by their owner should be replaced, not reissued.

- Terminate user accounts when a user transfers or has been terminated. If the user has authority to grant authorizations to others, review these other authorizations. Retrieve any devices used to gain access to the system or equipment. Cancel logon IDs and passwords, and delete or reassign related active and backup files.

- Use a suspend program to prevent an unauthorized user from logging on with the current user's ID if the system is left on and unattended.

- Verify the identity of the user when resetting passwords. This can be done either in person or having the user answer a question that can be compared to one in the administrator's database.

- Shall follow industry best standards for systems they are assigned to, and abide by all Department and Agency policies and procedures.

Privileged RPMS users shall not

- Access any files, records, systems, etc., that are not explicitly needed to perform their duties.

- Grant any user or system administrator access to RPMS unless proper documentation is provided.

- Release any sensitive agency or patient information.

Glossary

Active Clinical Patients

One of two basic denominator definitions used by CRS. The Active Clinical definition was developed specifically for clinical performance measures because it is more representative of the Active Clinical population than the standard User Population definition. For a detailed description of the denominator, see Section 3.2.3.

American Dental Association

A professional organization for dentists. The ADA maintains a hard-copy dental claim form and the associated claim-submission specifications, and also maintains the Current Dental Terminology (CDT) medical code set. The ADA and the Dental Content Committee (DeCC), which it hosts, have formal consultative roles under HIPAA.

Area - Service Unit - Facility

A unique identifier for each facility within IHS. A six-digit number comprised of two digits for Area, two digits for Service Unit, and two digits for Facility.

Banner

A line of text with a user's name and domain.

Baseline Year

CRS calculates and reports on results for and comparisons between three time periods for each measure: the current year (defined by the user); the previous year; and the baseline year. Baseline is defined by the user at the time s/he runs the report. The Area GPRA coordinator should ensure that for GPRA and Area Performance reports, each facility uses the same baseline year; otherwise the area's aggregate report will not calculate properly.

Caret (^)

A circumflex, used as a delimiter in a global. The caret is denoted as "^" and is typed by pressing Shift-6 on the keyboard.

Current Procedural Terminology Codes

One of several code sets used by the healthcare industry to standardize data, allowing for comparison and analysis. CPT was developed and is updated annually by the American Medical Association and is widely used in producing bills for services rendered to patients. CPT codes include codes for diagnostic and therapeutic procedures and specify information that differentiates the codes based on cost. CPT codes are the most widely accepted nomenclature in the United States for reporting physician procedures and services for federal and private insurance third-party reimbursement. CRS searches for CPT and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

Clinical Reporting System

A component of the RPMS software suite. CRS provides sites with the ability to report on GPRA and developmental clinical measures from local RPMS databases.

Denominator

The denominator for a measure is the total population being reviewed to determine how many (what percentage) of the total meet the definition of the measure. Different measures have different denominators, e.g., all patients or all adult diabetic patients or all female patients between certain ages.

Developmental Measures

For IHS, these are performance measures tested for possible inclusion as formal GPRA measures. The purpose of developmental measures is to test over two to three years whether accurate data can be reported and measured.

Device

A device that either displays or prints information.

Entry Point

Entry point within a routine that is referenced by a "DO" or "GOTO" command from a routine internal to a package.

File

A set of related records or entries treated as a single unit.

FileMan

The database management system for RPMS.

Fiscal Year

The fiscal year for the federal government is October 1 through September 30.

Global

> In MUMPS, global refers to a variable stored on disk (global variable) or the array to which the global variable may belong (global array).

Government Performance and Results Act

> A federal law requiring federal agencies to document annually their goals and the progress toward their goals. See Section 3.1.1 for detailed description.

GPRA Measure

> Performance measures specifically identified in the IHS Annual Performance Plan to Congress. Each measure has one denominator and one numerator. For FY 2019, the IHS has 27 GPRA measures in two main categories:
>
> - GPRAMA (2 measures)
> - RPMS/CRS Budget (25 measures).
>
> These measures address the most significant health problems facing the AI/AN population.

GPRA Report to Congress

> IHS, as well as all other federal agencies, provides an annual report to Congress in conjunction with its next-year budget request to document how well and cost effectively the agency meets its defined mission. The report has three parts:
>
> - Reporting on how many of the previous fiscal year measures were met and explanations for those measures not met.
> - Providing final definitions for performance measures for the current fiscal year.
> - Providing any proposed additions, deletions, and definition changes to measures for the following fiscal year.

Health Record Number

> Each facility assigns a unique number within that facility to each patient. Each HRN with its facility identification ASUFAC makes a unique identifier within all of IHS.

Healthy People 2020

HP2020 presents a comprehensive, nationwide health promotion and disease prevention agenda under the direction of the U.S. Department of Health and Human Services. Through 1,412 objectives in 42 focus areas, HP2020 represents the ideas and expertise of individuals and organizations concerned about the nation's health. Each objective, or measure, was developed with a target to be achieved by the year 2020. HP2020 performance measure definitions and related targets are used by many healthcare organizations, including IHS, as the basis for its own clinical performance measures.

HP2020 objectives include specific attributes, such as: important and understandable, prevention oriented, useful and relevant, measurable, and supported by sound scientific evidence. For additional information about HP2020, go to http://www.healthypeople.gov/.

Healthcare Effectiveness Data and Information Set

HEDIS is a set of standardized performance measures originally designed to ensure that purchasers and consumers have the information they need to reliably compare the performance of managed healthcare plans. HEDIS has evolved into focusing on healthcare prevention standards.

HEDIS performance measures relate to significant public health issues such as cancer, heart disease, smoking, asthma, and diabetes. HEDIS also includes a standardized survey of consumers' experiences that evaluates plan performance in areas such as customer service, access to care, and claims processing. HEDIS is sponsored, supported, and maintained by the National Committee for Quality Assurance, a not-for-profit organization dedicated to improving healthcare quality everywhere. For additional information, go to http://www.ncqa.org/tabid/59/Default.aspx.

International Classification of Disease Codes

One of several code sets used by the healthcare industry to standardize data. The ICD is an international diagnostic coding scheme. In addition to diseases, ICD also includes several families of terms for medical-specialty diagnoses, health status, disablements, procedure, and reasons for contact with healthcare providers. IHS currently uses ICD-9 and ICD-10 for coding. CRS searches for ICD and other codes as specified in the logic definition to determine if a patient meets a denominator or numerator definition.

INDEX (%INDEX)

A Kernel utility used to verify routines and other MUMPS code associated with a package. Checking is done according to current ANSI MUMPS standards and RPMS programming standards. This tool can be invoked through an option or from direct mode (>D ^%INDEX).

Init

Initialization of an application package. The initialization step in the installation process builds files from a set of routines (the init routines). Init is a shortened form of initialization.

Kernel

The set of MUMPS software utilities that function as an intermediary between the host operating system and application packages, such as Laboratory and Pharmacy. The Kernel provides a standard and consistent user and programmer interface between application packages and the underlying MUMPS implementation. These utilities provide the foundation for RPMS.

Local Report (CRS)

CRS produces reports for each measure (GPRA and developmental) that document the number of patients in the denominator and the numerator as well as the percentage of patients meeting the measure. The report compares performance for three time periods: current year (user defined), previous year, and baseline year (user defined). Local reports can also produce patient lists at user request.

Logic

The detailed definition, including specific RPMS fields and codes, of how the software defines a denominator or numerator.

Logical Observations, Identifiers, Names, and Codes

A standard coding system originally initiated for laboratory values, the system is being extended to include nonlaboratory observations (vital signs, electrocardiograms, etc.). Standard code sets are used to mitigate variations in local terminologies for lab and other healthcare procedures, e.g., Glucose or Glucose Test. IHS began integrating these values into RPMS in several pilot sites in 2002.

Mandatory

Required. A mandatory field is a field that must be completed before you can continue in the system.

Menu

A list of choices for computing activity. A menu is a type of option designed to identify a series of items (other options) for presentation to the user for selection. When displayed, menu-type options are preceded by the word "Select" and followed by the word "option," as in Select Menu Management option: (the menu's select prompt).

Mnemonic

A shortcut designated to access a particular party, name, or facility.

Namespace

A unique set of two to four alpha characters that are assigned by the database administrator to a software application. For example, the namespace assigned to the CRS is BGP.

National Drug Code

A medical code set maintained by the Food and Drug Administration, which contains codes for drugs that are FDA-approved. The Secretary of HHS adopted this code set as the standard for reporting drugs and biologics on standard transactions.

National GPRA Report

For the CRS, the National GPRA Report includes the specific denominator and numerator from each of the clinical measure topics included in the IHS GPRA performance plan, and other key developmental (i.e., non-GPRA) measures. The National GPRA Report can be run and printed locally for site use or can be simultaneously printed at the site and exported to the Area Office for use in an area aggregate report.

Numerator

The numerator is the number of patients from the denominator, i.e., the total population surveyed, who meet the logic criteria for a performance measure.

Option

An entry in the Option file. As an item on a menu, an option provides an opportunity for users to select it, thereby invoking the associated computing activity. Options may also be scheduled to run in the background, noninteractively, by TaskMan.

Patient List

CRS will produce a list of patients related to a specific measure. Most patient lists include patients from the denominator with any visit dates or codes that identifies them as meeting the measure. Patient lists are a good way to identify patients who need a procedure or test, e.g., patients 65 years of age or older without pneumococcal vaccination, contraindication, or NMI refusal.

Performance Measure

A specific performance measure with a defined denominator and numerator. Performance measures are definitions of specific measurable objectives that can demonstrate progress toward the goals stated in an organization's strategic or performance plans.

Performance Measure Topic

An overarching clinical topic, e.g., Diabetes and Blood Pressure Control. Each performance measure topic may have multiple denominators and numerators that are related to the topic. For example, the Diabetes and Blood Pressure topic has three numerators: (1) how many diabetic patients had a minimum of two blood pressure values in the past year; (2) how many patients had controlled BP, defined as a mean BP value of less than 140/90; and (3) how many patients had uncontrolled BP. Out of these three, the GPRA measure is Controlled Blood Pressure.

Performance Improvement Team (PIT)

Facilities will have different names for their PIT, including GPRA Improvement, Quality Improvement, or other similar phrases. A PIT should represent members from all areas of the clinic staff, including providers (physicians, nurses, physician assistants, pharmacists, etc.), medical records staff, data entry staff, quality assurance staff, site managers or other information technology staff, etc.

Quarter Ending (for CRS reports)

Because all CRS reports are based on a minimum of one year's data, CRS provides users with options for only the ending dates of the report. Ending dates are predefined based on standard fiscal year quarterly periods. The Quarter Ending date options correspond to the last day of a standard quarter. Users can select from Quarter Ending 1 (December 31), QE 2 (March 31), QE 3 (June 30), or Fiscal Year End (September 30).

Queuing

Requesting that a job be processed at a later time, rather than within the current session.

Receipt Date

The date that the party received the information

Receiving Party

The person or organization that is receiving the information.

Report Period

CRS reports analyze and report on a minimum of one year's data for all performance measures. In all reports except the National GPRA/GPRAMA Report, users define the report period by selecting one of the predefined date ranges and entering the calendar year of the end of the reporting period. For example, selecting October 1 – September 30 and calendar year 2019 defines October 1, 2018 – September 30, 2019 as the report period. All CRS reports also display the Previous Year Period and Baseline Period for comparison.

Routine

A program or sequence of instructions called by a program that may have some general or frequent use. MUMPS routines are groups of program lines that are saved, loaded, and called as a single unit via a specific name.

Sequential

Arranged in a particular order.

Site Specific

Particular to a specific site.

Tagged

Marked with a specific identifier.

Taxonomy

Taxonomies are groupings of functionally related data elements, such as specific codes, code ranges, or terms, that are used by various RPMS applications to find data items in PCC to determine if a patient meets certain criteria. To ensure comparable data within the agency as well as to external organizations, as much CRS performance measure logic as possible is based on standard national codes, such as CPTs or ICD codes. For terminology that is not standardized across each facility, such as lab tests or medications, CRS uses taxonomies that can be populated by each individual facility with its own codes.

User Class Identification

A computing area.

User Population

The CRS uses two main denominators for its reports: User Population and Active Clinical (AC) patients. The standard User Population definition was developed by IHS to define its core population for statistical reporting to Congress. For CRS, User Population is defined as any AI/AN patient who is alive on the last day of the report period and residing in the defined community with at least one visit to any clinic in the three years prior to the end of the report period. See Section 3.2.3 for detailed description of the two denominators.

Utility

A callable routine line tag or function. A universal routine usable by anyone.

VA Drug Class

A five-character, alphanumeric code that specifies a broad classification and a specific type of product used by the Veterans Health Administration. The first two characters are letters and form the mnemonic for the major classification (e.g., AM for antimicrobials). Characters three through five are numbers and form the basis for sub classification. The VA Drug Classification system classifies drug products, not generic ingredients.

Variable

A character or group of characters that refers to a value. MUMPS recognizes three types of variables: local variables, global variables, and special variables. Local variables exist in a partition of the main memory and disappear at sign-off. A global variable is stored on disk, potentially available to any user. Global variables usually exist as parts of global arrays.

Acronym List

Acronym	Term Meaning
AC	Active Clinical
ADA	American Dental Association
AI/AN	American Indian/Alaska Native
ALT	Alanine Transaminase
ARB	Angiotensin Receptor Blocker
ASA	Acetylsalicylic Acid
AST	Aspartate Aminotransferase
ASUFAC	Area - Service Unit - Facility
BH	Behavioral Health
BI	Brief Intervention
BMP	Basic Metabolic Panel
BNI	Brief Negotiated Interview
BP	Blood Pressure
CBC	Complete Blood Count
CHD	Coronary Heart Disease
COPD	Chronic Obstructive Pulmonary Disease
CPT	Current Procedural Terminology
CRC	Colorectal Cancer
CRS	Clinical Reporting System
CVD	Cardiovascular Disease
DM	Diabetes
DPP	DiPeptidyl Peptidase
DTaP	Diphtheria, Tetanus, and Pertussis
EH	Eligible Hospital
EP	Eligible Provider
ESRD	End-Stage Renal Disease
ETS	Environmental Tobacco Smoke
FAS	Fetal Alcohol Syndrome
FIT	Fecal Immunochemical Test
FOBT	Fecal Occult Blood Test
FTP	File Transfer Protocol
FY	Fiscal Year
GPRA	Government Performance and Results Act
GPRAMA	GPRA Modernization Act

Acronym	Term Meaning
HEDIS	Healthcare Effectiveness Data and Information Set
HiB	Haemophilus influenzae type b
HIV	Human Immunodeficiency Virus
HP2020	Healthy People 2020
HPV	Human Papillomavirus, Human Papillomavirus vaccine
HQ	Headquarters
HRN	Health Record Number
I/T/U	Indian, Tribal, and Urban
ICD	International Classification of Disease
IDCS	Integrated Data Collection System
IDCS DM	Integrated Data Collection System Data Mart
IFC	Infant Feeding Choice
IHS	Indian Health Service
IPC	Improving Patient Care
IPV/DV	Intimate Partner Violence/Domestic Violence
LOINC	Logical Observation Identifiers Names and Codes
LVS	Left Ventricular Systolic
MMR	Measles, Mumps, and Rubella
MTM	Medication Therapy Management
NDC	National Drug Code
NMI	Not Medically Indicated
NSAID	Nonsteroidal Anti-Inflammatory Drugs
OMB	Office of Management and Budget
PCC	Patient Care Component
PCV13	Pneumococcal Conjugate
PDC	Proportion of Days Covered
PHN	Public Health Nursing
PIT	Performance Improvement Team
PPSV23	Pneumococcal Polysaccharide
PQA	Pharmacy Quality Alliance
PRC	Purchased and Referred Care
PTCA	Percutaneous Transluminal Coronary Angioplasty
QA	Quality Assurance
RPMS	Resource and Patient Management System
RPR	Rapid Plasma Reagin
SABA	Short-Acting Beta Agonist

Acronym	Term Meaning
SBIRT	Screening, Brief Intervention, and Referral to Treatment
SNOMED	Systematized Nomenclature of Medicine
STI	Sexually Transmitted Infection
TCA	Tricyclic antidepressants
VA	Department of Veterans Affairs

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